

**BETH DIN ZEDEK**  
BETH DIN ZEDEK ECCLESIASTICAL JUDICATURE OF THE  
**CHICAGO RABBINICAL COUNCIL**

2701 W. Howard Street · Chicago, Illinois 60645-1303  
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e-mail: info@crcweb.org

**בית דין צדק דק"ק שיקגו והגליל**  
**דמועתת הרבנים דשיקגו**

בס"ד

הרב ישראל מאיר קרנו, ראב"ד מלפנים  
RABBI ISRAEL M. KARNO  
*Av Beth Din Emeritus*

הרב גדלי דוב שווארץ, ראב"ד  
RABBI GEDALIA DOV SCHWARTZ  
*Av Beth Din*

הרב חיים דוד רגנשברג, זצ"ל, מייסד הבר"ץ  
RABBI C. DAVID REGENSBERG, *of blessed memory*

הרב אברהם מרדכי אברמסון  
RABBI ALAN M. ABRAMSON  
*Menahel*

**DIVORCE RECORD**

*HUSBAND*

English Name: \_\_\_\_\_  
*Last First Middle*

Hebrew Name: \_\_\_\_\_ son of \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Information:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Kohen / Levi / Israelite *(please circle)*

Adopted or converted? \_\_\_\_\_ Previously married? \_\_\_\_\_

If so, how did the previous marriage terminate? \_\_\_\_\_  
*(e.g. death, divorce, etc.)*

If you have been previously divorced, name the Rabbinic

Court that issued the *Get*: \_\_\_\_\_

*WIFE*

English Name: \_\_\_\_\_  
*Maiden First Middle*

Hebrew Name: \_\_\_\_\_ daughter of \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Information:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Will you resume your maiden name?  Yes  No

Adopted or converted? \_\_\_\_\_ Previously married? \_\_\_\_\_

If so, how did the previous marriage terminate? \_\_\_\_\_  
*(e.g. death, divorce, etc.)*

If you have been previously divorced, name the Rabbinic

Court that issued the *Get*: \_\_\_\_\_

Marriage \_\_\_\_\_  
*Date City Officiating Rabbi*

Separated as of \_\_\_\_\_

Civil Divorce \_\_\_\_\_  
*State County City Date of Final Decree Index No.*

Suggested Dates/Times (i.e. Mondays, afternoons, April 12th) When You are Available for Your *Get*:\*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*Please note that we generally schedule appointments in the afternoons Monday through Thursday.

**\*Modest Attire Requested\***

FOR OFFICE USE ONLY

Fee \_\_\_\_\_ Date Scheduled \_\_\_\_\_ File No. \_\_\_\_\_

Name of Mesader HaGet \_\_\_\_\_ Name of Sofer: \_\_\_\_\_

Other Members of Beth Din: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Hebrew Date: \_\_\_\_\_ Date Get Issued: \_\_\_\_\_

If delivery via Shaliach: *Location of Get Delivery* \_\_\_\_\_

*Name of Shaliach* \_\_\_\_\_

A non-refundable deposit of \$150 is due upon returning this form.