

**CHABAD LUBAVITCH OF WESTPORT WESTON WILTON & FAIRFIELD**

Please complete the form and fax to: **203.227.7352** or mail it back to:  
 49 Richmondville Ave. Suite 208 Westport, CT 06880.  
 Alternately, you may complete the form online at: [www.ChabadofWestport.com](http://www.ChabadofWestport.com)

**First Name:** \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Hebrew Name:** \_\_\_\_\_

**Spouse's Birthday:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Anniversary:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT**

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Spouse's Work Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Spouse's E-mail:** \_\_\_\_\_

**CHILDREN**

<b>Name (English)</b>	<b>Hebrew</b>	<b>M/F</b>	<b>Birth date</b>	<b>Grade</b>
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

**YARTZEITS**

(Date of the passing of loved ones):

<b>Name (English)</b>	<b>Hebrew</b>	<b>Relationship</b>	<b>Date of Passing</b>
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

*We will not share any information with third parties.*