Get Application

Date of Application: _____

Person Applying for get: Husband _____ Wife _____

Husband information		Wife information	
Name (full, including father's name)	_____ ben _____	Name (full, including father's name)	_____ bas _____
Address		Address	
City, State, Zip		City, State, Zip	
Cell Phone		Cell Phone	
Email		Email	
Date of Birth		Date of Birth	
Present Synagogue affiliation		Present Synagogue affiliation	
Rabbi		Rabbi	
Father's contact information (email/cell) *		Father's contact information (email/cell) *	

* (If father is not available, please provide contact information of a close relative. If no close relatives can be contacted, please contact the Bais Din.)

Date and place of wedding: _____

Name of Rabbi who officiated the wedding: _____

Rabbi's Affiliation: Orthodox __   Conservative __   Reform __
Other_____

Date of last separation? _____

Names and ages of children from this marriage:

_____

Any children under the age of 2: Yes/No

Was either party ever married before? Yes/No
If yes, which party: _____
If yes, how were the previous marriage(s) dissolved?

_____

Is either spouse remarried at this time? Yes / No

Was either party adopted? Yes / No
Were both parties born Jewish?   Yes / No
If not, please explain: _____
Were both parties' parents born Jewish?   Yes / No
If not, please explain: _____
Is the Husband is a Kohen? _____

Has a civil divorce been issued?   Yes / No

We will send you an invoice for the application fee of $200. Once paid, we
will process your application.