

# JIVS

## JEWISH IDENTITY VERIFICATION SERVICE

ОКАЗАНИЕ УСЛУГИ  
ПОДВЕРЖДЕНИЯ ЕВРЕЙСКОЙ ИДЕНТИФИКАЦИИ

### APPLICATION PART 1

\_\_\_\_\_  
Name of Applicant

Purpose of application: \_\_\_\_\_ / Officiating Rabbi: \_\_\_\_\_

Date of event \_\_\_\_/\_\_\_\_/20\_\_\_\_

Recommended by  
\_\_\_\_\_

I, \_\_\_\_\_, have read, understood and agree with the instructions on page 4 and have provided all information and documentation to the best of my ability and knowledge. I confirm that all of the information provided by me is true. I hereby further consent to the release and sharing of this information with the Rabbinat of Israel, the Rabbinat of the former Soviet Union and with all other institutions which JRCC interacts with in order to allow them to verify and/or substantiate any of the information contained in this application form.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Family Tree Chart**

DDC#

Note: All dates to be DD/MM/YYYY

Generation 1 DDC #

<b>Mother</b>		<b>B</b>
Last Name _____	Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
First Name _____	Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Hebrew Name _____	Converted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Maiden Name _____		
Israeli ID _____	Never had <input type="checkbox"/> Unknown <input type="checkbox"/>	
Birth Date/Place ___/___/___//_____		
Marriage Date/Place ___/___/___//_____	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
Death Date ___/___/___ Cemetery _____	Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Address _____		
City, State, Zip, Country _____		
Cell _____	Email _____	Phone _____

<b>Applicant</b>	
Last Name _____	
First Name _____	
Hebrew Name _____	
Maiden Name _____	
Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel <input type="checkbox"/> Unknown <input type="checkbox"/>	
Israeli ID _____	
Birth Date/Place ___/___/___//_____	
Marriage Date/Place ___/___/___//_____	
Death Date ___/___/___ Cemetery _____	
Address _____	
City, State, Zip, Country _____	
Cell _____	Email _____

Generation 2 DDC #

<b>Maternal Grandmother</b>		<b>D</b>
Last Name _____	Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
First Name _____	Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Hebrew Name _____	Converted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Maiden Name _____		
Israeli ID _____	Never had <input type="checkbox"/> Unknown <input type="checkbox"/>	
Birth Date/Place ___/___/___//_____		
Marriage Date/Place ___/___/___//_____	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
Death Date ___/___/___ Cemetery _____	Jewish Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	
Address _____		
City, State, Zip, Country _____		
Cell _____	Email _____	Phone _____

DDC #

<b>Maternal Grandfather</b>		<b>E</b>
Last Name _____	Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
First Name _____	Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Hebrew Name _____	Converted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel <input type="checkbox"/> Unknown <input type="checkbox"/>		
Israeli ID _____	Never had <input type="checkbox"/> Unknown <input type="checkbox"/>	
Birth Date/Place ___/___/___//_____		
Marriage Date/Place ___/___/___//_____	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
Death Date ___/___/___ Cemetery _____	Jewish Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	
Address _____		
City, State, Zip, Country _____		
Cell _____	Email _____	Phone _____

Generation 3

DDC#

DDC #

DDC #

DDC #

<b>Maternal Grandmother's Mother</b>		<b>H</b>
Last Name _____		
First Name _____		
Hebrew Name _____		
Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Converted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Maiden Name _____		
Israeli ID _____		
Birth Date/Place ___/___/___//_____		
Marriage Date/Place ___/___/___//_____		
_____ 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		
Death Date/Place ___/___/___//_____		
Cemetery name _____		
_____ Jewish Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>		
Address _____		
City, State, Zip, Country _____		
Cell/Email/Phone _____		

<b>Maternal Grandmother's Father</b>		<b>I</b>
Last Name _____		
First Name _____		
Hebrew Name _____		
Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Converted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel <input type="checkbox"/> Unknown <input type="checkbox"/>		
Israeli ID _____		
Birth Date/Place ___/___/___//_____		
Marriage Date/Place ___/___/___//_____		
_____ 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		
Death Date/Place ___/___/___//_____		
Cemetery name _____		
_____ Jewish Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>		
Address _____		
City, State, Zip, Country _____		
Cell/Email/Phone _____		

<b>Maternal Grandfather's Mother</b>		<b>J</b>
Last Name _____		
First Name _____		
Hebrew Name _____		
Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Converted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Maiden Name _____		
Birth Date/Place ___/___/___//_____		
Marriage Date/Place ___/___/___//_____		
_____ 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		
Death Date/Place ___/___/___//_____		
Cemetery name _____		
_____ Jewish Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>		
Address _____		
City, State, Zip, Country _____		
Cell/Email/Phone _____		

<b>Maternal Grandfather's Father</b>		<b>K</b>
Last Name _____		
First Name _____		
Hebrew Name _____		
Jewish Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Adopted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Converted Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel <input type="checkbox"/> Unknown <input type="checkbox"/>		
Israeli ID _____		
Birth Date/Place ___/___/___//_____		
Marriage Date/Place ___/___/___//_____		
_____ 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		
Death Date/Place ___/___/___//_____		
Cemetery _____		
_____ Jewish Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>		
Address _____		
City, State, Zip, Country _____		
Cell/Email/Phone _____		

Gender Male  Female

Jewish Yes  No  Unknown

Adopted Yes  No  Unknown

Converted Yes  No  Unknown

Never had  Unknown

1st  2nd  3rd

Jewish Yes  No  Unknown

Phone \_\_\_\_\_

DDC# \_\_\_\_\_

**Father**

Last Name \_\_\_\_\_ Jewish Yes  No  Unknown

First Name \_\_\_\_\_ Adopted Yes  No  Unknown

Hebrew Name \_\_\_\_\_ Converted Yes  No  Unknown

Cohen  Levi  Israel  Unknown

Israeli ID \_\_\_\_\_ Never had  Unknown

Birth Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Marriage Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_ 1st  2nd  3rd

Death Date \_\_\_/\_\_\_/\_\_\_// Cemetery \_\_\_\_\_ Jewish Yes  No  Unknown

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

DDC# \_\_\_\_\_

**Paternal Grandmother**

Last Name \_\_\_\_\_ Jewish Yes  No  Unknown

First Name \_\_\_\_\_ Adopted Yes  No  Unknown

Hebrew Name \_\_\_\_\_ Converted Yes  No  Unknown

Maiden Name \_\_\_\_\_

Israeli ID \_\_\_\_\_ Never Had  Unknown

Birth Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Marriage Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_ 1st  2nd  3rd

Death Date \_\_\_/\_\_\_/\_\_\_// Cemetery \_\_\_\_\_ Jewish Y  N  Unknown

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

DDC# \_\_\_\_\_

**Paternal Grandfather**

Last Name \_\_\_\_\_ Jewish Yes  No  Unknown

First Name \_\_\_\_\_ Adopted Yes  No  Unknown

Hebrew Name \_\_\_\_\_ Converted Yes  No  Unknown

Cohen  Levi  Israel  Unknown

Israeli ID \_\_\_\_\_ Never Had  Unknown

Birth Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Marriage Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_ 1st  2nd  3rd

Death Date \_\_\_/\_\_\_/\_\_\_// Cemetery \_\_\_\_\_ Jewish Y  N  Unknown

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

DDC# \_\_\_\_\_

**Paternal Grandmother's Mother**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Jewish Yes  No  Unknown

Adopted Yes  No  Unknown

Converted Yes  No  Unknown

Maiden Name \_\_\_\_\_

Israeli ID \_\_\_\_\_

Birth Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Marriage Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_ 1st  2nd  3rd

Death Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Cemetery \_\_\_\_\_ Jewish Y  N  Unknown

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Cell/Email/Phone \_\_\_\_\_

DDC# \_\_\_\_\_

**Maternal Grandmother's Father**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Jewish Yes  No  Unknown

Adopted Yes  No  Unknown

Converted Yes  No  Unknown

Cohen  Levi  Israel  Unknown

Israeli ID \_\_\_\_\_

Birth Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Marriage Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_ 1st  2nd  3rd

Death Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Cemetery \_\_\_\_\_ Jewish Y  N  Unknown

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Cell/Email/Phone \_\_\_\_\_

DDC# \_\_\_\_\_

**Paternal Grandfather's Mother**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Jewish Yes  No  Unknown

Adopted Yes  No  Unknown

Converted Yes  No  Unknown

Maiden Name \_\_\_\_\_

Israeli ID \_\_\_\_\_

Birth Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Marriage Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_ 1st  2nd  3rd

Death Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Cemetery \_\_\_\_\_ Jewish Y  N  Unknown

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Cell/Email/Phone \_\_\_\_\_

DDC# \_\_\_\_\_

**Paternal Grandfather's Father**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Jewish Yes  No  Unknown

Adopted Yes  No  Unknown

Converted Yes  No  Unknown

Maiden Name \_\_\_\_\_

Israeli ID \_\_\_\_\_

Birth Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Marriage Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_ 1st  2nd  3rd

Death Date/Place \_\_\_/\_\_\_/\_\_\_// \_\_\_\_\_

Cemetery \_\_\_\_\_ Jewish Y  N  Unknown

Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Cell/Email/Phone \_\_\_\_\_

## APPLICATION INSTRUCTIONS- READ THIS PAGE BEFORE COMPLETING THE FORM

1. Complete the attached application form (which can also be downloaded at [www.jrcc.org/jewishidentity](http://www.jrcc.org/jewishidentity)) in capital letters in blue or black ink. Forms completed in script (anywhere on the form) may need to be returned and rewritten.
2. Schedule a meeting with the coordinator of *Jewish Identity Verification Service* in the JRCC office by calling 416-222-7105 Ext. 237 or Email [jewishidentity@jrcc.org](mailto:jewishidentity@jrcc.org).
3. When you arrive for the meeting with the coordinator, you must bring the following original documents and pictures for scanning:
  - a) Two pieces of government issued photo ID confirming your identity (Passport, Driver's License, OHIP card, etc.).
  - b) As many of the following original documents (Russian included) as possible, for any/all family members including your children: (Please indicate which documents you do or don't have.)

1) Birth Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Marriage Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Ketuba	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Divorce Papers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Death Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6) Work Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7) Military Service Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8) Diplomas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9) Residence Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10) Any other documents which you may have from places of study, work, residence, etc. (yours, your parents', grandparents' and siblings' of all generations)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
  - c) Family albums and all pictures (which reflect the connection between you and previous generations). Yes  No

**(Note: All applications will be processed, no matter how many documents/pictures you have. The more documents and pictures you bring, the quicker and easier the confirmation process will be; the fewer documents/pictures you bring, the longer and more cumbersome the process might be.)**

4. Once the documents and pictures have been scanned ask the coordinator to schedule a meeting for you with the Rabbi in Israel via Skype.
5. If you, your siblings, your parents, or your grandparents were ever residents of Israel, specify their "Teudat Zehut" (Israeli ID) number. If your parents lived legally in Israel, you have a Teudat Zehut number. The "Teudat Zehut" number of those who passed away in Israel can be found on their Death Certificates.
6. **Important:** Bring this entire form, completed and signed, with all the original document and photos listed in #3 to the meeting with the Rabbi.
7. Come to the meeting with your parents, grandparents, great-grandparents and their siblings.
8. Verification process does not guarantee confirmation of Jewish identity/lineage.
9. Confirmation of Jewish identity/lineage is done by a Jewish Court (Beit Din).
10. The entire process, after interview via Skype with Rabbi in Israel, will take 1 – 2 months.
11. **The service is provided free of charge by the JRCC. Suggested donation to cover research and administrative cost is \$250 per applicant- any donation is appreciated.**