

**APPLICATION FOR SEPHARDIC ORIGIN CERTIFICATE FROM
CONGREGATION OR VESHALOM**

First _____ Middle _____ Last Name _____

Street Address _____

City _____ State/Province _____ Zipcode/Postalcode _____

Country _____ Email: _____ Phone _____

Date of Birth: _____ Place of Birth _____

Nationality _____ Passport number _____

Childhood Religion _____

Denomination _____ Place of worship _____

Current Religion(if different from Childhood) _____

Denomination _____ Place of worship _____

Questions on completing the form? Contact Rabbi Hayyim Kassorla at 404-633-1737 or
rabbi.kassorla@orveshalom.org.

(Note, there is no discrimination based on religion, this is simply to advise you of your options.)