

## Ohr HaTorah

Please fax this form back to the Ohr HaTorah office as soon as possible: (310) 915-5792

voice: (310) 915-5200

[office@OhrHaTorah.org](mailto:office@OhrHaTorah.org)

### Wedding Intake Form

Today's Date: \_\_\_\_\_

Proposed Day(s) and Date(s) of Wedding: \_\_\_\_\_

(office use: Hebrew date - any conflicts?: \_\_\_\_\_ )

Time of Invitation and Wedding: \_\_\_\_\_ # of Guests: \_\_\_\_\_

Location: \_\_\_\_\_

Directions: \_\_\_\_\_

#### Bride

#### Groom

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City/Zip \_\_\_\_\_

City/zip: \_\_\_\_\_

Home #: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax : \_\_\_\_\_

Fax : \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Prev. Marriage: \_\_\_\_\_

Age: \_\_\_\_\_ Prev. Marriage: \_\_\_\_\_

Children: \_\_\_\_\_

Children: \_\_\_\_\_

Parents names, location:  
\_\_\_\_\_  
\_\_\_\_\_

Parents names, location:  
\_\_\_\_\_  
\_\_\_\_\_

Circle one: Already Jewish / Converting / Not Jewish?  
If converting, which class?

Circle one: Already Jewish / Converting / Not Jewish?  
If converting, which class?

Who referred you to Ohr HaTorah?  
\_\_\_\_\_

#### Notes (Office use only)

Date	Note