

# Application

Please complete all fields.  
Incomplete application cannot be fully processed.

Return completed form to:

The Rebbetzins Network  
1805 Swarthmore Avenue  
Lakewood, NJ 08701

Email to: rebbetzins@oorah.org  
Or fax to: 866-644-3615 ext 151  
Questions? Call 732-730-1000 ext 151

## Contact Information

LAST NAME		FIRST NAME		DATE
CURRENT ADDRESS				
CITY			STATE	ZIP
HOME PHONE	CELL PHONE		WORK PHONE	
EMAIL	DOB / /		HEIGHT	
JEWISH FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, PROVIDE NAME OF RABBI, BEIS DIN, AND DATE OF CONVERSION (PLEASE PROVIDE DOCUMENTATION)				
IF CONVERT: <input type="checkbox"/> FATHER JEWISH <input type="checkbox"/> MOTHER JEWISH YEAR OF CONVERSION _____				
FRUM FROM BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO, FRUM SINCE WHAT YEAR? _____				
PRESENT RELIGIOUS ORIENTATION <input type="checkbox"/> YESHIVISH <input type="checkbox"/> CHASSIDISH <input type="checkbox"/> MODERN <input type="checkbox"/> OTHER: _____				
WHAT DOES YOUR RELIGIOUS ORIENTATION MEAN TO YOU?				
WHERE WERE YOU BORN?		ARE YOU A SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## Religious Observance

DO YOU KEEP KOSHER?  MOSTLY  ALWAYS  SOME OF THE TIME

MODE OF DRESS: SKIRTS ONLY  YES  NO PANTS  YES  NO SHORT SLEEVES  YES  NO

HAIR COVERING AFTER MARRIAGE:  NONE  FULLY WITH WIG  HEADSCARVES

HOW DO YOU FEEL ABOUT TV/MOVIES? \_\_\_\_\_

HOW DO YOU FEEL ABOUT SECULAR MUSIC? \_\_\_\_\_

HOW DO YOU FEEL ABOUT INTERNET? \_\_\_\_\_

## Education and Occupation

NAME OF HIGH SCHOOL: \_\_\_\_\_ NAME OF COLLEGE/UNIVERSITIES: \_\_\_\_\_

DID YOU HAVE THE OPPORTUNITY TO STUDY IN ISRAEL?  YES  NO IF YES, HOW LONG? \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

IF WORKING, PLEASE SPECIFY JOB TITLE AND FIRM: \_\_\_\_\_

## Family Information

CURRENT LOCATION OF PARENTS		NUMBER OF SIBLINGS						
PRIMARY LANGUAGE:	OTHER LANGUAGES SPOKEN:							
ARE YOUR PARENTS	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	ARE YOU WILLING TO RELOCATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
ARE YOU INTERESTED IN MAKING ALIYA?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, IS THAT A DEALBRAKER?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE A DISABLITY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE _____				

## Your Personality and Hashkafa

WHAT ARE SOME CHARACTERISTICS OF YOURSELF THAT MAKE YOU UNIQUE AND DEFINE YOU?

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WHAT ARE YOUR HOBBIES/SPECIAL INTERESTS?

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THREE ADJECTIVES THAT WOULD DESCRIBE MY PERSONALITY:

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A SHORT DESCRIPTION OF MYSELF:

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## Your Prospective Spouse

AGE RANGE

MIN \_\_\_\_\_

MAX \_\_\_\_\_

HEIGHT RANGE

MIN \_\_\_\_\_

MAX \_\_\_\_\_

WITH CHILDREN?

YES

NO

ARE YOU OPEN TO DATING (CHECK ALL THAT APPLY)  NEVER MARRIED  DIVORED  WIDOWED  BAAL TESHUVA

CHILD OF BAAL TESHUVA  CONVERT  SFARDI  ASHKENAZ  KOHEIN  INDIVIDUAL WITH A BEARD  WITH CHILDREN

INDIVIDUAL WITH A DISABILITY

IF YOU ARE OPEN TO DATING AN INDIVIDUAL WITH A DISABILITY PLEASE EXPLAIN THE PARAMETERS : \_\_\_\_\_

ARE YOU SEEKING AN INDIVIDUAL WITH A COLLEGE DEGREE?

YES

NO

INDIFFERENT

WHAT PROFESSIONS OF A POTENTIAL SPOUSE RESONATE WITH YOU? (LIST 3) \_\_\_\_\_

PREFERRED FREQUENCY OF TORAH STUDY

DAILY

FULL TIME

BI WEEKLY

INDIFFERENT

DO YOU FIND YOU CONNECT BETTER WITH SOMEONE WHO WENT TO A SPECIFIC YESHIVA/SEMINARY?

IF YES, PLEASE LIST:

DO YOU FIND YOU CONNECT BETTER WITH A GIRL WHO IS MORE SOPHISTICATED? OR SIMPLER/ YET PUT TOGETHER?

WHAT ARE THE THREE TOP QUALITIES YOU SEEK IN A MATCH?

WHAT ARE YOU *NOT* LOOKING FOR IN A MATCH?

WHAT DESCRIPTION IN A PROFILE WOULD INTEREST YOU TO CONSIDER AN IDEA?

## Personal References

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### RABBI/REBBETZINS YOU ARE CURRENTLY CONNECTED WITH:

NAME	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
EMAIL		

### OTHER REFERENCES:

NAME	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
EMAIL	RELATIONSHIP TO REFERENCE	

### 2ND REFERENCES:

NAME	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
EMAIL	RELATIONSHIP TO REFERENCE	

WHO SHOULD WE CONTACT IN ORDER TO SET UP A SHIDDUCH?

MYSELF

OR  NAME: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_