



## Rabbinical Council of California

3780 Wilshire Blvd Suite 420

Los Angeles, CA. 90010

Phone (213) 389-3382

Fax (213) 234-4558

[www.rccvaad.org](http://www.rccvaad.org)

### **RABBINICAL COUNCIL OF CALIFORNIA** **APPLICATION FOR CONVERSION OF MINOR**

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Date Received

*Revised October 2023*

Please answer each question as fully as you can. Feel free to use the back of the page or a separate sheet, if you need more space.

#### **PERSONAL DATA OF CHILD:**

NAME: \_\_\_\_\_

Last

First

Middle

\_\_\_\_\_

Age

Date of Birth

Place of Birth

\_\_\_\_\_

Address

Phone Number

Parents Email

#### **BIOLOGICAL PARENTS:**

Please provide all available information. If the identity of the biological parents is unknown, call our office and speak to the Rabbinic Administrator for further guidance.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADOPTIVE PARENTS:**

Father's Name	Age	Occupation	Marital Status
Mother's Name	Age	Occupation	Marital Status
Address	City	Zip	Phone Number

**FAMILY INFORMATION:**

Names and ages of other children (Applicant's siblings):

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What is the extent of religious observance, affiliations, activities in your home? Please detail!

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Religious Education of adopted child and siblings:

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How long have you been considering conversion of the adopted child?

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Name of Synagogue?

Name	Address	Phone Number
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Do you have a sponsoring Rabbi?

Name	Address	Phone Number
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**REFERENCES:**

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Name	Address	Phone Number
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Name	Address	Phone Number
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GENERAL COMMENTS: \_\_\_\_\_

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PLEASE RETURN THE COMPLETED FORMS WITH YOUR NON-REFUNDABLE APPLICATION FEE OF \$295. CHECKS SHOULD BE MADE PAYABLE TO THE "RABBINICAL COUNCIL OF CALIFORNIA".  
A COPY OF THE CHILD'S BIRTH CERTIFICATE SHOULD BE ENCLOSED, AS WELL AS A COPY OF THE LEGAL DOCUMENT/COURT ORDER CONFIRMING THE ADOPTION, IF AVAILABLE.

# Application for Conversion (Minor)

**There is a non-refundable application fee of \$295**

If paying by check please make out the check to "RCC" and mail to:

The Rabbinical Council of California  
3780 Wilshire Blvd.  
Suite 420  
Los Angeles, CA 90010

If paying by credit card (Visa, Mastercard only), please fill out the information below:

CC# \_\_\_\_\_ exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Save Application as PDF

Print Application

You can send this application by email by clicking the button above to save this form as a pdf. Then attach it in an email addressed to [info@RccVaad.org](mailto:info@RccVaad.org)

You can send this form in via fax or mail by clicking the button above to print the form and sending it to:

Rabbinical Council of California  
3780 Wilshire Blvd. #420  
Los Angeles, CA 91302  
Beth Din Fax: 213.234.4558

**Rabbinical Council of California**

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