



205-11 NADOLNY SACHS PRIVATE, OTTAWA, ON K2A 1R9 • TEL: 613-798-2411 • EMAIL: OTTAWA@JNF.CA

SEFER BAR/BAT MITZVAH INSCRIPTION ORDER:

MAIL RECEIPT TO:

Date _____ Donor Name (parents) _____

Address _____

City/Prov _____ Postal Code/Zip _____

Home: _____ Cell: _____ Bus.: _____

Email(s): _____

TO BE COMPLETED FULLY – PLEASE CALL 613-798-2411 FOR ASSISTANCE IF NECESSARY

Sample: Daniel Adam דניאל בן שלומה ואילנה

English Name of Bar/Bat Mitzvah _____

Hebrew Name of Bar/Bat Mitzvah _____

Father's/Mother's Hebrew Names _____

Date on certificate (please choose one)

Birthdate - English (D/M/Y): _____ After Sunset
Birthdate - Hebrew (D/M/Y): _____

OR

Bar/Bat Mitzvah Date (English): _____
Bar/Bat Mitzvah Date (Hebrew): _____

Signed by: _____



DELIVER CERTIFICATE TO: Synagogue Child/Family Other

Name: _____

Address _____

City/Prov _____ Postal Code/Zip _____