

Jewish Chronicle Information Sheet:

Please print information as you would like it to read in the Jewish Chronicle

Name of Bar/Bat Mitzvah: _____

Date of Bar/Bat Mitzvah: _____

Parent 1: _____

City of Residence: _____ **State:** _____ **Zip:** _____

Parent 2: _____

City of Residence: _____ **State:** _____ **Zip:** _____

Maternal Grandparents*: _____

City of Residence: _____ **State:** _____ **Zip:** _____

Paternal Grandparents*: _____

City of Residence: _____ **State:** _____ **Zip:** _____

*Please indicate if Grandparents are deceased

Please attach a current photo of your child and return it along with this completed form to the TOS Office one-month prior to the Bar/Bat Mitzvah for further processing.