BETH DIN ZEDEK

BETH DIN ZEDEK ECCLESIASTICAL JUDICATURE OF THE CHICAGO RABBINICAL COUNCIL

> 2701 W. Howard Street * Chicago, Illinois 60645-1303 773-465-3900 FAX: 773-465-6632 email: info@crcweb.org

> > HUSBAND

הרב ישראל מאיר קרנו זצ"ל, ראב"ד מלפנים RABBI ISRAEL M. KARNO, of blessed memory Av Beth Din Emeritus

הרב חיים דוד רגנשברג זצ"ל, מייסד הבד"ץ RABBI C. DAVID REGENSBERG, of blessed memory

בית דין צדק דק"ק שיקגו והגליל דמועצת הרבנים דשיקגו

בס"ד

הרב גדלי' דוב שווארץ, ראב"ד RABBI GEDALIA DOV SCHWARTZ Rosh Beth Din

> הרב יונה ריס, אב"ד RABBI YONA REISS Av Beth Din

DIVORCE RECORD

הרב אברהם מרדכי אברמסן RABBI ALAN M. ABRAMSON Menahel

WIFE

| English Name: | | | English Name: | | | |
|--|----------------------|-------------------|--|---|-------------------|--|
| Last | First | Middle | Maiden | First | Middle | |
| Hebrew Name: | son of | | Hebrew Name: | daughter o | f | |
| Kohen / Levi / Israelite (pleas | | | Address: | | | |
| Address: | | | | | | |
| | | | Contact Information: | | | |
| Contact Information: | | | Home: | Work: | | |
| | | | Cell: E-mail: | | | |
| Cell: E-mail: | | | Will you resume your maiden name? | | | |
| | | | | Adopted/converted? Parents adopted/converted? | | |
| If you and/or your parents were | 1 | | If you and/or your parents w | - | | |
| whom and attach a copy of all co | - | - | whom and attach a copy of al | - | - | |
| Previously married? If so, how did the previous | | | Previously married? If so, how did the previous | | | |
| marriage terminate? (e.g. death, divorce, etc.) | | | marriage terminate? (e.g. death, divorce, etc.) | | | |
| If previously divorced, provide the name of the Rabbinic Court | | | If previously divorced, provide the name of the Rabbinic Court | | | |
| that issued the Get: and | | | that issued the Get: and | | | |
| attach a copy of your previou | | and | attach a copy of your prev | | | |
| Marriage | | tu | : Officiating Rabbi | | | |
| Separated as of | | | | | | |
| - | | | | | | |
| Civil Divorce | County | City | Date of Final Decree | | Index No. | |
| | 5 | Ū | | | <i>Innex</i> 110. | |
| Suggested Dates/Tim | nes (i.e. Mondays, a | afternoons, April | 12th) When You are Available | e for Your Get:* | | |
| 1 | 2 | | 3 | | | |
| e e | nerally schedule app | | ternoons Monday through Thurs i re Requested * | day. | | |
| | | FOR OFFI | CE USE ONLY | | | |
| Fee | Date S | Scheduled | | File No | | |
| Name of Mesader HaGet | | | Name of Sofer: | | | |
| Other Members of Beth Din | : | | | | | |
| | | | | | | |
| | | | Date Get Issued: | | | |
| If delivery via Shaliach: Loo | | | | | | |
| | | | | | | |