

Baltimore's Shidduch Network – c/o 6311 Greenspring Avenue, Baltimore, MD 21209-3201

PERSONAL INFORMATION

Last Name _____ First and Middle English Name _____

Full Hebrew Name _____ I prefer to be called _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____ Email _____

Gender: Male _____ Female _____

Age _____ D.O.B. _____

Kohen _____ Levi _____ Yisrael _____

Ashkenazi _____ Sephardi _____

Frum from Birth _____ Baal Teshuva _____ Year _____

Ger _____ Rabbi Date and Place of Conversion _____



Never married _____ Divorced _____ How many times? _____ Custody _____ Visitation _____

Date(s) of Civil Divorce _____ Date(s) of Get _____

Place and Rabbi who issued Get(s) _____

Widowed _____ Date Widowed _____ Widowed from Accident _____ Illness _____ Sudden _____

Birth Dates and Gender of Children _____

Children _____ # Children in your house _____ # Children in out of town school _____ # Children out of your house _____

Briefly describe your hashkafa/halachic viewpoint (include level of tznius and type of head covering and affiliation with jewish movements/leaders) _____

BACKGROUND INFORMATION

Jewish Education (school, location, year, degree) _____

Secular Education (school, location, year, degree, field) _____

Currently Employed? _____ Occupation _____

Hobbies _____ Interests _____

Talents _____ Goals _____

Describe your personality (continue on back) _____

(Describe your ideal mate (continue on back) _____

Additional Comments (continue on back) _____

MANDATORY INFORMATION - REFERENCE

Name of Rav _____ Accessible phone number _____ Email _____

Name of Shul _____ Rav of shul if different from personal Rav _____

Name of reference _____ Phone number _____ Email _____ Relationship _____

Name of reference _____ Phone number _____ Email _____ Relationship _____

Shaddchin _____ Phone _____ Relationship _____