



**AHAVAT OLAM**  
EVERLASTING LOVE

**FAMILY HISTORY**

<b>Head of Household</b>	<b>Spouse/Companion</b>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Hebrew Name: _____	Hebrew Name: _____
Birthday:      Month _____ Day: _____ Yr. _____	Birthday:      Month _____ Day: _____ Yr. _____
Anniversary:    Month _____ Day _____ Yr _____	Anniversary:    Month _____ Day _____ Yr _____
Occupation/Title: _____	Occupation/Title: _____
Company/Firm Name: _____	Company/Firm Name: _____
Address: _____ □ _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Business Telephone: _____ Fax: _____	Business Telephone: _____ Fax: _____
E-Mail: _____	E-Mail: _____
Mother's Name: _____	Mother's Name: _____
Father's Name: _____	Father's Name: _____

<b>Children – Please complete as it applies to each of your children</b>					
	Child 1	Child 2	Child 3	Child 4	Child 5
Last Name					
First Name					
Nickname					
Hebrew Name					
Birthdate, &	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

**10755 SW 112<sup>th</sup> Street, Miami, FL 33176**  
**(305) 412-4240 (tel)**  
**(305) 412-4249 (fax)**  
[members@ahavatolam.org](mailto:members@ahavatolam.org)

<b>Children – Please complete as it applies to each of your children</b>					
	Child 1	Child 2	Child 3	Child 4	Child 5
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in School					
Bar/Bat Mitzvah Date					

<b>Special Interests/Skills</b> (i.e. music, art, gardening, cooking, etc.)	
Head of Household	Spouse/Companion

<b>Upcoming Special Events</b> (i.e., graduations, recitals, etc.)						
Head of Household	Spouse/Companion	Child 1	Child 2	Child 3	Child 4	Child 5

<b>Yahrzeit Record – Please list all names and dates of loved ones for whom you wish Yahrzeit (remembrance) notices sent. Please indicate if you want to be notified by the secular date or the Hebrew date by checking the appropriate box below</b>					
Name of Deceased	Deceased Relationship to Member	Secular Date	Hebrew Date	Notify By	
				<input type="checkbox"/> S	<input type="checkbox"/> H
				<input type="checkbox"/> S	<input type="checkbox"/> H
				<input type="checkbox"/> S	<input type="checkbox"/> H
				<input type="checkbox"/> S	<input type="checkbox"/> H
				<input type="checkbox"/> S	<input type="checkbox"/> H
				<input type="checkbox"/> S	<input type="checkbox"/> H