

**Please print out, fill in and mail ORDER FORM to:**  
**Deborah Kaplan**  
**701 Oxford Road, Bala Cynwyd, PA 19004-2111**  
with a check for \$235 or fax to 610/667-2859 and mail check

Ship to: Name \_\_\_\_\_

Address \_\_\_\_\_

City State, Zip \_\_\_\_\_

Person to answer questions Phone \_\_\_\_\_ Fax \_\_\_\_\_

Text Type: \_\_\_Egalitarian \_\_\_Traditional \_\_\_Conservative  
(all English is Egalitarian)

English Name	Hebrew Name	Transliteration
Bride _____	_____	_____
Bride's Mother _____	_____	_____
Bride's Father _____	_____	_____
Groom _____	_____	_____
Groom's Mother _____	_____	_____
Groom's Father _____	_____	_____

Wedding Date \_\_\_\_\_ Time of Wedding \_\_\_\_\_

Place of Wedding (city) \_\_\_\_\_ State \_\_\_\_\_

Information below this line is for Traditional or Conservative texts only:

\_\_\_\_\_

Bride's father is \_\_\_Levite \_\_\_Cohain

Groom's father is \_\_\_Levite \_\_\_Cohain

Bride is \_\_\_Single \_\_\_Divorced \_\_\_Widow \_\_\_Convert

Is Bride's father alive? \_\_\_Yes \_\_\_No