

Jewish Prisoner Services International

P.O. Box 85840, Seattle, WA 98145-1840
Tel: (206) 617-2367 [Non-Collect] - Fax: (888) 614-3812

INMATE INFORMATION

IN ORDER FOR JPSI TO BETTER SERVE YOU, PLEASE VOLUNTARILY PROVIDE THE FOLLOWING INFORMATION BELOW AS COMPLETELY AS POSSIBLE. PLEASE PRINT CLEARLY.

NAME: _____
(FIRST) (MIDDLE) (LAST)

DOC/REGISTER NUMBER: _____

FACILITY: _____ HOUSING LOCATION: _____

FACILITY MAILING ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

HOME ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

MALE FEMALE HEBREW NAME(S): _____

DATE OF BIRTH: ___/___/___ CITIZENSHIP: USA OTHER: _____

ARE YOU JEWISH? _____ IF SO, BY BIRTH OR BY CONVERSION (Details on the other side)

FATHER'S NAME: _____ HEBREW NAME(S): _____

IS/WAS FATHER JEWISH? _____ IF SO, BY BIRTH OR BY CONVERSION (Provide details)

MOTHER'S (MAIDEN) NAME: _____ HEBREW NAME(S): _____

IS/WAS MOTHER JEWISH? _____ IF SO, BY BIRTH OR BY CONVERSION (Provide Details)

IMPORTANT: DETAIL YOUR AND/OR PARENT CONVERSION(S) ON BACK OF FORM

NEVER MARRIED MARRIED DIVORCED OTHER: _____

SPOUSE'S (MAIDEN) NAME: _____ HEBREW NAME(S): _____

IS/WAS SPOUSE JEWISH? _____ IF SO, BY BIRTH OR BY CONVERSION

NAMES & AGES OF CHILDREN: _____

SYNAGOGUE AFFILIATION: _____

SYNAGOGUE LOCATION: _____ RABBI'S NAME: _____

IMPORTANT: Provide details; Names, addresses, phone numbers on the back of the form.

(OVER)

