## **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 <u>COMPLETELY</u> AS POSSIBLE. PLEASE PRINT CLEARLY.

NAME:			
	(FIRST)	(MIDDLE)	(LAST)
DOC/REGISTER NU	JMBER:		
FACILITY:		н	OUSING LOCATION:
FACILITY MAILING	ADDRESS:		
CITY:		STATE/PROVINCE:	
ZIP/POSTAL CODE	:	COUNTRY:	
HOME ADDRESS:			
CITY:		STATE/PROVINCE:	
ZIP/POSTAL CODE	:	COUNTRY:	
□ MALE □ FEMAL	E HEBREW NA	ME(S):	
DATE OF BIRTH: _	//_C	ITIZENSHIP:  USA  OTHER	R:
ARE YOU JEWISH?	P IF SO, □	BY BIRTH OR BY CONVER	SION (Details on the other side)
FATHER'S NAME: _		HEBREW NAME(S	8):
IS/WAS FATHER JE	WISH? IF	SO, 🗆 BY BIRTH OR 🗆 BY CO	ONVERSION (Provide details)
MOTHER'S (MAIDE	N) NAME:	HEBRI	EW NAME(S):
IS/WAS MOTHER J	EWISH? I	F SO, □ BY BIRTH OR □ BY C	ONVERSION (Provide Details)
<u>IMPORTANT</u> : DETA	IL YOUR AND/O	R PARENT CONVERSION(S) OF	N BACK OF FORM
□ NEVER MARRIE	D   MARRIED	□ DIVORCED OTHER:	
SPOUSE'S (MAIDE	<u>N</u> ) NAME:	HEBRE	EW NAME(S):
IS/WAS SPOUSE JE	EWISH? II	F SO, □ BY BIRTH OR □ BY C	ONVERSION
NAMES & AGES OF	CHILDREN:		
SYNAGOGUE AFFI	LIATION:		
SYNAGOGUE LOCA	ATION:	RABBI'S NAME: _	
IMPORTANT: Provid	de details; Name	s, addresses, phone numbers o	on the back of the form.

JEWISH EDUCATION RECEIVED:
LAST SCHOOL GRADE/COLLEGE YEAR/DEGREE COMPLETED:
CURRENT CHARGES:
DATE OF PRESENT INCARCERATION:/ TOTAL SENTENCE:
PROBABLE RELEASE DATE:/ (RE)LOCATING TO:
CONVERSION and/or OTHER DETAILS [I.E. NAME(S) OF SPONSORING RABBI(S), NAME AND LOCATION(S) OF SYNAGOGUE(S), BRANCH(ES) OF JUDAISM, LOCATION(S) OF CONVERSION PROGRAM(S), NAME(S) OF PROGRAM INSTRUCTOR(S), NAME(S) AND LOCATION(S) OF APPROVING RABBINIC COURT(S), DATE OF APPROVAL(S) BY RABBINIC COURT(S), DATE(S) AND LOCATION(S) OF REQUIRED RITUAL(S) [E.G. CIRCUMCISION, IMMERSION], NAMES AND CONTACTION FOR OTHERS WHO CAN VERIFY THE INFORMATION PROVIDED, ETC.]:
EMERGENCY CONTACT:
(NAME) (RELATIONSHIP)
(ADDRESS)
(TELEPHONE CONTACT NUMBERS)
BY SUBMITTING THIS FORM, I AM AUTHORIZING JEWISH PRISONER SERVICES INTERNATIONAL TO CONTACT WHOEVER NECESSARY IN ORDER TO DETERMINE WHETHER I AM CONSIDERED JEWISH BY JEWISH RELIGIOUS LAW STANDARDS. I ALSO UNDERSTAND THAT IF IT CANNOT BE VERIFIED THAT I AM JEWISH, I WILL NOT BE ELIGIBLE TO RECEIVE RELIGIOUS MATERIALS, VISITATION OR OTHER SERVICES FROM THE JEWISH COMMUNITY.
SIGNATURE DATE

PLEASE ALLOW UP TO 10 BUSINESS DAYS FROM JPSI'S RECEIPT OF THIS FORM FOR OUR STAFF TO COMPLETE PROCESSING.

[NOV 2017]