

## Ketubah Personalization Form

**(Print this form for faxing or mailing)**

Please type or print all information in BLOCK LETTERS exactly as you would like to see it appear in the ketubah.

**Ketubah Information:** \_\_\_\_\_ **Order:** \_\_\_\_\_

**Name/Style:** \_\_\_\_\_ **Text:** \_\_\_\_\_

**Artist/ Size/ info:** \_\_\_\_\_

**Bride's Information:** (Hebrew names can be written in English, we will convert or transliterate to Hebrew)

**Name:** (first, middle, last) \_\_\_\_\_

**Hebrew:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Hebrew:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Hebrew:** \_\_\_\_\_

**For Aramaic Orthodox or Conservative Texts only:**

**Bride's:** first marriage divorced widowed convert

**Is Father?** Cohen Levy Israelite N/A

**Father Living?** Yes  No  **Mother Living?** Yes  No

**Completion of the Hebrew word "Vekanina" (Please consult your Rabbi):**

- Please fill-in the Hebrew letter "Kof" for us (completed Kof)
- Our Rabbi will complete the Hebrew letter "Kof" (leg of Kof omitted)

**Groom's Information:** (Hebrew names can be written in English, we will convert or transliterate to Hebrew)

**Name:** (first, middle, last) \_\_\_\_\_

**Hebrew:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Hebrew:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Hebrew:** \_\_\_\_\_

**Is Father?** Cohen Levy Israelite N/A

**Father Living?** Yes  No  **Mother Living?** Yes  No

**Wedding Date:** \_\_\_\_\_  before sundown  after sundown

**Day of Week** \_\_\_\_\_ **Hebrew Date** \_\_\_\_\_

**Location of Ceremony:** (city, State) \_\_\_\_\_

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**Please Note: Depending on the artist or the text, not all of the information provided will be included in your Ketubah.**

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**Person Performing the Ceremony:** (in case we have any questions on fill-in information)

**Rabbi/Cantor** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

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**Person Placing Order:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**Shipping Information:**

Same as above

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**Comments:**