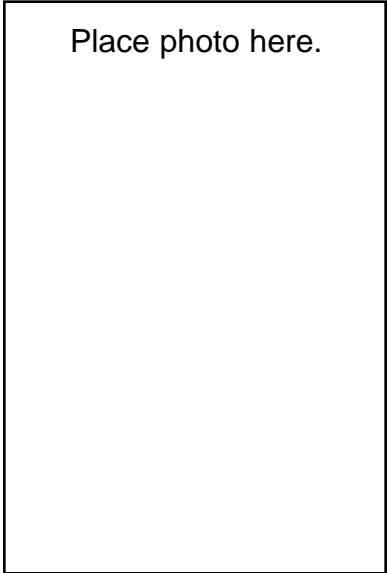




PERSONAL PROFILE

Please complete this questionnaire, together with a current photo and return to:
Att: Frank Buchweitz, Orthodox Union, Department of Synagogue Services,
Eleven Broadway, New York, NY 10004.
Any questions call (212) 613-8188 or fax (212) 613-0667.



Date Female Male Kohen

Name (Last, Maiden, First)

Address

City/State/Zip

Phone # Home Fax

Business Fax

Beeper/Cell Fax

E-Mail

Date of Birth Age Height

Never Married Previously Married Get Yes No # Of Children Age(s)

Frum From Birth Baal/Baalat Teshuva Ger Zedek

For women: Do you plan to cover your hair? Yes No Possibly

For men: Do you want your spouse to cover her hair? Yes No Possibly

Father's Name Mother's Name

Name of Synagogue Rabbi's Name

Location Phone #

EDUCATION AND OCCUPATION

High School From To

Israel Study Program From To

Post H.S. Yeshiva From To

College From To

Graduate School From To

Current or Expected Occupation

REFERENCES:

Please include name, address, telephone # and relationship.

1.

2.

Please add any personal comments relating to your background, personality, interests, wants and needs, in the space provided below.

Four horizontal lines for personal comments.