

Kolbo Fine Judaica Gallery - 437 Harvard St, Brookline, MA 02446
Phone: (617) 731-8743 Fax: (617) 277-3093 Email: info@kolbo.com

Name of Ketubah: _____ **Text:** _____

Wedding Information:

English Date _____ Day of the Week _____

Before Sundown _____ After Sundown _____ Hebrew Date _____

City, State _____ Hebrew _____

Officiating Rabbi: _____ **Email:** _____

Bride: English Name _____

Hebrew Name _____

First Marriage _____ Divorced _____ Convert _____ Widow _____

Father's Hebrew Name _____

Is father living? Please circle: Yes / No

Is father a: Kohen ___ Levi ___ Israelite ___

Mother's Hebrew Name _____

Groom: English Name _____

Hebrew Name _____

Father's Hebrew Name _____

Is father a: Kohen ___ Levi ___ Israelite ___

Mother's Hebrew Name _____

Phone: _____ **Email:** _____

Shipping Address: _____

Orthodox/Conservative Texts: for Rabbi to complete-

Would you like mothers' Hebrew names on the ketubah? Please circle: Yes / No

Do you want the foot of the kuf in "v'kninah" left off? Please circle: Yes / No

Do you approve of Hebrew spellings provided for all names and the location? _____

By signing this form, I am agreeing that all of the above information is correct and is approved for use on the ketubah. _____