

Temple Israel of the City of New York

Aliyah Information – please type

Bar/t Mitzvah's Name:.....

Hebrew Name:.....

Bar/Bat Mitzvah Date:.....

Torah Portion:.....

Parents attending the service (English and Hebrew names):

.....
.....

Grandparents attending the service:

.....

Aliyot

1) Grandparents or aunts/uncles (please specify):.....

2) Older siblings or grandparents (please specify):.....

3) Parents:.....

4) Bar/t Mitzvah:.....

Opening and Closing of Ark (2 individuals or 2 couples)

1).....

2).....

Dressing & Holding Torah (younger siblings):

.....
.....

Remember at this Sacred Occasion (please mention here close relatives who are no longer living):

.....
.....

*Please send this form in a week prior to the date of the Bar/Bat Mitzvah