

# Jewish Prisoner Services International

P.O. Box 85840, Seattle, WA 98145-1840

Tel: (206) 985-0577 [Non-Collect] Emergency Collect Line: (206) 528-0363 Fax: (206) 526-7113

## INMATE INFORMATION

IN ORDER FOR JPSI TO BETTER SERVE YOU, PLEASE VOLUNTARILY PROVIDE THE FOLLOWING INFORMATION BELOW AS COMPLETELY AS POSSIBLE. PLEASE PRINT CLEARLY.

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

DOC/REGISTER NUMBER: \_\_\_\_\_

FACILITY: \_\_\_\_\_ HOUSING LOCATION: \_\_\_\_\_

FACILITY MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

MALE  FEMALE HEBREW NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ CITIZENSHIP:  USA  OTHER: \_\_\_\_\_

ARE YOU JEWISH? \_\_\_\_\_ IF SO,  BY BIRTH OR  BY CONVERSION

FATHER'S NAME: \_\_\_\_\_ HEBREW NAME(S): \_\_\_\_\_

IS/WAS FATHER JEWISH? \_\_\_\_\_ IF SO,  BY BIRTH OR  BY CONVERSION

MOTHER'S (MAIDEN) NAME: \_\_\_\_\_ HEBREW NAME(S): \_\_\_\_\_

IS/WAS MOTHER JEWISH? \_\_\_\_\_ IF SO,  BY BIRTH OR  BY CONVERSION

**IMPORTANT: DETAIL YOUR AND/OR PARENT CONVERSION(S) ON BACK OF FORM**

NEVER MARRIED  MARRIED  DIVORCED OTHER: \_\_\_\_\_

SPOUSE'S (MAIDEN) NAME: \_\_\_\_\_ HEBREW NAME(S): \_\_\_\_\_

IS/WAS SPOUSE JEWISH? \_\_\_\_\_ IF SO,  BY BIRTH OR  BY CONVERSION

NAMES & AGES OF CHILDREN: \_\_\_\_\_

SYNAGOGUE AFFILIATION: \_\_\_\_\_

SYNAGOGUE LOCATION: \_\_\_\_\_ RABBI'S NAME: \_\_\_\_\_

(OVER)

JEWISH EDUCATION RECEIVED: \_\_\_\_\_

LAST SCHOOL GRADE/COLLEGE YEAR/DEGREE COMPLETED: \_\_\_\_\_

EMPLOYMENT EXPERIENCE: \_\_\_\_\_

DATE OF PRESENT INCARCERATION: \_\_\_/\_\_\_/\_\_\_ TOTAL SENTENCE: \_\_\_\_\_

PROBABLE RELEASE DATE: \_\_\_/\_\_\_/\_\_\_ (RE)LOCATING TO: \_\_\_\_\_

CONVERSION DETAILS [I.E. NAME(S) OF SPONSORING RABBI(S), NAME AND LOCATION(S) OF SYNAGOGUE(S), BRANCH(ES) OF JUDASIM, 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 CONTACT INFORMATION FOR OTHERS WHO CAN VERIFY THE INFORMATION PROVIDED, ETC.]: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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.