

# PERSONALIZATION FORM FOR KETUBAH

Return form to: 20<sup>th</sup> Century Illuminations PO Box 53 Athol, MA 01331

Email: [info@20thcenturyilluminations.com](mailto:info@20thcenturyilluminations.com) Or Fax to: 978-544-2247

*Please fill in form with no abbreviations. Information will appear on ketubah EXACTLY as it appears on this form. Customer assumes all responsibility for accuracy of written information. Any special requests should be included in writing on this form.*

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Return Shipping Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Ketubah Name: \_\_\_\_\_ Text: \_\_\_\_\_

\_\_\_\_\_ HEBREW \_\_\_\_\_

\_\_\_\_\_ ENGLISH \_\_\_\_\_

\_\_\_\_\_ **Bride's Full Name** \_\_\_\_\_

\_\_\_\_\_ **Father's Name** \_\_\_\_\_

\_\_\_\_\_ **Mother's Name** \_\_\_\_\_

\_\_\_\_\_ **Groom's Full Name** \_\_\_\_\_

\_\_\_\_\_ **Father's Name** \_\_\_\_\_

\_\_\_\_\_ **Mother's Name** \_\_\_\_\_

\_\_\_\_\_ **Wedding Location**  
**City, State** \_\_\_\_\_

\_\_\_\_\_ **Date of Wedding**  
**Month / Day / Year** \_\_\_\_\_

\_\_\_ **Before Sundown** \_\_\_ **After Sundown**

**For Orthodox and Conservative Texts: (circle appropriate)**

**Bride:**            **First Marriage**            **Divorced**            **Widowed**            **Converted**

**Bride's Father is:**    **Deceased**            **Ha Cohen**            **Ha Levi**            **Israelite**

**Groom's Father is:** **Deceased**            **Ha Cohen**            **Ha Levi**            **Israelite**

**Bride's Mother is deceased?** **Yes**    **No**                      **Groom's Mother is deceased?** **Yes**    **No**

**Special Instructions:**