

ARCHIE GRANOT PAPER CUTS

Ketubah Information Fill-in Form

Please complete, then save as Word document and e-mail to

papercut@archiegranot.com

Alternatively, fax to: 972-2-624-3844

Ketubah Name: _____ Ketubah

Text: _____

Ordered by Store/Gallery/Privatey _____

Date needed: _____

Customer Name(s) _____

Telephone: _____ e-mail: _____

Ship To

Rabbi or Officiant: _____

Telephone: _____ e-mail: _____

The appropriate (downloadable) Ketubah text **must** be filled in by your Rabbi or officiant who must also sign below to confirm that the information provided is correct

Wedding takes place on:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Ceremony to take place: Before / After Sundown

Date of Wedding: English _____

Date of Wedding: Hebrew _____

City and State where Ceremony will take place (indicate country if not USA)

English _____

Hebrew _____

Groom's Name (first, middle, family)

English _____

Groom's Parents' First Name(s): English

Mother _____ Deceased: Yes / No

Father _____ Deceased: Yes / No

Groom's Name (including Father and Mother):

Hebrew _____

Groom's Father is a: Cohen _____ Levi _____ Israelite _____

Bride's Name (first, middle, family)

English _____

Bride's Parents' First Name(s): English

Mother _____ Deceased: Yes / No

Father _____ Deceased: Yes / No

Bride's Name (including Father and Mother):

Hebrew _____

Bride's Marital Status:

Marrying for first time _____ Divorced _____ Widowed _____

Convert _____ Other _____

Bride's Father is a: Cohen _____ Levi _____ Israelite _____

Signature of Rabbi or Officiant _____