



Ketubah Order Form

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Name of Ketubah: _____

Text Option: _____

Wedding Information

English Date: _____ Hebrew Date: _____

Day of the Week: _____ Before Sundown After Sundown

City: _____ State: _____

Hebrew: _____

Officiating Rabbi: _____ Email: _____

Bride's Information

English Name: _____

Hebrew Name: _____

First Marriage Divorced Convert Widow

Father's Hebrew Name: _____ Kohen Levi Israelite

Is father living? Yes / No

Mother's Hebrew Name: _____

Groom's Information

English Name: _____

Hebrew Name: _____

Father's Hebrew Name: _____ Kohen Levi Israelite

Mother's Hebrew Name: _____

Contact Information & Shipping Address

Phone: _____ Email: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Orthodox/Conservative Texts (for Rabbi to complete)

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

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

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

Signature: _____