

בית דין צדק דק"ק מעלבארן והמדינה  
**MELBOURNE BETH DIN**  
 JEWISH RELIGIOUS COURT

Office: 868 Glen Huntly Road, South Caulfield  
 Postal address: PO Box 2407 Caulfield Junction, Victoria 3161  
 Telephone: 9523 7748 Fax: 9523 7709 Email: [registrar@mbd.net.au](mailto:registrar@mbd.net.au)

**APPLICATION FOR A TEUDAH RAVAKUT**  
**(CERTIFICATE OF JEWISH IDENTITY AND STATUS)**

IF COMPLETING ON A COMPUTER, TYPE IN THE GREY BOXES. DOUBLE-CLICK ON THE CHECK BOXES TO MARK THEM CHECKED OR NOT.

**DETAILS OF APPLICANT**

Full Name:	_____	Jewish Name	_____
Any Former Name (including Maiden Name)	_____	Phone Numbers:	Home Work Mobile
Correspondence Address:	_____	Email Address	_____
Home Address (If different):	_____		_____
Date of Birth	_____	Place of Birth	_____
If not born in Australia, on what date did you arrive?			
_____			
Are you a member of a synagogue? If so, please state which one:			
_____			
Full Name of Spouse (if applicable):			
_____			

**I am applying for a certificate which states that I am: (tick all that apply)**

Jewish	<input type="checkbox"/>
Single (never married)	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Civilly married	<input type="checkbox"/>

The following are required to be attached to this application:

1. A copy of the applicant's birth certificate.
2. A copy of the applicant's parents' Ketubah (Jewish Marriage Certificate).
3. A copy of the front page of the applicant's passport.
4. Copies of documents relating to any previous marriages and/or divorces of the applicant. This refers to documents issued by both a Civil Court and a Beth Din.
5. Two (2) passport photos of the applicant.
6. A letter from an Orthodox Rabbi stating that he knows the applicant and can attest to his or her status would be useful, but is not essential.
7. Payment of \$150.00 per person applying.

Please Turn Over

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**PAYMENT**

The cost of a Teudah Ravakut is \$150 per applicant.  
Please tick to indicate which of the three payment options applies.

- Payment by cash or cheque is enclosed.
- Payment has been made by direct deposit into the Melbourne Beth Din bank account.  
Date of payment: \_\_\_\_\_
- Payment by Credit Card

M/C     Visa

No.

Date of Expiry   /     CCV No.

Amount \$

Signed  Date

**NOTE:** Where more than one party is responsible for the payment of the fees, each party must complete and sign a separate form. The Melbourne Beth Din reserves the right to enforce the collection of outstanding fees according to standard commercial procedures.

**MELBOURNE BETH DIN BANK ACCOUNT DETAILS:** Bank: Bendigo Bank  
Account Name: Melbourne Beth Din Nominees Ltd.    BSB Number: 633-000    Account Number: 123335788

**DECLARATION**

By applying with this form, the applicant acknowledges and agrees to the following:

1. Rulings of the Beth Din and the conduct of any of its members and Dayanim, in relation to any issues brought before it for consideration and/or determination according to Halachic law or the precepts of the Jewish religion, are not to be the subject of any proceedings before secular courts or authorities of any character or description and the parties, in applying to bring such matters for consideration and/or determination by the Beth Din, expressly and irrevocably waive, renounce and relinquish any cause of action, right of complaint or other remedy whatsoever, in any civil court, tribunal or jurisdiction, against the Beth Din, its members and Dayanim, or against Melbourne Beth Din Nominees Limited or its officers or employees, arising out of or in connection with those matters and any actual or alleged conduct on the part of any of the aforesaid in connection therewith.
2. The Beth Din, at its discretion, may make audio recordings of any interviews and proceedings in connection with the gett application. Such recordings may be used by the Dayanim and officers of the Beth Din for any relevant purpose associated with the execution of the gett, or dealing with any complaint that should arise from its execution. The Beth Din expressly undertakes that, except for these purposes, the recordings shall not be made available in any form to any third party without the written permission of the parties involved.

I \_\_\_\_\_ (name of party) understand and agree to the above conditions.

Date

.....  
Signature

.....  
Signature of witness

NAME OF WITNESS (BLOCK LETTERS)