

Please type or print all information in BLOCK LETTERS exactly as you would like to see it appear in the Ketubah.

**Ketubah Information:**

Order # \_\_\_\_\_

Name/Style: \_\_\_\_\_ Text: \_\_\_\_\_

Artist \_\_\_\_\_ Size/Info: \_\_\_\_\_

**Bride's Information:** (Hebrew names can be written in English, we will convert or transliterate to Hebrew)

Name: (first, middle, last) \_\_\_\_\_

Hebrew: \_\_\_\_\_

Mother: \_\_\_\_\_ Hebrew: \_\_\_\_\_

Father: \_\_\_\_\_ Hebrew: \_\_\_\_\_

**For Aramaic Orthodox or Conservative Texts only:**

Is Father? Cohen Levy Israelite N/A Deceased

first marriage divorced widowed convert

**Completion of the Hebrew word "Vekanina" (Please consult your Rabbi):**

Please fill-in the Hebrew letter "Kof" for us (completed Kof)

Our Rabbi will complete the Hebrew letter "Kof" (leg of Kof omitted)

**Groom's Information:** (Hebrew names can be written in English, we will convert or transliterate to Hebrew)

Name: (first, middle, last) \_\_\_\_\_

Hebrew: \_\_\_\_\_

Mother: \_\_\_\_\_ Hebrew: \_\_\_\_\_

Father: \_\_\_\_\_ Hebrew: \_\_\_\_\_

Is Father? Cohen Levy Israelite N/A Deceased

**Wedding Date:** \_\_\_\_\_ before sundown after sundown

Day of Week \_\_\_\_\_ Hebrew Date \_\_\_\_\_

**Location of Ceremony:** (city, State) \_\_\_\_\_

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**Please Note: Depending on the artist or the text, not all of the information provided will be included in your Ketubah.**

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**Person Performing the Ceremony:** (in case we have any questions on fill-in information)

**Rabbi/Cantor** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

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**Person Placing Order:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Card#** \_\_\_\_\_ **Exp.** \_\_\_\_\_ **V Code#** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Shipping Information:**

Same as above

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**Comments:**