

Sara J. Bernstein, M.D.

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General Information

Son's Name _____ Name's Origin _____

Father _____ Mother _____

Home Phone _____ Dad Cell _____ Mom Cell _____

Home Address _____

Child # _____ Boy # _____

Birth Date _____ Time _____ Weight _____ Vaginal Cesarean

Honors

Light Candles (optional) _____ Relation _____

Kvatterin (godmother) _____ Relation _____

Kvatter (godfather) _____ Relation _____

Sandek _____ Relation _____

Sandek Sheni (optional) _____ Relation _____

Kiddush (optional) _____ Relation _____

Motzi (optional) _____ Relation _____

Will a Rabbi be present? Yes No If yes, Name _____ Number _____

Family Tree

English

Hebrew

Son _____

Father _____

Father's Father _____

Father's Mother _____

Mother _____

Mother's Father _____

Mother's Mother _____

Ceremony

Date _____ Time _____

Address of Ceremony _____

Contact Person at Location _____ Phone At Location _____

Directions from Wellington Hospital

