



Clergy to fill in Hebrew Name

*Temple Beth El*  
**DOUBLES Honors for Bar/Bat Mitzvah**

Listed below are the opportunities during the Friday evening and Saturday morning services to honor family members and friends of the bar/bat mitzvah who have played a significant role in his/her life. If you have any questions, please speak to one of the clergy.

**Instructions: Complete the applicable information on both sides and turn it in at the Final Rehearsal with the Rabbi.**

Student's English Name: \_\_\_\_\_

Student's Hebrew Name: \_\_\_\_\_

Name of the Torah Portion: \_\_\_\_\_

Haftarah Portion from the book of: \_\_\_\_\_

Father's Name (English/Hebrew): \_\_\_\_\_ / \_\_\_\_\_

Mother's Name (English/Hebrew): \_\_\_\_\_ / \_\_\_\_\_

**Friday Night Honors**

Candlelighting

Kiddush

1. \_\_\_\_\_

1. \_\_\_\_\_

2. *(optional)* \_\_\_\_\_

2. STUDENT

**Saturday Morning Honors**

**Pre-Service Honors (They should arrive at Temple Beth El by 10:40 am)**

Ushers (must have one adult per 75 guests per family): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Please have them in place by 10:40 am)

Person(s) presenting Tallis *(optional)*: \_\_\_\_\_  
(They need to be in the Jacobs Jaffa Conference Room in the Clergy Wing at 10:45 am)

Temple Representative: \_\_\_\_\_  
(Can be anybody who has been in the Past or Present leadership of Beth El) (Board or Staff, Sisterhood, Brotherhood)

**Service Honors**

Open/Close Ark (Torah Service): 1. \_\_\_\_\_ 2. *(optional)* \_\_\_\_\_

Passing the Torah through the generations (list ALL relatives who will participate. Siblings 13+ often participate):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Undress Torah: 1. \_\_\_\_\_ 2. (optional) \_\_\_\_\_

Aliyot (Note: Temple Beth El's *minhag* (custom) requires only the bar/bat mitzvah student to be called for an aliyah. At the family's request, up to two additional aliyot may be added below. Please be sure that at least one of those called for an aliyah is Jewish and competent in reciting the blessings. The Cantors or Rabbis can provide you with the Hebrew or transliterated text. An English reading is available for a non-Jewish parent if requested.

1. English Name: \_\_\_\_\_

2. English Name: \_\_\_\_\_

3. Student

Lift Torah (*must* meet with the Cantor before the service at 10:30 am): \*\* \_\_\_\_\_

Dress Torah: 1. \_\_\_\_\_ 2. (optional) \_\_\_\_\_

Hold Torah during Haftarah: \*\* \_\_\_\_\_

Open/Close Ark (Aleinu): 1. \_\_\_\_\_ 2. (optional) \_\_\_\_\_

**\*\*These two honors are performed by ONE person agreed upon by both families. Each family chooses one of these honors.**

Please list the names of all deceased family members (grandparents, parents, spouses, siblings) who you would like remembered prior to the recitation of the Mourner's Kaddish at the Saturday morning service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal welcome: please write a brief (maximum 60 words) personal word of welcome from your family to guests/congregants for Saturday morning's *Shabbat Notes*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional requests/information: \_\_\_\_\_

\_\_\_\_\_

Please include a phone number you can be reached at and a fax number if you have access to one.

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_