

APPLICATION FOR SEPHARDIC ORIGIN CERTIFICATE from the Jewish Federation of New Mexico

If you have any questions about your documentation and the necessary level of detail required, be sure to email sk@sephardiccertificate.org before submitting an application.

First Name _____ Middle Name _____

Last Name(s) _____

Street Address _____

City _____ State _____

Postcode _____ Country _____

Email: _____ Phone _____

Date of Birth: _____ Place of Birth _____ Gender _____

Nationality _____ **Passport number** _____

Full name as shown on passport _____

Childhood Religion _____ Denomination (if applicable) _____

Place of worship (if applicable) _____

Current Religion _____ Denomination (if applicable) _____

Place of worship (if applicable) _____

(Please note, there is no discrimination based on religion, this is simply to advise you of your options.)

Letter of Justification:

Please provide a scan of the photo page of your passport, and a summary of your genealogical or communal proof, being sure to end with the following line: "I hereby certify that this information is true and correct to the best of my knowledge."

List of Documents uploaded to the site or sent to: sk@sephardiccertificate.org