



Temple Beth Am

P.O. Box 5305 • 879 South Beverwyck Road
Parsippany, New Jersey 07054
(973) 887-0046 • Fax (973) 887-9386

Saturday Service and Program

Child's name and date of B/M _____ # of Attendees _____

Tallit presenters*: _____

Torah Service

Open/close Ark – Walk with *Torah* – undress *Torah**

1st *Aliyah** name & relationship: _____

Hebrew name: _____

2nd *Aliyah**: name & relationship: _____

Hebrew name: _____

3rd *Aliyah**: name & relationship: _____

Hebrew name: _____

Maftir/Haftorah: _____

Student's Hebrew name: _____

Lift *Torah**: _____

Dress *Torah**: _____

Open and Close Ark*: _____

Aleinu

Open and Close Ark: _____

Kiddush

Blessing over the wine*: _____

Motzi

Blessing over the *Challah**: _____

Please consult the Rabbi for additional opportunities for your non Jewish family members. (Please bring or send this form to the Temple office 2 weeks before your child's *Bar or Bat Mitzvah* date or the Temple will NOT print your program or complete the B/M certificate.)

* These Honors are limited to those of the Jewish faith