

BETH DIN OF AMERICA

INCORPORATED BY THE
RABBINICAL COUNCIL OF AMERICA

בית דין דאמריקא

מיטודו של

הסתדרות הרבנים דאמריקא

84 FIFTH AVENUE, NEW YORK 11, N. Y.

ALBONQUIN 5-1900

CABLE: HISRABONIM, N. Y.

OFFICE OF THE COORDINATOR
RABBI MELECH SCHACHTER, PH.D.

ב"ח

6 Nisan, 5724
March 19, 1964

Dear Colleague:

In your rabbinate, you have no doubt bumped into a significant number of cases where you could not perform a marriage because of improper Gittin, or no Get, or because of Mamzeros, and a variety of other reasons.

The truth is that in a shocking number of cases, no Get followed a civil divorce and, in all too many cases, an improper, unacceptable Get takes place.

The Beth Din of the Rabbinical Council of America is striving to cope with that problem in every possible way. Here we list for you two ways, and your cooperation is needed for both.

- 1) The enclosed leaflet has been prepared for attorneys. We will be glad to send as many as you need for distribution to attorneys in your community.
- 2) The Beth Din is set up as a central registry to record all Gittin. The purpose of this will be to establish quality and to have a ready reference to Mesadrai Gittin.

On the reverse side of this letter is a questionnaire. It is our request that, at any time you are involved in a Siddur Haget, where you yourself do it, or where you are merely a referring rabbi, you fill out the form and send it to our office for filing. We have more forms and you simply have to request them from our office. Please feel free to add your comments to the form.

Incidentally, may we remind you that the Beth Din is here to serve you and your community in every possible way. You have only to ask our assistance.

Kindest regards and best personal wishes.

Cordially yours,

Rabbi Melech Schachter
Coordinator

Rabbi David L. Silver
President

3/25 - Called
for 1 day
Spoke to
Amy
S. Stenberg

CENTRAL REGISTRY

of the

BETH DIN
RABBINICAL COUNCIL OF AMERICA
84 Fifth Ave.
New York 11, N.Y.

Name: _____ Hebrew name: _____
(husband)

ADDRESS: _____ Kohen _____ Levi _____ Israel _____

City _____ Telephone _____

Name: _____ Hebrew name: _____
(wife)

Address _____ Father's name _____

City _____ Kohen _____ Levi _____ Israel _____

Telephone: _____

Date of Marriage: _____ Children: _____

Date of Civil Divorce: _____

MESADEE HAGET: _____

Other Rabbi(s) if any: _____

Sofer: _____ Witness: _____

Witness: _____