

Luton United Synagogue
www.lutonhebrew.co.uk

Visitor Name		Are you Jewish?	Y / N	delete as appropriate
Visiting address		Hebrew name		
phone number		Do you attend a synagogue?	Y / N	delete as appropriate
Home address		Address of synagogue and Minister's name or other person who can verify your identity		
Email		Proposed date(s) of visit		
Nationality		Reason for visit		
Passport number/place of issue/expiry date				

1. The Luton United Synagogue appreciate your help in providing this information which will only be used for the purposes of verifying your identity.
2. Could you please provide a photocopy of your passport and/or of your driving licence.
3. By providing this information you hereby consent to The Luton United Synagogue making such reasonable enquiries as necessary prior to your proposed visit. Please allow at least a fortnight to allow this form to be processed.
4. The Luton United Synagogue reserves the right to decline a visit by any person whether or not they complete the above questionnaire.
5. Please return the completed questionnaire to the original contact person or by scanning/emailing it to: visitors@lutonsynagogue.org.uk

Signed

dated