



STATE OF ISRAEL
Ministry of Defense
Rehabilitation Department **LIFE CERTIFICATE**



To be sent to:

Ministry of Defense – The Rehabilitation Department

District: _____

(*) Address: _____

(Via the Consulate of Israel – option)

Identity card _____ Disable

File no. _____ / _____

I Herby certify that Mr./Mrs. : _____

Whose address is:

Tel: _____

Mobile Phone: _____

Fax: _____

E-mail: _____

Whose date of birth is: ___/___/___

Who has declare his family status as: single married divorced widow

Whose number of children under age of 30 is: _____

Whose identification has been verified by the following document:

Passport identity card driving license No. _____

SIGNATURE OF BENEFICIARY _____

Signature of certifying official _____

Place _____ Date ___/___/___

(*) The full address list is available at the Ministry of Defense internet site:
www.shikum.mod.gov.il