

REQUEST AND CONSENT FOR BRIT MILAH “Covenant of Circumcision”

I, parent of baby boy _____ request that Dr. Oppenheim perform a Brit Milah ceremony including a circumcision procedure on my newborn son. I understand that Dr. Oppenheim has been certified to perform Brit Milah by the Berit Milah Board of Reform Judaism (National Organization of American Mohalim) and he has had specific training in the circumcision procedure using the Mogen Clamp.

This ceremony affirms my commitment to raise my child in the traditions of the Jewish people.

I understand that the procedure of circumcision is to remove the foreskin from the head of the penis.

I understand that the risks of the procedure include the rare possibility of bleeding, Infection or damage to the penis.

I understand that the cosmetic appearance of the outcome is primarily dictated by the baby’s anatomy. Therefore, guarantees of the cosmetic outcome cannot be made. I have had the opportunity to discuss the procedure with Dr. Oppenheim.

Although there are known medical benefits of circumcision including decreased risk of penile cancer, decreased transmission of HIV and other infections, this ceremony and procedure are to be performed for a religious purpose. A medical alternative would be to not circumcise the baby.

In signing this form, I acknowledge that I have read this form and understand its contents. I hereby voluntarily request and consent to the performance of Brit Milah ceremony as described herein.

Parent ‘s name

Parent ‘s name

Signature

Signature

Date _____

Date _____