



**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 declared 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](http://www.shikum.mod.gov.il)