

*Return this form early, as responsibility cannot be accepted for forms received after  
Crtm39, 201;. Fill out the form below and give it or mail it to:*

**Rabbi Shmuel Kaplan  
The Shul at the Lubavitch Center  
6701 Old Pimlico Road  
Baltimore, Maryland 21209**

To fill out this form on-line, press the Tab key once, and the cursor will be on the I(We) line. Type in your name(s), and then press the Tab key to advance to the next line. For the City, State and Zipcode lines; click on the triangle to the right and choose your entry. If your City, State and/or Zipcode is not among the entries, erase anything on the line and type in your information. Once you have completed the form, press the Print Form Button (at the bottom), sign the form, cut out the form along the dotted lines, and give it or mail it to Rabbi Shmuel Kaplan.

## **Certificate Authorizing The Sale Of Chometz**

*Please print neatly or type, as illegible forms cannot be processed.*

I (We)\* \_\_\_\_\_  
hereby authorize Rabbi Shmuel Kaplan to dispose of all chometz that may be in my  
(our) possession wherever it may be – at home, at my (our) place of business, or  
elsewhere – in accordance with the requirements of Jewish Law as incorporated in the  
special contract for the sale of chometz.

Residence Address: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Business Address: \_\_\_\_\_

Suite Number: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Signatures(s): \_\_\_\_\_

Date: \_\_\_\_\_

\* Husband and Wife, specify names.

**This form must be signed by the head of household and preferably by all parties.**