The Holocaust Martyrs' and Heroes' Remembrance Authority

Hall of Names - P.O.B. 3477, Jerusalem 91034 www.yadvashem.org



היכל השמות - ת.ד 3477, ירושלים 91034

Page of Testimony

Page of Testimony for commemoration of the Jews who perished during the Holocaust; please fill in a separate form for each victim, in block capitals

Victim's photo Please write victim's name	The Martyrs' and Heroes' Remembrance Law 5713-1953 determines in section 2 that: "The task of Yad Vashem is to gather into the homeland material regarding all those members of the Jewish people who laid down their lives, who fought and rebelled against the Nazi enemy and his collaborators, and to perpetuate their names and those of the communities, organizations and institutions which were destroyed because they were Jewish."						
on back. Do not glue.	Victim's family name:	s family name:			Maiden name:		
Victim's first nam		lso nickname):		Previous/other family name:			
Title:		Gender:	Gender:		Date of birth: Approx. age at death:		
		M/i	M/F				
Place of birth:		Region:	Country:	N	ationality:		
Victim's father:		Family name:					
Victim's mother:			Maider	Maiden name:			
Victim's First name: wife/husband:		Maiden name:		Victin	ctim's family status: Number of children:		
Permanent residence:		Region:	Country:	A	Address:		
Profession: Place of		e of work:	work:		Member of org./movement:		
Residence before deportation:		Region:	Country:	A	ddress:		
Places, events and activities during the war (prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combat):							
Place of death:		Region:	Country:	D	ate of death:		
Circumstances of death:							
I, the undersigned, hereby declare that this testimony is correct to the best of my knowledge.							
First name: Fam		Family name:	nily name:		Previous/maiden name:		
Street:		House no.: Entrance:	Apt.: C	ity:		State/Zip code:	
Country:		Tel.:	lam/lam	Relationship to victim (family/other): m / I am not a survivor		(family/other):	
During the war I was in: camp/ghetto/forest/the resistance/in hiding/had false papers (circle relevant options) Holocaust survivors may order a special questionnaire in which to fill in their details.							
Date:	Place	:			Signature:		