YAD VASHEM

The Holocaust Martyrs' and Heroes' Remembrance Authority



רשות הזיכרון לשואה ולגבורה

איכל השמות -ת.ד 3477, ירושלים 91034

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

Page of Testimony

י דף אד

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 on back.	to gather into the lives, who fought and those of the c	homeland m and rebelled ommunities,	aterial reg against th	jarding ne Na	g all th zi ener	ose me ny and tutions v	mbers c his colla vhich we	f the Jewish borators, and	people v to perp	sk of Yad Vashem is vho laid down their etuate their names they were Jewish."	
Do not glue.	Victim's family name: HOLTZ					Maiden name:					
	Victim's first name (also nickname): EPHRAIM AHRON (EPHRAIM)					Previous/other family name:					
Title:	Gender	Gender:			Date of birth:			Approx. age at death:			
		M			21 FEB 1910		34		34		
Place of birth:	Region	:	Count		-	Nati	onality:				
CHRZANOW, POLAND											
Victim's First name:			Family			name:					
father: ALEXANDER (SENDER)			HOLT			ΓZ					
Victim's First name:			Maiden n			n name:	name:				
mother: SURA SHEVA		ALTMAN									
Victim's First name:	Maiden	Maiden name:							Number of children:		
wife/husband: SHAINDEL	BOCH	BOCHNER				MARF	IED 2		2		
Permanent residence:		Region	:	Country:			Add	ress:			
Profession:	ce of work:	 of work:				Member of org./movement:					
Residence before deportation:		Region	Region: Cou		untry: Add		ress:				
Places, events	and activities during	the war (pris	on/deporta	tion/g	hetto/c	amp/dea	ith marc	h/hiding/escap	oe/resista	nce/combat):	
Place of death:	Region	Region: Countr		untry:	Date		e of death:				
LUDWIGSDORF CAMP							17 JUN 1944				
Circumstances of death: PERISHED IN HOLOC	AUST;										
	I, the undersigned, he	ereby declare	e that this t	estimo	ony is c	orrect to	the bes	t of my knowle	edge.		
First name: Farr			mily name:				Previous/maiden name:				
MOISHE	MILLER	/ILLER									
Street: Hou		House no.:	ouse no.: Entrance: A		C	ity:				State/Zip code:	
1374 EAST 28TH STR	EET					BROOK	KLYN			NY 11210	
Country:	Tel.:			l am / l am not a survivor			unvivor	Relationship to victim (family/other):			
USA	718-258-5	18-258-5512 I AM N					FAMILY GENEALOGIST				
During the war I was in: camp/ghetto/forest/the resistance/in hiding/had false papers (circle relev					releva	int optic	nt options) Holocaust survivors may order a special questionnaire in which to fill in their details.				
Date: 29 Nov 2009 Place: BROOKLYN, NY								Signature: M	Au		
	יררה" א										

"....And I shall give them in My house and within My walls a memorial and a name...that shall not be cut off" Isaiah. 56:5