YAD VASHEM

The Holocaust Martyrs' and Heroes' Remembrance Authority



יד ושם רשות הזיכרון לשואה ולגבורה

היכל השמות - ת.ד 3477, ירושלים 91034

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

Page of Testimony

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	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:				Maiden name:			
Do not gido.	MILLER							
	Victim's first name (also nickname):				Previous/other family name:			
	ELIYAHU							
		אליהו						
Title:		Gender:	Gender: M		Date of birth:		Approx. age at death:	
Place of birth:	Region:	Со	Country:		Nationality:			
First name:		Family nam						
father: AVROHM		MILLE						
		אברהם						
Victim's First name:		Maiden						
mother: CHANA YEHUDIS חנה יהודית NEIMAN								
Victim's First name:	Maiden nan	Maiden name:			ictim's family status:		Number of children:	
wife/husband: YOCHEVED	GITTFRIE	GITTFRIEDER			MARRIED 6			
Permanent residence:	Region:	Coι	untry:		Address:			
						AUSCHWITZ, P	SCHWITZ, POLAND	
Profession:	ce of work:	work:			Member of org./movement:			
Residence before deportation	Region:	Cοι	Country:		Address:			
Places, events and activities during the war (prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combat):								
Place of death:	Region:	Со	Country:		Date of death:			
					ABOUT 1942			
Circumstances of death:								
PERISHED IN HOLOCAUST;								
I, the undersigned, hereby declare that this testimony is correct to the best of my knowledge.								
First name:	Family name:	ily name:			Previous/maiden name:			
MOISHE	MILLER	IILLER						
Street: Hou		House no.: Entra	ise no.: Entrance: Apt.: Ci		ty:			State/Zip code:
1374 EAST 28TH STREET			E		BROOKLYN			NY 11210
Country:	Tel.:			Relationship to victim (family/other):				
USA	718-258-5512 I am / I am			not a survivor FAMILY GENEALOGIST			OGIST	
During the war I was in: camp/ghetto/forest/the resistance/in hiding/had false papers (circle relevar								may order a special h to fill in their details.
Date: 28 Nov 2009 Place: BROOKLYN, NY Signature: Add								
	א יכרת" ישעי	ד איזור ל		יחו	10011			

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