The Holocaust Martyrs' and Heroes' Remembrance Authority

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



רשות הזיכרון לשואה ולגבורה

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. o not glue.	Victim's family name: REBHUN					Maiden name:					
	o not gide.											
		Victim's first name (also nickname):					Previous/other family name:					
		PESACH DOVID					,					
			פסח דוד הלוי									
Title:			Gende	Gender:			Date of birth:			Approx. age at death:		
Discos (1) the			Device						Pf	60		
Place of birth:			Regio	egion: Country:			Nationality:					
Victim's	First name:				<u> </u>	Family ı	name:					
father:	MOSHE			ה הלוי	מנוזו	REBH	IUN					
Victim's	First name:					en name:						
mother:	YOCHEVED			יורדו נויונ			LER					
Victim's	First name:			Maiden name:					m's family status:		Number of children:	
wife/husband: MALKA				STERN					MARRIED		5	
Permanent residence: MSZANA DOLNE, POLAND			Regio	Region: Country:		ntry:		Add	ress:			
Professio	n:	ace of work:	of work:				Mer	nber of org./n	novement:			
Residence before deportation:			Regio	Region: Cour		ntry: Ad		Add	ress:			
Places, events and activities during the war (prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combat):												
Place of c		•	Region: Cou					e of death:				
MASS	EXECUTION O	F 881 MARTYRS	IN AMSAN	MSANA (MSZANA DOLNE),			GALIC	IA 19	AUG 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 nam	amily name:				Previous/maiden name:				
MOISHE			MILLER	MILLER								
Street: Ho			House no.:	use no.: Entrance: Apt.:			City:			S	State/Zip code:	
1374 EAST 28TH STREET						BRO		OOKLYN		NY 11210		
Country:			Tel.:	el.:		. /	not a survivor		Relationship t	to victim (fa	mily/other):	
USA			718-258-	718-258-5512			not a su DT	rvivor	FAMILY GENEALOGIST			
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.												
20 Nov. 2000 PROOKLYN NY												

Date: 28 Nov 2009 Place: