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 on back.	to gather into the lives, who fough	ne homelan nt and rebe communiti	d material lled agains	regardi t the N	ng all th lazi ene	nose memb my and his	pers o s colla ch we	f the Jewish borators, an	people v	sk of Yad Vashem is who laid down their retuate their names they were Jewish."	
Do not glue.		•					Waldell Hallie.				
HOROWI		<u> </u>									
	Victim's first name (also nickname): TUVIA					Previous/other family name:					
Title:	lGor.	Gender:				Date of birth: App			roy ago at dooth:		
ABD SANOK, R'			M		1892			Approx. age at death: 51			
Place of birth:			Region: Coul					onality:	31		
			Region.		ountry:	Ivationa		oriality.			
MAJDAN											
Victim's First name:						name:					
father: BENZION			HOR			OWITZ					
Victim's First name:			Ma			en name:					
mother: GOLDA LEAH		RA			BINOWITZ						
Victim's First name:			Maiden name:			Vi	ctim's	family status	:	Number of children:	
Victim's wife/husband: YUTA			SPIRA			N	//ARR	IED		2	
Permanent residence:			Region: Co		ountry:	ıntrv: Ad		ress:			
			-		,						
Profession: Place of			of work:			Member of org./m			novement:		
							monitor of organistonicing.				
			Danian				٨٨٨	****			
Residence before deportation:		Reç	Region: Co		ountry:	intry:		ress:			
Places, events	and activities durir	ng the war (prison/depo	ortation/	/ghetto/c	:amp/death	march	n/hiding/esca	pe/resista	ance/combat):	
Place of death:			Region: Co		ountry:	ountry: Dat		te of death:			
							16	16 JAN 1943 - SHEVAT 10			
Circumstances of death:											
PERISHED IN HOLOC	AUST;										
ı	, the undersigned,	hereby dec	clare that th	is testin	nony is o	correct to th	ne bes	t of my know	ledge.		
			nily name:				Previous/maiden name:				
MOISHE MI			ILLER								
Street: Hou		House n	se no.: Entrance: Apt.:		:	City:		State/Zip code:			
1374 EAST 28TH STREET					BROOKLYN		ΥN	NY 11210			
Country: Tel.:		Tel.:						Relationship t	o victim (fa	amily/other):	
USA 71		718-25	8-258-5512		am / I ar I AM N	n not a sur IOT	vivor	FAMILY GENEALOGIST			
During the war I was in: camp/ghetto/forest/the r		ing/had fa	lse papers	s (circle			s)			may order a special h to fill in their details.	
p / 28 Nov 2009	51	BRO	OOKLYN	NY					B MI	//	

Date: 28 Nov 2009