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	to gather into the lives, who fought and those of the co	eroes' Remembranc homeland material and rebelled agains ommunities, organiz	regarding all t the Nazi en	those members emy and his co	of the Jewish Ilaborators, an	people who laid to perpetuate the	down their neir names	
on back.	Victim's family name	Maiden name:						
Do not glue.	LANGSAM							
	Victim's first name (s	name (also nickname):			Previous/other family name:			
	PESACH	ane (also mekhame).		Frevious/our	revious/other family flame.			
Title:		Gender:			•	Approx. age at death:		
		M	IVI		ABOUT 1902		40	
Place of birth:	Region:	Region: Country:		Nationality:				
BUKOWSKO, POLAND								
Victim's First name:		Fami	Family name:					
father: ELAZAR (LUZ		LAN		GSAM				
First name:		Maiden name:						
Victim's GITEL		WEIN						
First name:		Maiden name:		Victim's family status: Number of children:				
Victim's CHANA		UNKNOWN			RRIED	,		
Permanent residence:			Region: Country:		Address:			
LVIV, UKRAINE	rtegion.	oduluy.		uuross.				
Profession:	ce of work:		M	ember of org./n	novement:			
1 1010001011.	oc or work.	or work.		ombor or org./m	novement.			
Residence before deportation:		Region:	Pagion: Country		ddress:			
Residence before deportation.		rtegion.	Region: Country:		rudicas.			
Places, events	and activities during	the war (prison/depo	ortation/ghetto	/camp/death ma	rch/hiding/esca	pe/resistance/com	bat):	
Place of death:	Region:	Country:	Country: D		ate of death:			
LWOW				4	ABOUT 1942			
Circumstances of death:								
PERISHED IN HOLOC	CAUST;							
	I, the undersigned, he	ereby declare that thi	is testimony is	correct to the b	est of my know	ledge.		
First name:	Family name:	nily name:		Previous/maiden name:				
MOISHE		MILLER	ILLER					
Street: Hou		House no.: Entrance	use no.: Entrance: Apt.: C		ity:		State/Zip code:	
1374 EAST 28TH STREET					BROOKLYN		NY 11210	
Country: Tel.:		Tel.:	1 / 1 -	am not a survivo		Relationship to victim (family/other):		
USA 71		718-258-5512	8-258-5512 I am / I ar		FAMILY C	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.								
BROOKLYN NY								

Date: