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	the home	eland m ebelled	aterial rega	rding Na	g all the zi enen	ose me	embe I his	ers of the collaborat	Jewish posons, and t	eople v o perp	sk of Yad Vashem is who laid down their etuate their names they were Jewish."	
	on back.	Victim's family name:						Maiden name:						
	o not glue.	NUSSAN						YUF	YUROWITZ					
		Victim's first name (also nickname):						Previous/other family name:						
		ROIZA						10000000000000000000000000000000000000						
1.0.2.			ריוזא					1						
Title:				Gender:				Date of birth:			Α	Approx. age at death:		
				F				1884	4		60			
Place of birth:				Region: Co			ıntry:	•		Nationalit	y:			
BARCZANFALVA, ROMANIA														
Victim's	First name:					Family	name:							
father:	AHRON	NC			רז			OWIT	Z					
	First name:						Maider	name):					
Victim's mother: DINAH					FOGI			EL						
Victim's	First name:		Maiden name:					Victim's family state				Number of children:		
	ind: ARYEH		אריה						MA	MARRIED			3	
Permanent residence:				Region: Cou			intry:	Address:						
Profession: Place of				work:					Member o	of org./mov	/ement			
				ID						A ddwggg.				
Residence before deportation:				Region: Country:			intry:		Address:					
Places, events and activities during the war (prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combat):														
Place of death:				Region: Co			ountry:			Date of death:				
										1944				
Circumsta	inces of death:													
PERISH	HED IN HOLOC	AUST;												
	I	, the undersigned	d, hereby	declare	that this te	stimo	ony is c	orrect t	to the	best of m	ıy knowled	ge.		
First name: Fam				ily name:						Previous/	maiden na	ame:		
MOISHE			LLER											
Street: Hous			se no.: Entrance: Apt.: Ci				ity:					State/Zip code:		
1374 EAST 28TH STREET						BROOKLYN						NY 11210		
			Tel.:				n / I am not a survivor			/or			nmily/other):	
			R_258_5512 ` ****			n / I am not a survivor I AM NOT			FAI	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.														
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Date: 28 Nov 2009