

YAD VASHEM

The Holocaust Martyrs' and Heroes'
Remembrance Authority www.yadvashem.org
Hall of Names, P.O.B. 3477, Jerusalem 91034



AMERICAN SOCIETY FOR YAD VASHEM

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Page of Testimony

Pages of Testimony commemorate the Jews who perished during the Holocaust - Shoah. Please submit a separate form for each victim, in block capitals. **Fields in bold are mandatory.**

Victim's photo Please write victim's name on back. Do not glue.	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."		
	Victim's family name:		Maiden name:
	Victim's first name (also nickname):		Previous/other family name:
Title:	Gender: Male/Female	Date of birth:	Approx., age at death:
Place of birth: (town, region, country):		Citizenship:	
First name of Family name of victim's father: victim's father:			
First name of Maiden name of victim's mother: victim's mother:			
Victim's	First name of victim's spouse:	Maiden name of victim's spouse:	No. of children
Permanent residence: (town, region, country):		Street:	
Victim's profession: Place of work: Member of organization or movement:			
Places and activities during the war - prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combat (circle relevant option):			
Residence during the war (town, region, country):		Street:	
Circumstances of death: prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combat or unknown - Shoah:			
Place of death (town, region, country):		Date of death:	
I, the undersigned, hereby declare that this testimony is correct to the best of my knowledge. I understand that this Page of Testimony and all the information on it will be publicly accessible.			
Submitter's first name:		Family name:	Previous/maiden name:
Street, House no., Apt.:		City:	State/Zip code:
Country:	I am a Shoah survivor: Yes/No	My relationship to the victim (family/other):	
During the war I was in a camp/ghetto/forest/the resistance/in hiding/had false papers:			

Date: _____ Place: _____ Signature: _____



2006/2007