



Yad Vashem

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

SHOAH SURVIVORS REGISTRATION FORM

Survivor's current biographic details

| | | | | |
|------------|--------------------|-------------------------|-------|-------|
| Last name: | | First and Middle names: | | |
| Street: | | No.: | Apt.: | Tel.: |
| City: | State and Zipcode: | Country: | | |

Survivor's biographic details before/during WWII

The information in this specific section only will be publicly accessible. If you wish the current address also to be accessible, indicate here

| | | | | |
|--|----------------|---|---------------------|------------------|
| Last name before or during WWII: | | Maiden name: | | |
| First and Middle names before/during WWII: | | Title: | Gender: M / F | Date of birth: |
| Place of birth (city, district, country): | | | Citizenship: | |
| Father's name: | | Mother's name: | | |
| Spouse's name (before/during WWII): | | Spouse's maiden name: | | No. of children: |
| Residence Before WWII (city, district, country): | | | Address: | |
| Profession: | Place of work: | Member of org./movement: | | |
| Wartime residence before deportation (city, district, country): | | | Address: | |
| Were you in a ghetto? Which and when?: | | | | |
| | | | | |
| Were you in a camp? Which and when?: | | | | |
| | | | | |
| Were you hiding/living under a false identity? Where and under what name?: | | | | |
| | | | | |
| Were you in other special circumstances or events? Which and when?: | | | | |
| Were you a member of an organization (Youth movement, Judenrat, Underground, Partisans, etc.)? Which, where and when?: | | | | |
| | | | | |
| Did you have any special responsibility or rank? Which and when?: | | | | |
| Did any person/organization (Jewish or non-Jewish) help significantly in your efforts to survive? (specify): | | | | |
| Where were you liberated?: | | Date of liberation: | Name of DP camp(s): | |
| Where did you go after liberation?: | | If Oleh: places on the way, name of ship, year of Aliyah: | | |

If the survivor is no longer alive, please fill in the following information as the submitter of this questionnaire

| |
|---------------------------------------|
| Last, First and Middle names: |
| Address and Tel. number: |
| Place and date of survivor's death: |
| Submitter's relation to the survivor: |

Signature: _____ **Place:** _____ **Date:** _____