

Names Recovery Campaign: In Partnership with Yad Vashem

Testifier Registration Form

Please fill out this form and send it to (*add contact details*)

I would like to bear witness for one or more victims of the Shoah by filling out Pages of Testimony that will be submitted to Yad Vashem.

Name and title: _____
first *last*

Street: _____

City, state, zip: _____

Phone: _____

Fax: _____

Email: _____

Preferred languages:

Check one:

Please send me Pages of Testimony to fill out and return by mail

Please send someone to help me fill out Pages of Testimony

Other – specify: _____