YAD VASHEM

The Holocaust Martyrs' and Heroes'

Remembrance Authority www.yadvashem.org Hall of Names, P.O.B. 3477, Jerusalem 91034



לך ןשם רשות הזיכרון לשואה ולגבורה www.yadvashem.org היכל השמות, ת.ד 3477, ירושלים 91034

Page of Testimony דף עד

Pages of Testimony commemorate the Jews who perished during the Holocaust. Please submit a separate form for each victim, in block capitals

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			amily name:	ly name:	
Title:				Gender: Dat Male / Female		Date	e of birth:			Approx. age at death:		
Town of birth:				Region:		Country:		Citizens	izenship:			
Victim's father:	First name:			Family name								
Victim's mother:	First name:	Maiden nar			len nam	ne:						
Victim's spouse	First name:	Maiden name:					5		Number of children:			
Town of permanent residence:			Region:	Country:			Street:					
Profession:				Place of work:					Member of organization or movement:			
Place of residence during the war:				Region: (Country:		Street:				
Places, events and activities during the war (prison / deportation / ghetto / camp / death march / hiding / escape / resistance / combat):												
Place of death:				Region:		Country:			Date of death:			
Circumstances 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.												
First name: Family					nily name:				Previous/maiden name:			
Street:				City:			I		State/Zip code:			
Country: Shoah surviv				or: Rela			tionship to victim (family/other):					
During the war I was in: camp / ghetto / forest / the resistance / in hiding / had false papers (circle relevant options):												
Date:				Place:				Signature:				

ישעיהו ג"ו ה' ישעיהו ג"ו ה' יונתתי להם בביתי ובחומותי יד ושם...אשר לא יכרת" ישעיהו ג"ו ה' "...And I shall give them in My house and within My walls a memorial and a name...that shall not be cut off^a Isaiah. 565