



# Yad Vashem

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

## SHOAH SURVIVORS and REFUGEES REGISTRATION FORM

### Current biographic details of the survivor or refugee

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

### 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 / refugee is no longer alive, please fill in the following fields as the submitter of this questionnaire

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

Signature: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_