

SHOAH SURVIVORS and REFUGEES REGISTRATION FORM

Please fill out also if the survivor / refugee is no longer alive

Biographic details before/during WWII (continue on the back side of page)

The information in this section will be accessible to the public.

Last name before or during WWII:		Maiden name:	
First and Middle names before/during WWII:		Title:	Gender: M / F
Date of birth:		Citizenship:	
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? POW? Which and when?:			
Were you hiding/living under a false identity? Where and under what name?:			
Were you a member of an organization (Judenrat, youth movement, Underground, Partisans)? Which, where and when?:			
Did you have any special responsibility/rank? Which and when?:			
Did any person/organization (Jewish or non-Jewish) help significantly in your efforts to survive? (specify):			
Were you a refugee/in the Evacuation? Where and when?: Other places you were in during the war, with dates:			
Where were you at liberation/end of the war?:		Date of liberation:	If DP camp(s), which and when?:
Where did you go after liberation/end of the war?:		If Aliyah: year, places on the way, ship:	

If you do **NOT** agree to publicize the information below, please check here

Post war or current biographic details of the survivor or refugee

Last name:		First and Middle names:	
Street:		No.:	Apt.:
Tel.:			
City:	State, Zipcode:	Country:	
If the survivor / refugee is no longer alive, place and date of death:			

Please fill in the following fields as submitter of this questionnaire (if you are not the survivor / refugee)

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

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

