



REQUEST FOR INFORMATION ON A VICTIM FROM THE SHOAH PERIOD

Directions for filling out the form properly:

Please fill out detailed information on victim. If a detail is unknown / unavailable, please enter "unknown".

A * denotes a required field.

In most fields it is possible to enter more than one item per victim, e.g., more than one first name.

Please fill out one form per victim.

Is the request for judicial purposes (e.g. reparation, restitution of property, etc.)? ☐ YES ☐ NO

If the answer is YES, please enter the purpose of the request:

Note: This service entails a fee

Requester's personal details:

Family name:*	<input type="text"/>
First name:*	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
Country:*	<input type="text"/>
Zip Code:	<input type="text"/>
E-mail:*	<input type="text"/>
Fax:	<input type="text"/>
Telephone:	<input type="text"/>
Relationship to the victim:	<input type="text"/>

Details of the person being searched: Name before and during the War

Family name:*	<input type="text"/>
First name:*	<input type="text"/>
Maiden name:	<input type="text"/>
Date of birth:	Year: <input type="text"/> Month: <input type="text"/> Day: <input type="text"/>
If you do not know the exact date, please enter aproximate age or date of birth apprx. date: <input type="text"/> apprx. age: <input type="text"/>	
Sex:	<input type="text"/>
Place of birth:	<input type="text"/>
Father's name:	<input type="text"/>
Mother's name:	<input type="text"/>
Place of residence before war:*	<input type="text"/>
Marital status during war:	<input type="text"/>

First name of spouse:

Maiden name of spouse:

Place of residence during war:

Incarceration places (Ghettoes, Concentration Camps):

Prisoner number:

Details of victim after the War (if relevant):

Family name:

First name:

Places of residence immediately after War:

Date of Aliya/immigration:

Place of residence in country of immigration:

Additional details/information (FREE TEXT):

Please mail in the completed form (one form per victim) to:

Reference and Information Services, Yad Vashem, P.O.B. 3477, Jerusalem 91034, Israel

The completed form may be faxed to: Fax: 972-2-6443669