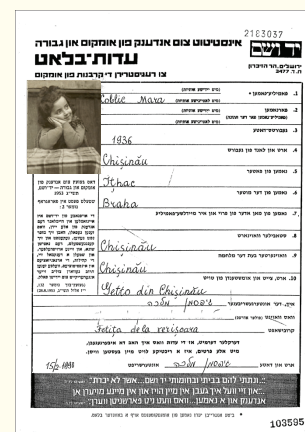


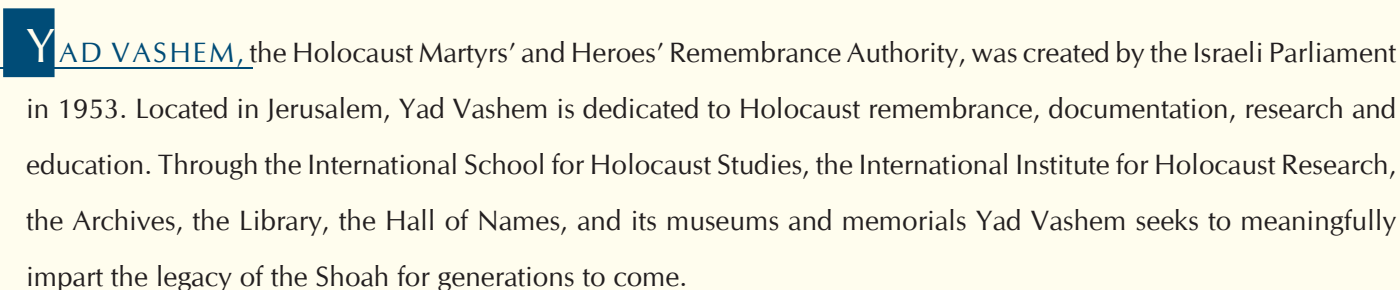


Let No Holocaust Victim Be Forgotten!



Since 1955, Yad Vashem has worked tirelessly to fulfill its mandate to preserve the memory of the six million Jews murdered during the Holocaust by the Nazis and their collaborators. Through “Pages of Testimony” we record their names - the ultimate representation of their identities, thereby realizing our moral imperative to remember every single victim as a human being, and not merely a number.

The names and life stories of millions of victims remain unknown, and time is running out. We need your help to complete this historic task!



names.proj@yadvashem.org.il
Yad Vashem, POB 3477, Jerusalem, 9103401, Israel

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

Page of Testimony **דף עד**

Pages of Testimony commemorate the Jews who perished during the Holocaust - Shoah. Please submit a separate form for each victim, in black capitals. *Fields outlined in bold are mandatory.*

תחת הכותרת הזו תמלאו את הטופס עבור כל נרצח ביהודים אשר נרצחו בשואה. אנא מלאו טופס נפרד לכל נרצח בלבד. שדות המוקפים בקו כחול הם חובה. **הטופס ימלא באותיות שחורות בלבד.**

Section 1: Victim Information

Name: Kucera
Title: Chapa
Gender: Male / זכר
Place of birth: Zareby, Poland
First name of victim's father: Zareby, Poland
First name of victim's mother: Zareby, Poland

Section 2: Family and Personal Details

Maiden name: Zareby
Previous/other family name: Zareby
Approx. age at death: 10
Citizenship: Poland
Family name of victim's spouse: Zareby
Maiden name of victim's spouse: Zareby
Street: Zareby

Section 3: Circumstances of Death

Member of organization or movement: None
Places and activities during the war - prison / ghetto / camp / death march / hiding / escape / resistance / combat (circle relevant): hiding
Street: Zareby
Circumstances of death: hiding
Date of death: 1943

Section 4: Submitter Information

Submitter's first name: Zareby
Family name: Zareby
Previous/maiden name: Zareby
State/Zip code: 00000
My relationship to the victim (family/other): None
During the war I was in a camp / ghetto / forest / in hiding / had false papers / the resistance (circle relevant): None
Signature: Zareby

Section 5: Final Remarks

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.

Section 6: Additional Information

Place of death (town, region, country): Zareby, Poland
Date of death: 1943
Submitter's first name: Zareby
Family name: Zareby
Previous/maiden name: Zareby
State/Zip code: 00000
My relationship to the victim (family/other): None
During the war I was in a camp / ghetto / forest / in hiding / had false papers / the resistance (circle relevant): None
Signature: Zareby

HELP RECOVER THEIR NAMES TODAY

If you know of individuals from your family or ancestral community who were murdered in the Holocaust, please SUBMIT unrecorded names on Pages of Testimony (see attached) which are available in several languages on the Yad Vashem website.

PARTNER WITH YAD VASHEM

Yad Vashem invites you to join the historic Shoah Victims' Names Recovery project and initiate a local Names Recovery campaign. Visit the Community Outreach Guide, on our Shoah Victims' Names Recovery Project website section for valuable resources and materials to assist in planning and implementing the project in your community.

For more information contact The Shoah Victims' Names Recovery Project via email: names.outreach@yadvashem.org.il

INSTRUCTIONS FOR SUBMITTING PAGES OF TESTIMONY

Pages of Testimony commemorate Jews who were murdered DURING the Holocaust, or in the months following the liberation of the camps. You do not have to be a relative of the victim to complete a Page of Testimony for him or her.

How to fill out a Page of Testimony:

- Complete a **separate Page of Testimony** for EACH victim, including children.
- Please write in pen, in clear, block capital letters.
- Write the names of people and places as close to their original spelling as possible, in Latin characters.
- Additional forms may be photocopied, downloaded from the website or requested from Yad Vashem.

Information Fields:

- **Fields in bold are mandatory:** family name (or maiden name), first name, gender, permanent residence before the war (or place of birth), circumstances of death, relationship to the victim and signature.
- Please fill out all additional identifying information you may have (parent's name, etc.).
- If circumstances of death are unknown, write: "Holocaust".
- If the first name of the victim is unknown, then write "unknown" in the "victim's first name" field, and specify gender as well as parents' names.

Please Note:

- It is advisable to search the online Names Database before filling out a Page of Testimony. If the name of the victim you searched for does not appear in the database, or is included only as an archival listing, please submit a Page of Testimony to honor his/her memory. If the name of the victim has already been recorded on a Page of Testimony there is no need to submit an additional page **unless you have new information to add.**
- To fill out a Page of Testimony online, enter the Names Database and click "Submit Additional Names".
- If you possess a photograph of a victim please attach it to the Page of Testimony. Alternatively you may send a high-resolution scan of the image (up to 2 Megabytes).
- Sign and date each completed Page of Testimony and return the original signed copy, unfolded, to your local representative or mail to: Yad Vashem, Names Project, POB 3477, Jerusalem 91034, Israel.

- Victims of anti-Jewish persecution who survived the war may complete a Survivor Registration Form, available online.

YAD VASHEM

The Holocaust Martyrs' and Heroes'

Remembrance Authority www.yadvashem.org

Hall of Names, P.O.B. 3477, Jerusalem 9103401



יד ושם
רשות הזיכרון לשואה ולגבורה
היכל השמות, ת.ד. 3477
ירושלים 9103401
www.yadvashem.org

Page of Testimony דף עד

*Pages of Testimony commemorate the Jews who were murdered during the Holocaust – Shoah. Please submit a separate form for each victim, in block capitals. **Fields outlined in bold are mandatory.***

Victim's photo Please write victim's name on back. Do not glue.	<i>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".</i>		
	Victim's family name:		Maiden name:
	Victim's first name (or nickname):		Previous / other family name:
Title:	Gender: Male / Female	Date of birth:	Approx. age at death:
Place of birth (town, region, country):		Citizenship:	
First name of victim's father:		Family name of victim's father:	
First name of victim's mother:		Maiden name of victim's mother:	
Victim's family status and no. of children:	First name of victim's spouse:		Maiden name of victim's spouse:
Permanent residence (town, region, country):			Street:
Victim's profession:	Place of work:	Member of organization or movement:	
Places and activities during the war – arrest / deportation / ghetto / camp / death march / hiding / escape / resistance / combat (circle relevant):			
Residence during the war (town, region, country):			Street:
Circumstances of death: prison / deportation / ghetto / camp / mass murder / death march / hiding / escape / resistance / combat or unknown - Shoah:			
Place of death (town, region, country):			Date of death:
<i>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.</i>			
Submitter's first name:		Family name:	Previous / maiden name:
Street, house no., Apt.:		City	State / Zip code:
Country:	I am a Shoah survivor : Yes / No	My relationship to the victim (family / other):	
During the war I was in a camp / ghetto / forest / in hiding / had false papers / the resistance (circle relevant):			

Date: _____ Place: _____ Signature: _____

” ונתתי להם בביתי ובחומתי יד ושם... אשר לא יכרת ” ישעיהו ב'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” Isaiah, 56:5