



Yad Vashem

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

SHOAH SURVIVORS REGISTRATION FORM

Survivor's Current Biographic Details

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

Survivor's 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:	Nationality:	
Father's name:		Mother's name:		
Spouse's name:		Maiden name:	No. of children:	
Residence Before WWII (City):	District:	Country:	Address:	
Profession:	Place of work:	Member of org./movement:		
Residence at Nazi/Axis arrival (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?:				
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 is no longer alive, please fill in the following information as the submitter of this questionnaire

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

Signature: _____ Place: _____ Date: _____