
HELP RECOVER THEIR NAMES TODAY

If you know of individuals from your family or community of origin who perished in the Holocaust, SEARCH the Database: www.yadvashem.org, to check if they have already been memorialized. SUBMIT unrecorded names on Pages of Testimony, which are available: online, via Fax: +972-2-644-3579, or Email: central.database@yadvashem.org.il

COMMUNAL PROFESSIONALS, EDUCATORS & GENEALOGISTS

Yad Vashem invites you to join the historic Shoah Names Recovery project and initiate a local Names Recovery campaign.

Visit the Community Outreach Guide, available on our website for valuable resources and materials to assist in planning and implementing the project in your community or classroom: www1.yadvashem.org/names/whyCollect.htm

For more information contact: names.outreach@yadvashem.org.il

INSTRUCTIONS FOR SUBMITTING PAGES OF TESTIMONY

Before filling out a Page of Testimony, search the online Names Database at www.yadvashem.org for victims known to you.

1. Use the "Feedback forms" on the site to add information or photographs to an existing victims' record.
2. Click "Submit New Names" on the Names Database search page to submit information on Victims for whom no Page of Testimony exists (even if the names appear on archival lists). Pages of Testimony may also be filled out by hand.
3. Complete a separate Page of Testimony for EACH victim, including children. Additional forms may be photocopied, downloaded from the site, or requested from Yad Vashem.
4. The minimum required information is: the victim's first and family names (or maiden name) and the name of the place of permanent residence or birth. Additional details are welcome. Write the names as close to their original spelling as possible, in Latin characters.
5. If a child's name is unknown write "unknown" in the "Victim's First Name" field, specify gender and parents' names, and write boy / girl / child in the "Victim's Family Status" field.
6. When available, submit a photograph of the victim, or send a high-resolution scanned image.
7. If circumstances of death are unknown, write: "Died / Killed during the Holocaust" in the "Circumstances of death" field.
8. Write in pen, in clear, block letters.
9. Sign and date each completed Page of Testimony, and mail the ORIGINAL signed copy unfolded to: Yad Vashem, Hall of Names, P.O.B 3477, Jerusalem 91034, Israel

Please note:

- You do not have to be a relative of the victim to complete a Page of Testimony for him or her.
- Testimonies given to organizations other than Yad Vashem are probably NOT in the Names Database.
- Pages of Testimony are intended to memorialize Jews who perished DURING the Holocaust, or at liberation in the months immediately following the end of WWII. Victims of anti-Jewish persecution who survived the war should be registered on survivor forms, available at www.yadvashem.org/download/pdf/Surveng_new_LAST.pdf

YAD VASHEM

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



יד ושם

רשות הזיכרון לשואה ולגבורה

www.yadvashem.org

היכל השמות, ת.ד. 3477, ירושלים 91034

Page of Testimony דף עד

Pages of Testimony commemorate the Jews who perished during the Holocaust.
Please submit a separate form for each victim, in block capitals

Victim's photo Please write victim's name on back. Do not glue	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."			
	Victim's family name:		Maiden name:	
	Victim's first name (also nickname):		Previous/other family name:	
Title:		Gender: Male / Female	Date of birth:	Approx. age at death:
Town of birth:		Region:	Country:	Citizenship:
Victim's father:	First name:		Family name:	
Victim's mother:	First name:		Maiden name:	
Victim's spouse	First name:	Maiden name:	Victim's family status:	Number of children:
Town of permanent residence:		Region:	Country:	Street:
Profession:		Place of work:		Member of organization or movement:
Place of residence during the war:		Region:	Country:	Street:
Places, events and activities during the war (prison / deportation / ghetto / camp / death march / hiding / escape / resistance / combat):				
Place of death:		Region:	Country:	Date of death:
Circumstances of death:				
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.				
First name:		Family name:		Previous/maiden name:
Street:		City:		State/Zip code:
Country:	Shoah survivor: Yes / No		Relationship to victim (family/other):	
During the war I was in: camp / ghetto / forest / the resistance / in hiding / had false papers (circle relevant options)				

Date: _____

Place: _____

Signature: _____