

Benjamin and Vladka Meed Registry of Holocaust Survivors

INTERNATIONAL TRACING SERVICE COLLECTION

RESEARCH REQUEST FORM

Items marked with an asterisk (*) are essential and required for us to begin research.

INFORMATION ABOUT YOU

* Your name: _____

* Your address: _____

* City: _____ * State/Province: _____

* Zip/Postal Code: _____ * Country: _____

* Telephone (*daytime*): _____

Your e-mail address: _____

* Are you a Holocaust survivor? Yes No (*Please check one*)

* Are you filling out this form on behalf of a Holocaust survivor? Yes No

If you are filling out this form on behalf of a survivor, please fill in his or her information below:

Survivor's name: _____

This person is my (*state relationship, e.g., mother, grandfather*): _____

Is this person still living? Yes No

INFORMATION ABOUT THE PERSON BEING SOUGHT

Please provide as much identifying information as possible in order to increase the chances of finding relevant records. Use the comments area below to provide information not specifically requested but that might be useful, such as the type of work the victim did during the war, other locations where he or she may have spent time, modes and dates of transportation, etc.

Please note that the term "victim" is used here in a broad sense to describe both those who perished in the Holocaust and those who survived. Anyone who was displaced, persecuted or discriminated against as a result of the racial, religious, ethnic, social, and political policies of the Nazis and their allies can be considered a victim.

* First name: _____

* Last name: _____

Maiden name (*if applicable, including variants*): _____

Any known name variants or aliases: _____

UNITED STATES HOLOCAUST MEMORIAL MUSEUM

Continuation of information about person being sought:

Father's name (first and last, if known): _____

Mother's maiden name (first and last, if known): _____

Town/shtetl/city and country of birth: _____

* Date of birth (YYYY/MM/DD): _____

(Year, Month, Day if known; please indicate if the year is approximate)

Occupation: _____

* Prewar residence (town/shtetl/city and country): _____

* Known wartime locations, such as DP camps, ghettos, etc.: _____

* This person is my (state relationship): _____

ADDITIONAL INFORMATION

Any comments or other information that may help our research: _____

Upon receipt of this form, the Museum staff will automatically search our copies of the International Tracing Service (ITS) archive records. If you would like them to search other available resources in addition to the ITS archive, please check here

If you are aware of a specific resource in the Museum's collection that you would like us to check, please list the name of the resource: _____

Do you need documentation for a compensation or insurance claim? Yes No

If yes, which program? _____

Please make as many copies of this form as you need for all the people you seek.

After you have completely filled out this form, please mail it to:

United States Holocaust Memorial Museum
Attn: Registry of Holocaust Survivors
100 Raoul Wallenberg Place, SW
Washington, DC 20024-2126

You may also fax it to the Museum—addressed “Attention: Registry of Holocaust Survivors”—at 202.314.7820.