

The United States Holocaust Memorial Museum, in conjunction with the Central Zionist Archives, Jerusalem, Israel, the Jewish Agency, and World Zionist Organization, is seeking passengers who were on the *Exodus 1947*.

We would greatly appreciate it if you would fill in the following information and return it to the Museum at the address or fax listed below.

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Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Last name in 1947: \_\_\_\_\_

First name in 1947: \_\_\_\_\_

**Your address and contact information**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Alternate contact information:

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**Ship that you were on**

*Runnymede Park* \_\_\_\_\_

*Empire Rival* \_\_\_\_\_

*Ocean Vigour* \_\_\_\_\_

DP camp (please provide name of camp/s) \_\_\_\_\_

Names of friends who were with you on the *Exodus*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If you wish, please use a separate sheet of paper to briefly describe your experiences during that time as well as how and when you came to the United States, Europe, etc.

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Do you have any photos or documents, either prewar, wartime, or postwar that you would be willing to share with the Museum \_\_\_\_\_

The best time to contact you is \_\_\_\_\_

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Thank you for your help in this important manner.

Please print and mail form to:

Genya Markon  
Curator, Collections  
United States Holocaust Memorial Museum  
100 Raoul Wallenberg Place SW  
Washington DC 20024  
USA

Or fax to: (202) 488-2696