

BENJAMIN AND VLADKA MEED REGISTRY OF HOLOCAUST SURVIVORS

Survivors Registry Form



THE UNITED STATES HOLOCAUST MEMORIAL MUSEUM honors as survivors any persons, Jewish or non-Jewish, who were displaced, persecuted, or discriminated against due to the racial, religious, ethnic, and political policies of the Nazis and their allies between 1933 and 1945. In addition to former inmates of concentration camps, ghettos, and prisons, this definition includes, among others, people who survived by becoming refugees or going into hiding. Inclusion in the Registry assures that the names of survivors will be preserved for historical memory and record. Survivors can be registered posthumously by family members.

Please complete the following

Name* _____

If deceased, indicate date (MM/DD/YYYY), and place of death _____

Address _____

City _____ State/Country _____ Postal/Zip code _____

Telephone _____ E-mail _____

Prewar name* _____ Maiden name* _____

Other "alias" names* _____

Date of birth (MM/DD/YYYY) _____ Place of birth (town)* _____ (country)* _____

Location(s) before the war* _____

Location(s) during the war* _____

[ghettos, camps, places of refuge; please include ships' names, countries, and whether in hiding]

Displaced Persons (DP) camp(s) _____

If you or this individual has recorded an oral history, or donated any artifact(s), indicate here more information, year, and organization _____

Please complete the following for a spouse or additional survivors in your family.

1. Name* _____

Relationship to survivor (at top of page) _____

If deceased, indicate date (MM/DD/YYYY), location, and age at death _____

Address _____

City _____ State/Country _____ Postal/Zip code _____

Telephone _____ E-mail _____

Prewar name* _____ Maiden name* _____

Other "alias" names* _____

Date of birth (MM/DD/YYYY) _____ Place of birth (town)* _____ (country)* _____

Location(s) before the war* _____

Location(s) during the war* _____

[ghettos, camps, places of refuge; please include ships' names, countries, and whether in hiding]

DP camp(s) _____

If you or this individual has recorded an oral history, or donated any artifact(s), indicate here more information, year, and organization _____

*Only those items marked with an asterisk are made available to the public. Please see Protection of Privacy statement for further details.

2. Name* _____

Please indicate relationship to survivor (*at top of the previous page*) _____

If deceased, indicate date (MM/DD/YYYY), location, and age at death _____

Address _____

City _____ State/Country _____ Postal/Zip code _____

Telephone _____ E-mail _____

Prewar name* _____ Maiden name* _____

Other "alias" names* _____

Date of birth (MM/DD/YYYY) _____ Place of birth (town)* _____ (country) * _____

Location(s) before the war* _____

Location(s) during the war* _____
(ghettos, camps, places of refuge; please include ships' names, countries, and whether in hiding)

DP camp(s) _____

If this individual has recorded an oral history, or donated any artifact(s), please indicate here more information, year, and organization _____

Please complete the following for children and grandchildren of survivors (second and third generations).

Use additional sheets if necessary.

1. Name* _____

Address _____

City _____ State/Country _____ Postal/Zip code _____

Telephone _____ E-mail _____

Child of _____

2. Name* _____

Address _____

City _____ State/Country _____ Postal/Zip code _____

Telephone _____ E-mail _____

Child of _____

PROTECTION OF PRIVACY

Personal information in our database (such as addresses, telephone numbers, and e-mail addresses) of registered survivors and their relatives is kept private and confidential and is not given out to members of the public. However, those wishing to contact a survivor can do so by writing to the Registry. After review by our staff, we may then forward the communication to the survivor and/or a relative, who can then reply at his or her own discretion.

PHOTOGRAPHS

The Registry would be grateful if you could donate photographs of each survivor. Photographs from the 1930s or 1940s are preferred, but if none from that time period are available, other photographs would be appreciated. Please make copies of irreplaceable photos for yourself and try to not write on the backs of the photographs. Use the section below to write information about the photograph(s) you donate; you can use an extra sheet of paper if you are donating multiple photographs.

For each photograph, please provide as much information as possible, including the following:

Names, date (MM/DD/YYYY), and place _____

Photographer (if known) _____

Publication history of photograph _____

Name, address, and phone number of copyright owner (if different from photographer and/or donor) _____

DONATION OF PHOTOGRAPHS

I, the donor, hereby give and deliver, as a donation, all rights and interests in the photograph(s) listed above, including the rights constituting the copyright (unless a different copyright owner is listed above), to the United States Holocaust Memorial Museum. I understand that my donated photograph(s) will be used for the Museum's scholarly and educational purposes, including publication in any and all media (including electronic media and the Internet), as the Museum shall determine, unless I state specific limiting conditions (if conditions are waived, donor should write "no conditions" and sign waiver). _____

Signature of donor _____ Date (MM/DD/YYYY) _____

Printed name of donor _____

Thank you. Feel free to copy this registration form as needed. Survivors who require assistance in filling out the form are welcome to phone the Registry or contact us by e-mail. Registration forms in other languages can be downloaded from our Web site, ushmm.org/registry/forms.

PLEASE MAIL COMPLETED FORMS TO

REGISTRY OF HOLOCAUST SURVIVORS

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Washington, DC 20024-2126 | USA

Tel 202.488.6130; Fax 202.314.7820

E-mail registry@ushmm.org | ushmm.org/registry

