

UNITED STATES HOLOCAUST MEMORIAL MUSEUM

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Registry of Jewish Holocaust Survivors

Alter Existing Registry Files

Please indicate how you would like your file corrected (please fill out a separate form for each survivor):

- Add new information/photo
- Change spelling of names/places
- Delete incorrect information
- Indicate person is deceased

SURVIVOR'S NAME: _____

If Deceased: Date: _____ Age: _____

BIRTHPLACE: _____

NAMES: _____

PREWAR: _____

MAIDEN: _____

OTHER: _____

TOWN BEFORE THE WAR: _____

LOCATIONS DURING THE WAR: _____

YOUR CURRENT ADDRESS

Name: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

If you are not the survivor, please indicate your relationship: _____

For Office Use Only

F# _____

C# _____

Date Corrected: _____

By: _____