

BENJAMIN AND VLADKA MEED

REGISTRY OF HOLOCAUST SURVIVORS

Survivors Registry Form



UNITED STATES
HOLOCAUST
MEMORIAL
MUSEUM

HOLOCAUST SURVIVORS AND VICTIMS RESOURCE CENTER 100 Raoul Wallenberg Place, SW Washington, DC 20024-2126 ushmm.org/resourcecenter

The mission of the Holocaust Survivors and Victims Resource Center is to ensure that the individual experiences of survivors and victims of the Holocaust and Nazi-era persecution are recorded, preserved, and disseminated for future generations. The Museum honors as survivors and victims any persons, Jewish or non-Jewish, who were displaced, persecuted, or discriminated against due to the racial, religious, ethnic, social, and political policies of the Nazis and their collaborators between 1933 and 1945.

Please complete a separate registration form for each survivor (survivor spouses may use one form).

PLEASE CHECK ONE

This is a new registration

This is an update for an existing registration

PLEASE PRINT IN CAPITAL LETTERS

INFORMATION ABOUT YOU

Name of person completing this registration _____
First Middle Last

Street address _____ City _____

State/Province _____ Zip/Postal code _____ Country _____

Telephone (*daytime*) _____ E-mail _____

Your relation to the survivors(s) _____

Your signature _____ Today's date _____

INFORMATION ABOUT THE SURVIVOR(S)

Name of survivor* _____
First Middle Last

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

Street address _____ City _____

State/Province _____ Zip/Postal code _____ Country _____

Telephone (*daytime*) _____ E-mail _____

Prewar name* _____
First Middle Last

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

Any known name variants or aliases* _____

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

Place of birth (town)* _____ (country)* _____

During the Nazi period, survivor was persecuted as a _____
(*please specify, such as Jew, Pole, political prisoner, etc.*)

Location(s) before the war* _____

Location(s) during the war* _____

(*ghettos, camps, places of refuge and bidding; please also include names of ships and countries of disembarkation*)

Displaced persons (DP) camp(s) _____

INFORMATION ABOUT THE SURVIVOR'S SPOUSE

Name of spouse* _____
First Middle Last

Is spouse a Holocaust survivor? Yes No

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

Street address _____ City _____

State/Province _____ Zip/Postal code _____ Country _____

Telephone (daytime) _____ E-mail _____

Prewar name* _____
First Middle Last

Maiden name* (if applicable, including variants) _____

Any known name variants or aliases* _____

Date of birth (MM/DD/YYYY) _____

Place of birth (town)* _____ (country)* _____

During the Nazi period, survivor was persecuted as a _____
(please specify, such as Jew, Pole, political prisoner, etc.)

Location(s) before the war* _____

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

Displaced persons (DP) camp(s) _____

PLEASE COMPLETE THE FOLLOWING FOR CHILDREN AND GRANDCHILDREN OF SURVIVORS (SECOND AND THIRD GENERATIONS). USE ADDITIONAL SHEETS IF NECESSARY.

Name* _____
First Middle Last

Street address _____ City _____

State/Province _____ Zip/Postal code _____ Country _____

Telephone (daytime) _____ E-mail _____

Relationship to survivors _____

Name* _____
First Middle Last

Street address _____ City _____

State/Province _____ Zip/Postal code _____ Country _____

Telephone (daytime) _____ E-mail _____

Relationship to survivors _____

* Only those items marked with an asterisk are made available to the public.



DONATING ARTIFACTS:

The Museum seeks original artifacts, such as documents, photographs, films, and oral testimonies, from survivors (or their heirs)—Jewish or non-Jewish—who were displaced, persecuted, or discriminated against by the Nazis and their collaborators between 1933 and 1945. This includes materials relating to the immediate postwar era, life in the displaced persons camps, and emigration from Europe.

IF YOU HAVE ORIGINAL MATERIALS RELATING TO THE WAR AND WISH TO BE CONTACTED BY A MUSEUM CURATOR FOR A POSSIBLE ARTIFACT DONATION, PLEASE CHECK THIS BOX

DONATING PHOTOS:

If possible, please provide with this form photographs relating to the survivor(s) you are registering. These photographs will become part of the Museum's collection. Original photos from the 1930s and 1940s are preferred.

Use the section below to write information about the photograph(s) you donate:

Names, date (MM/DD/YYYY), and location of photo _____

Photographer (if known) _____

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

PLEASE SIGN THE RELEASE BELOW:

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 become part of the Museum's collection and 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.

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

Printed name of donor _____

MAY WE CONTACT YOU IN THE FUTURE TO INFORM YOU ABOUT MUSEUM-RELATED PROGRAMS AND ACTIVITIES?

YES NO

PLEASE MAIL OR FAX COMPLETED FORMS TO

Holocaust Survivors and Victims Resource Center
United States Holocaust Memorial Museum
100 Raoul Wallenberg Place, SW
Washington, DC 20024-2126
Tel 202.488.6130
Fax 202.314.7820
E-mail resource-center@ushmm.org
ushmm.org/resourcecenter

SUPPORT US

The research and reference services provided by the Holocaust Survivors and Victims Resource Center are made possible, in part, through the generosity of private donors. If you are interested in supporting this important work, please contact lyavnai@ushmm.org.