



## THE HALL OF NAMES -- PAGES OF TESTIMONY

The Pages of Testimony (symbolic tombstones) are intended to serve as a lasting memorial for the victims of the Holocaust.

As our resources are limited, we would appreciate it if you could reproduce as many copies as you need to list individually a victim of the Shoah.

The details beyond names and places provide a "personality" for an identity, which would otherwise be lost in the coming generations. Accordingly, we require that:

- 1) Each victim of the Holocaust should be **inscribed on a separate form**. Please enter all information in **BLOCK LETTERS**. Ambiguous Pages cannot be properly filed and thus cannot be easily found.
- 2) A Page of Testimony is acceptable only if the family (or maiden name) is included. While many biographical details of the victim may not be known, the family name, the first name and last place of residence should be submitted. Unknown spouses and children should be registered as (wife of / son of / daughter of, etc.). All details which are known or partially known should be registered (e.g. about 50 years @ 1895, infant/baby); this information is better than a blank space.
- 4) Please **SIGN** and **DATE** the Pages of Testimony in the spaces specifically allotted.
- 5) Please specify that the victim perished during the Holocaust, even if further details are not available (e.g. Holocaust - details unknown / or not heard from after 1939).
- 6) The Pages of Testimony are intended only for victims of the Holocaust, who perished no later than October 1945. **Please do not register those who survived the Holocaust.**
- 7) Complete and return the Pages of Testimony to us at your earliest convenience.

**FOR YOUR INFORMATION:** Many names of the Holocaust victims have not yet been recorded in the Hall of Names. In less than a generation, there may be no one living who personally remembers the victims. Please **FULLFILL YOUR OBLIGATION** by registering your dear ones. Interview your oldest living relatives for details on the victims before it is too late. Please mail the completed forms to us at the address listed on the Page of Testimony. There is **no fee** required for registration. Any contribution will be appreciated.

# YAD VASHEM

The Holocaust Martyrs and Heroes  
Remembrance Authority  
Jerusalem, Israel  
Hall of Names



500 Fifth Ave., Suite 1600  
New York, NY 10110-1699  
(212) 220-4304  
(800) 310-7495

## Page of Testimony

Page of Testimony for commemoration of the Jews who perished during the Holocaust; please fill in a separate form for each victim, in block letters.

The Martyrs' and Heroes' Remembrance Law 5713-1953 determines in section 2 that: "The task of Yad Vashem is to gather into the homeland material regarding all those members of the Jewish people who laid down their lives, who fought and rebelled against the Nazi enemy and his collaborators, and to perpetuate their names and those of the communities, organizations and institutions which were destroyed because they were Jewish."

Victim's photo Please write victim's name on back. Do not glue.	Victim's family name:		Maiden name:	
	First name (also nickname):		Previous/other family name:	
	Title:	Gender: M / F	Date of birth:	Approx. age at death:
	Place of birth:	Region:	Country:	Nationality:
Permanent residence:		Region:	Country:	
Residence before deportation:		Region:	Country:	
Victim's father's family name:		First name:		
Victim's mother's name:		Maiden name:		
Victim's spouse:	Maiden name:	Family status:	No. of children:	
Member of org./movement:	Place of work:	Profession:		
Places, events and activities during the war (prison / deportation / ghetto / camp / death march / hiding / escape / resistance / combat):				
Date of death:	Country:	Region:	Place of death:	
Circumstances of death:				
<b>I, the undersigned, hereby declare that this testimony is correct to the best of my knowledge.</b>				
First name:	Family name:		Previous/other family name:	
Street:	House no.:	City:	State/zip code:	
Country:	Tel.:	I am/I am not a survivor:	Relationship to the victim (family/other):	
During the war I was in a camp / ghetto / forest / the resistance / in hiding / had false papers (circle relevant options)				

Date:

Place:

Signature:

"ונתתי להם בביתי ובחומותי יד ושם... אשר לא יכרת" וישיבה 57" ה'  
"And I shall give them in My house and within My walls a memorial and a name... that shall not be cut off" Isaiah 56:5

Please Mail To: American Society for Yad Vashem • 500 Fifth Avenue, Suite 1600 • New York, NY 10110-1699  
For Information Please Call: 1 - (800) - 310 - 7495 or (212) 220 - 4304 • Fax (212) 220 - 4308  
E-mail: [YadVashem@AOL.com](mailto:YadVashem@AOL.com) • For more Pages please visit our WebSite: [www.YadVashem.org](http://www.YadVashem.org)