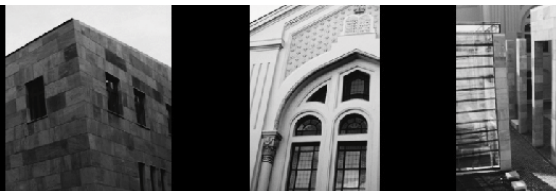


HOLOCAUST DOCUMENTATION CENTER  
AND MEMORIAL COLLECTION  
PUBLIC FOUNDATION



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One of the primary goals of the Holocaust Documentation Center and Memorial Collection Public Foundation is to commemorate the victims of the Holocaust. We intend to lift the anonymity of the victims, we wish to make their identities known. Let us preserve in our personal, community and historical memory not the mere numbers and lists, but human stories and fates.

## PERSONAL DATA SHEET OF HOLOCAUST VICTIMS

Please use a separate sheet for each relative, friend or acquaintance you wish to report as a Holocaust victim. Even if you cannot answer all questions concerning personal data, please still submit to us the names of Holocaust victims known to you.

### VICTIM'S PERSONAL DETAILS

Victim's name:	
Previous name (if Hungarianized):	
Maiden name:	
Date (DD/MM/YY) and place of birth:	
Father's name:	Mother's name:
Occupation:	
Place(s) of residence:	

### INFORMATION ON THE CIRCUMSTANCES OF DISAPPEARANCE

Period of internment (DD/MM/YY):	Location:
Period (DD/MM/YY) of ghettoization:	Location:
Forced labor work: <input type="checkbox"/> Yes <input type="checkbox"/> No    No. of battalion:	Location:
Date (DD/MM/YY) of deportation:	Where was victim deported from?
Period (DD/MM/YY) of internment in concentration camp(s):	

***Please fill out in block capitals!***

## INFORMATION ON THE CIRCUMSTANCES OF DEATH

Date (DD/MM/YY):	Place:
Circumstances (please describe briefly):	

## WAS THE VICTIM OFFICIALLY CERTIFIED DEAD?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of certification (DD/MM/YY):	
Place:	File #

## HAS THE VICTIM'S NAME BEEN REGISTERED ON A MEMORIAL?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
When and where?	

## HAVE YOU REGISTERED THE VICTIM AT ANOTHER HOLOCAUST DOCUMENTATION CENTER?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
When and where?	

## INFORMATION ON PERSON MAKING THE REPORT

If you are in possession of any official documents related to the victim's death or disappearance, please attach photocopies to this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Your relation to the victim: ☐ Family ☐ Relative ☐ Friend/acquaintance

*I hereby certify that I supplied the information for this report to the best of my knowledge. I consent to the handling of the data I provided.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please fill out in block capitals!**