



Since 1955, Yad Vashem has worked tirelessly to fulfill its mandate to preserve the memory of the six million Jews murdered during the Holocaust by the Nazis and their collaborators. Through “Pages of Testimony” we record their names - the ultimate representation of their identities, thereby realizing our moral imperative to remember every single victim as a human being, and not merely a number.

To date, the names of four million Shoah victims have been documented in the online Central Database of Shoah Victims’ Names (www.yadvashem.org).

The names and life stories of millions of victims remain unknown, and time is running out. We need your help to complete this historic task!

Instructions for Submitting Pages of Testimony

Pages of Testimony commemorate Jews who were murdered DURING the Holocaust, or in the months following the liberation of the camps. You do not have to be a relative of the victim to complete a Page of Testimony for him or her.

How to fill out a Page of Testimony:

- Complete a **separate Page of Testimony** for EACH victim, including children.
- Please write in pen, in clear, block capital letters.
- Write the names of people and places as close to their original spelling as possible, in Latin characters.
- Additional forms may be photocopied, downloaded from the website or requested from Yad Vashem.

Information Fields:

- **Fields in bold are mandatory:** family name (or maiden name), first name, gender, permanent residence before the war (or place of birth), circumstances of death, relationship to the victim and signature.
- Please fill out all additional identifying information you may have (parent’s name, etc.).
- If circumstances of death are unknown, write: “Holocaust”.
- If the first name of the victim is unknown, then write “unknown” in the “victim’s first name” field, and specify gender as well as parents’ names.

Please Note:

- It is advisable to search the online Names Database before filling out a Page of Testimony. If the name of the victim you searched for does not appear in the database, or is included only as an archival listing, please submit a Page of Testimony to honor his/her memory. **If the name of the victim has already been recorded on a Page of Testimony there is no need to submit an additional page unless you have new information to add.**
- To fill out a Page of Testimony online, enter the Names Database and click “Submit Additional Names”.
- If you possess a photograph of a victim please attach it to the Page of Testimony. Alternatively you may send a high-resolution scan of the image (up to 2 Megabytes).
- Sign and date each completed Page of Testimony and return the **original** signed copy, **unfolded**, to your local representative or mail to: Yad Vashem, Hall of Names, POB 3477, Jerusalem 91034, Israel.

- Victims of anti-Jewish persecution who survived the war may complete a Survivor Registration Form, available online.
- For a free community outreach guide and information on initiating a local names recovery campaign, please contact: names.outreach@yadvashem.org



Page of Testimony דף עד

*Pages of Testimony commemorate the Jews who were murdered during the Holocaust – Shoah. Please submit a separate form for each victim, in block capitals. **Fields outlined in bold are mandatory.***

Victim's photo Please write victim's name on back. Do not glue.	<i>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".</i>		
	Victim's family name:	Maiden name:	
	Victim's first name (or nickname):	Previous / other family name:	
Title:	Gender: Male / Female	Date of birth:	Approx. age at death:
Place of birth (town, region, country):		Citizenship:	
First name of victim's father:		Family name of victim's father:	
First name of victim's mother:		Maiden name of victim's mother:	
Victim's family status and no. of children:	First name of victim's spouse:	Maiden name of victim's spouse:	
Permanent residence (town, region, country):		Street:	
Victim's profession:	Place of work:	Member of organization or movement:	
Places and activities during the war – arrest / deportation / ghetto / camp / death march / hiding / escape / resistance / combat (circle relevant):			
Residence during the war (town, region, country):		Street:	
Circumstances of death: prison / deportation / ghetto / camp / mass murder / death march / hiding / escape / resistance / combat or unknown - Shoah:			
Place of death (town, region, country):		Date of death:	
<i>I, the undersigned, hereby declare that this testimony is correct to the best of my knowledge. I understand that this Page of Testimony and all the information on it will be publicly accessible.</i>			
Submitter's first name:		Family name:	Previous / maiden name:
Street, house no., Apt.:		City	State / Zip code:
Country:	I am a Shoah survivor : Yes / No	My relationship to the victim (family / other):	
During the war I was in a camp / ghetto / forest / in hiding / had false papers / the resistance (circle relevant):			

Date: _____ Place: _____ **Signature:** _____

” ונתתי להם בביתי ובחומתי יד ושם... אשר לא יכרת ” ישעיהו ב' 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