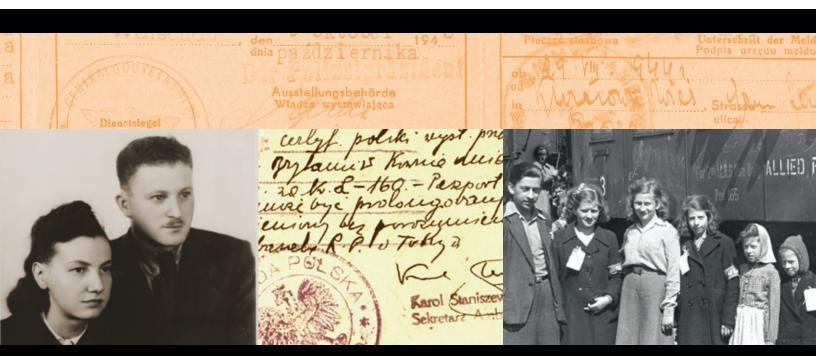
# BENJAMIN AND VLADKA MEED REGISTRY OF HOLOCAUST SURVIVORS

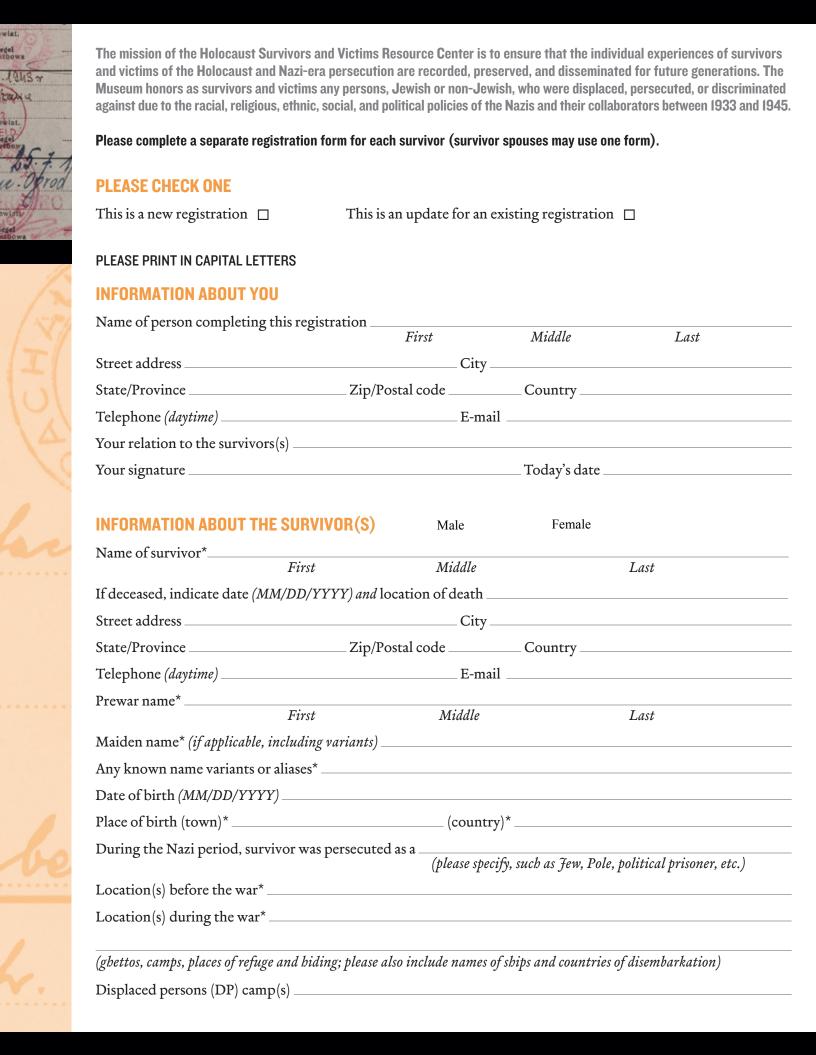
## Survivors Registry Form

#### Instructions

- 1. Right-click and select "Save as..." to save this PDF to your computer.
- 2. Use the Acrobat Reader (free download from the web) to open the PDF file and fill out the form.
- 3. Save the filled form to you computer.
- Send the completed form as an attachment to email: resource-center@ushmm.org

If you cannot save the data in this form, fill out the form, print out the completed form, fax it to 202-314-7820 or mail it to the address listed at the end of this form.





INFORMATION ABOUT T	HE SURVIVOR'	S SPOUSE	
Name of spouse*	First	Middle	T anh
T			Last
Is spouse a Holocaust surviv			
•	,		
		•	
		_	ountry
		E-mail	
Prewar name*	First	 Middle	Last
Maiden name* (if applicable			
		·	
•			
,	,		
During the Nazi period, sur		` ',	
During the Nazi period, sui	ivivoi was peise	(please specify, such	b as Jew, Pole, political prisoner, etc.)
Location(s) before the war'	*		
Location(s) during the war (gbettos, camps, places of refu	* ge and hiding; ple	ease also include names of ships a	and countries of disembarkation)
Displaced persons (DP) can	mp(s)		
(SECOND AND THIRD GE		OR CHILDREN AND GRAND USE ADDITIONAL SHEETS	CHILDREN OF SURVIVORS IF NECESSARY.
Name*	First	 Middle	Last
Street address		City	
		•	ountry
		-	
Relationship to survivors _			
Name*			
Name	First	Middle	Last
Street address		City	
State/Province	Z	ip/Postal code Co	ountry
		-	

<sup>\*</sup> Only those items marked with an asterisk are made available to the public.

wczy	
9 Ok	
chalska	DONATING ARTIFACTS:
tanisz 10.4.1	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.
zenia arschau w.	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 $\ \Box$
Buchhs	DONATING PHOTOS:
AGI UR	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.
per woh	Use the section below to write information about the photograph(s) you donate:
	Names, date (MM/DD/YYYY), and location of photo
r.44	Photographer (if known)
Consist der	Name, address, and phone number of copyright owner (if different from photographer and/or donor)
urzędu m	
	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
Spr	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)
4	Printed name of donor
	MAY WE CONTACT YOU IN THE FUTURE TO INFORM YOU ABOUT MUSEUM-RELATED PROGRAMS AND ACTIVITIES? $\Box$ YES $\Box$ 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 202.488.6112 Fax 202.314.7820 E-mail resource-center@ushmm.org ushmm.org/resourcecenter

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