

# 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.
4. Send the completed form as an attachment to email: [resource-center@ushmm.org](mailto: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.



UNITED STATES  
**HOLOCAUST**  
MEMORIAL  
**MUSEUM**

HOLOCAUST SURVIVORS AND VICTIMS RESOURCE CENTER 100 Raoul Wallenberg Place, SW Washington, DC 20024-2126 [ushmm.org/resourcecenter](http://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)

Male

Female

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 biding; 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 202.488.6112  
Fax 202.314.7820  
E-mail [resource-center@ushmm.org](mailto:resource-center@ushmm.org)  
[ushmm.org/resourcecenter](http://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 [resource-center@ushmm.org](mailto:resource-center@ushmm.org)