

HOLOCAUST SURVIVORS AND VICTIMS RESOURCE CENTER

INTERNATIONAL TRACING SERVICE ARCHIVE

Research Request Form

REQUESTER INFORMATION

Items marked with an asterisk (*) are essential and required for us to begin research.

Title	First Name*	Last Name*
Address*		
City*	State/Province (if appropriate)*	
Postal Code*	Country*	
Telephone (daytime)*	E-mail Address	
Are you a Holocaust survivor?* <input type="checkbox"/> Yes <input type="checkbox"/> No (Please check one.)		
Are you filling out this form on behalf of a Holocaust survivor?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are filling out this form on behalf of a survivor, please fill in his or her information below:		
Survivor's First Name	Survivor's Last Name	
This person is my (state relationship, e.g., mother, grandfather)		
Is this person still living? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VICTIM INFORMATION

Please provide as much identifying information as possible in order to maximize the chances of finding relevant records. Use the comments area on the next page to provide information not specifically requested but that might be useful, such as the type of work the victim did during the war, other locations where he or she may have spent time, modes and dates of transportation, etc.

Please note that the term "victim" is used here in a broad sense to describe both those who perished in the Holocaust and those who survived. Anyone who was displaced, persecuted, and/or discriminated against by the racial, religious, ethnic, social, and political policies of the Nazis and their allies can be considered a victim.

Please fill out this form about a single person. If you are searching for information about more than one person, there will be the opportunity to submit additional searches once this form is completed.

Items marked with an asterisk (*) are essential and required for us to begin research.

First Name*	Last Name*
Maiden Name (if applicable, including variants)	
Name Variants (Please list as many as known.)	

VICTIM INFORMATION (CONTINUED)

Father's Name *(first and last, if known)*

Mother's Maiden Name *(first and last, if known)*

Birthplace Town

Birthplace Country

Date of Birth (YYYY/MM/DD)* *(Year, Month, Day if known; please indicate if the year is approximate)*

Occupation

Prewar Residence* *(town and country)*

Wartime Location(s)* *(List as many as known.)*

This person is my *(state relationship)**

ADDITIONAL INFORMATION

Any comments or other information that may help our research:

Museum staff will automatically search the International Tracing Service (ITS) archive records upon receipt of this form. If you would like them to search other available resources in the Museum's collection in addition to the ITS archive, please check here:

If you are aware of a specific resource in the Museum's collection that you would like us to check, please list the name of the resource:

Have you submitted a research request for this person to the ITS? Yes No

Does this request involve documentation for a compensation claim? Yes No

Does this request involve documentation for an insurance claim? Yes No

If yes to either or both, please explain.

I give permission to the Museum to refer my search and contact information to the International Tracing Service (ITS) if the Museum's search indicates that there may be relevant documents that have not yet been transferred to the Museum. I understand that if this is necessary, I will be notified that my request has been sent and a response will come directly from the ITS. Yes No

Please make as many copies of this form as you need for all the people you seek. After you have completely filled out this form, please mail it to **United States Holocaust Memorial Museum, Holocaust Survivors and Victims Resource Center, 100 Raoul Wallenberg Place, SW, Washington, DC 20024-2126**. You may also fax it to the Museum—addressed “Attention: Holocaust Survivors and Victims Resource Center”—at **202.314.7820**.

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