

Dear Sir or Madam:

Thank you for your interest in the Registry of Holocaust Survivors. Located on the second floor of the Museum in the Wexner Learning Center, the Registry is open to the public from 10:00 a.m. until 5:00 p.m., seven days a week. Visitors can access basic information about survivors and their family members via user-friendly touch-screen computers. This information is based on registration forms submitted by survivors and their relatives. For the Registry's purposes, anyone displaced by the racial, political and ethnic policies of the Nazis or their allies who survived until the end of the war is considered a survivor.

Starting on the next page is the registration form to be sent to the address below. Note that the form includes space to register: a survivor and spouse (page 1), as well as other family members who are survivors (page 2). Only the names and historical information related to survivors and their family members are displayed to the public. **In an effort to protect the privacy of survivors, addresses and phone numbers are neither displayed nor released.**

In order to expedite the registration process, we ask that you carefully print or type the information onto the form. In addition, please pay special attention to the questions regarding locations(s) during the war and include both the place and country when possible.

We encourage you to include a photograph of each survivor you register, preferably from around the time of liberation. Please note that we do not return photographs. If you wish to retain the original photograph, we ask that you make a photographic print (not a photocopy), which can be done at many photo-developing shops.

Thank you for taking the time to register with us. Please be aware that, because of the volume of registrations we receive, the Survivors Registry is not able to acknowledge receipt of individual registration forms and photographs.

Registry of Holocaust Survivors
United States Holocaust Memorial Museum
100 Raoul Wallenberg Place, SW
Washington, DC 20024-2126
(202) 488-6130
Registry@ushmm.org

REGISTRATION

Please complete the following

Name _____

If deceased, please indicate date and place _____

 Address _____

Telephone number _____

Prewar name _____ Maiden name _____

Other "alias" name _____

Date of birth _____

 Place of birth (town) _____ (country) _____

 Other location(s) before war _____

 Locations during war _____
(ghettos, camps, places of refuge; please include ships' names, countries, and whether in hiding)

 DPCamp(s): _____

 If you have recorded an oral history, please indicate the year and organization _____

 Please complete the following for a spouse or additional survivors in your family

1. Name _____

Relationship to survivor (at top of page) _____

If deceased, please indicate date and place _____

Address _____

Telephone _____

Prewar name _____ Maiden name _____

Other "alias" name _____

Date of birth _____

Place of birth (town) _____ (country) _____

Other location(s) before war _____

Locations during war _____
(ghettos, camps, places of refuge; please include ships' names, countries, and whether in hiding)

DP Camp(s) _____

If you have recorded an oral history, please indicate the year and organization _____

2. Name _____

Please indicate relationship to person (on the previous page) _____

If deceased, please indicate date, location, and age at death _____

Address _____

Telephone _____

Prewar name _____ Maiden name _____

Other "alias" name _____

Date of birth _____

Place of birth (town) _____ (country) _____

Other location(s) before war _____

Locations during war _____
(ghettos, camps, places of refuge; please include ships' names, countries, and whether in hiding)

DP Camp(s) _____

If you have recorded an oral history, please indicate the year and organization _____



Please complete the following for children of survivors (second generation)

1. Name _____

Address _____

Telephone number _____

Child of _____

2. Name _____

Address _____

Telephone number _____

Child of _____

3. Name _____

Address _____

Telephone number _____

Child of _____



Photographs

The Registry would be grateful if you could donate photographs of each survivor.



Photographs from the 1930s or 1940s are preferred. Please make copies of irreplaceable photos.

For each photograph, please provide as much information as possible

Date of photograph _____

Photographer _____

Publication history of photograph _____



Name, address, and phone number of copyright owner (if different from photographer and/or donor) _____

Donation of Photographs

I, the donor, hereby give and deliver, as a donation, all right 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 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, unless I state specific limiting conditions _____



(if conditions are waived, donor should write "no conditions" and sign waiver)

Signature of donor _____ Date _____

Printed name of donor _____

Thank you. Feel free to copy this registration form as needed. Survivors who require assistance in filling out the form are welcome to phone the Registry at (202) 488-6130.

Please mail completed forms to:

Survivors Registry
United States Holocaust Memorial Museum
100 Raoul Wallenberg Place, SW
Washington, D.C. 20024-2126 USA
telephone (202) 488-6130 facsimile (202) 488-2690

