



AMERICAN GATHERING OF JEWISH HOLOCAUST SURVIVORS AND THEIR DESCENDANTS

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Your Name: _____ Family Registration No. _____
 Survivor Spouse of Survivor 2nd Generation Spouse of 2nd Generation 3rd Generation 4th Generation

Address: _____ Apt. No.: _____

City _____ State _____ Zip Code _____ Phone: (____) _____ - _____

E-Mail Address: _____ Date of Birth _____

Date of Death _____

Have you ever given an oral history? yes no if yes, please give year and location _____

If you are a Survivor, complete the following:

Name before war, during war and/or maiden name: _____

Place of birth: City _____ Country _____

Place of residence before war: City _____ Country _____

Places during war (list all): _____

Names of ghetto, concentration camps, partisan locations or hiding place

Spouse's name: _____ Occupation: _____

Date of Birth _____ Date of Death _____

If your spouse is a Survivor, complete or correct the following:

Name before war, during war and/or maiden name: _____

Place of birth: City _____ Country _____

Place of residence before war: City _____ Country _____

Places during war (list all): _____

Names of ghetto, concentration camps, partisan locations or hiding place

Other living members of your family (Survivors, 2nd, 3rd & 4th Generation):

If members of your family are not registered, please add them to the enclosed form so they may be included in the registry. In the blank spaces below show the name, address & e-mail of each person. If adding family member, be sure to show address and zip code.

Name: _____
 Survivor Spouse of Survivor 2nd Generation
 Spouse of 2nd Generation 3rd Generation 4th Generation

Address: _____

City _____ State _____ Zip-Code _____
E-Mail Address: _____ Phone: (____) _____ - _____

Date of Birth _____ This person is my: Mother Father Son Daughter Brother Sister
 Grandson Granddaughter Other: _____

Name: _____
 Survivor Spouse of Survivor 2nd Generation
 Spouse of 2nd Generation 3rd Generation 4th Generation

Address: _____

City _____ State _____ Zip-Code _____
E-Mail Address: _____ Phone: (____) _____ - _____

Date of Birth _____ This person is my: Mother Father Son Daughter Brother Sister
 Grandson Granddaughter Other: _____

Other living members of your family (Survivors, 2nd, 3rd & 4th Generation):

If members of your family are not registered, please add them to the enclosed form so they may be included in the registry. In the blank spaces below show the name, address & e-mail of each person. If adding family member, be sure to show address and zip code.

Name: _____ Survivor Spouse of Survivor 2nd Generation
 Spouse of 2nd Generation 3rd Generation 4th Generation

Address: _____

E-Mail Address: _____ City _____ State _____ Zip-Code _____
Phone: (_____) _____ - _____

Date of Birth _____ This person is my: Mother Father Son Daughter Brother Sister
 Grandson Granddaughter Other: _____

Name: _____ Survivor Spouse of Survivor 2nd Generation
 Spouse of 2nd Generation 3rd Generation 4th Generation

Address: _____

E-Mail Address: _____ City _____ State _____ Zip-Code _____
Phone: (_____) _____ - _____

Date of Birth _____ This person is my: Mother Father Son Daughter Brother Sister
 Grandson Granddaughter Other: _____

Name: _____ Survivor Spouse of Survivor 2nd Generation
 Spouse of 2nd Generation 3rd Generation 4th Generation

Address: _____

E-Mail Address: _____ City _____ State _____ Zip-Code _____
Phone: (_____) _____ - _____

Date of Birth _____ This person is my: Mother Father Son Daughter Brother Sister
 Grandson Granddaughter Other: _____

PHOTOGRAPHS

Please write the name(s) of the person, approximate date, and place where photo was taken in the appropriate box. Do not affix the picture to the page; we will do this in our office.

Survivor's Picture Before WWII

NAME: _____ DATE: _____

PLACE: _____

Picture of Your Family Before WWII

NAME: _____ DATE: _____

PLACE: _____

Survivor's Picture After Liberation

NAME: _____ DATE: _____

PLACE: _____

Survivor's Recent Picture

NAME: _____ DATE: _____

PLACE: _____