GUIDE TO SUBMITTING ONLINE PAGES OF TESTIMONY

INTRODUCTION

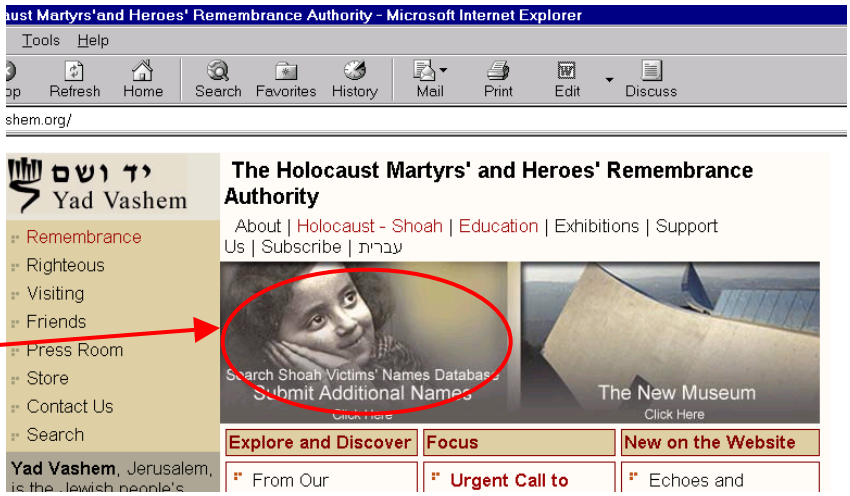
Pages of Testimony are individual forms containing the names and biographical details of Jews who perished in the Holocaust; they serve as lasting memorials for Holocaust victims. Preserved as "symbolic tombstones" in the Hall of Names at Yad Vashem, Jerusalem, these Pages restore the personal identity and dignity to the victims of Nazis and their accomplices.

Each Jew who perished during the Holocaust deserves a Page of Testimony. In this instance, Yad Vashem defines a Holocaust victim as a Jew who was murdered when his or her country of residence was ruled or occupied by the Nazis or by regimes that collaborated with the Nazis. Jews who died in the few months after the end of WWII because of exhaustion or sickness caused by traumatic Shoah experiences are also considered victims. **Each Holocaust victim, children included, must be registered on a separate Page of Testimony** (if a child's name is unknown, enter "Child" in the **Family Status** field and specify parents names and gender.)

Before submitting a Page of Testimony, **please search the Central Database of Shoah Victims' Names**. If a Page of Testimony already exists for the name in question, and you have no significant information to add, there is no need to complete an additional form. On the other hand, if a victim's name appears only on an archival source or names list (originated mostly in Nazi and collaborators' records) we suggest you submit a Page of Testimony as a token of personal commemoration.

ACCESSING THE ONLINE PAGE OF TESTIMONY

Type www.yadvashem.org into the address box on your browser. Find the image titled: **Search Shoah Victims Names Database Submit Additional Names.** Click the link marked "Click here".



To add a victim's name to the Database by submitting an online Page of Testimony, please click **Submit Additional Names** from the Database search page.

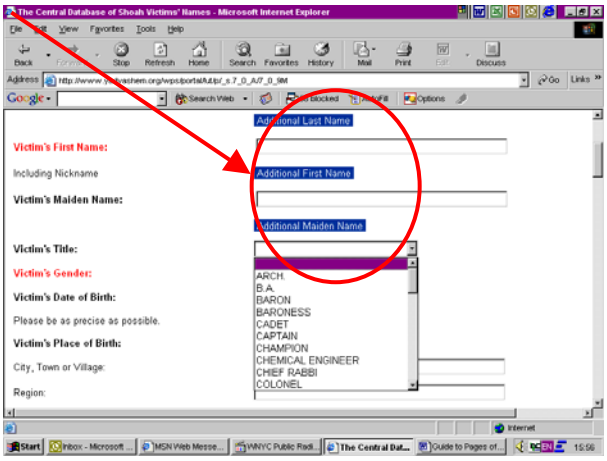


***Note:** To fill out a paper form, available in a variety of languages, download and print from the website: http://www1.yadvashem.org/download/index_download.html or request a Page of Testimony by email: central.database@yadvashem.org.il*

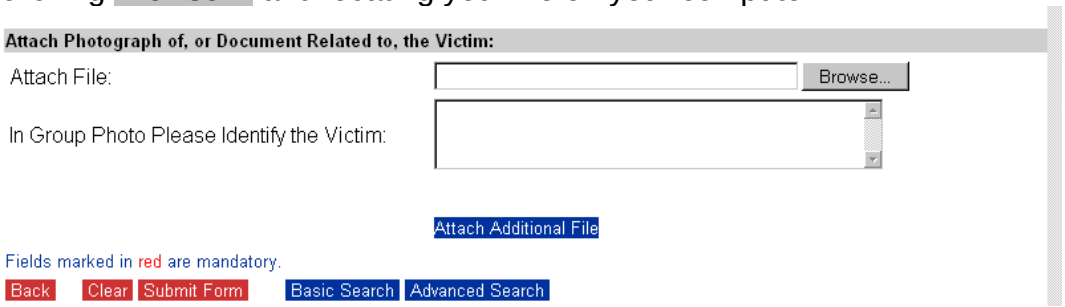
STEPS FOR SUBMITTING A PAGE OF TESTIMONY ONLINE

1. Fill out the online form.
Before you begin filling out the form, make a list of all the victims for whom you will be filling out Pages of Testimony. Have all available pictures and documents relating to each victim on hand. Photos, especially group or family photos, are excellent memory aids. You may also create a family tree to ensure that you don't forget any victims. Filling out a Page of Testimony together with elderly individuals who possess direct recollection of the victims can be a meaningful and moving experience.
**Note*: *Yad Vashem requests that you submit the photos as well, to give the testimony a visual aspect. In step 2 you will find direction on submitting scanned photos.*

- Mandatory fields are shown in **red**. At the very least, you will need to submit the victim's last name (or maiden name), place of residence (or birth), and a third identifier such as first name, parent/spouse's first name, birth date, or profession.
- Some fields have an arrow on the right. Click on the arrow to choose from a list of possible entries. ****Note***: *Title does not refer to profession. A separate field has been provided for listing the victim's profession.*
- Please leave empty fields for which you have no information.
- After completing the form, carefully re-read your entries before submission.



2. Attach scanned files. Any electronic files or scanned documents or photographs you may have pertaining to the victim may be attached to your form by entering the file's pathname or by clicking Browse… and locating your file on your computer.

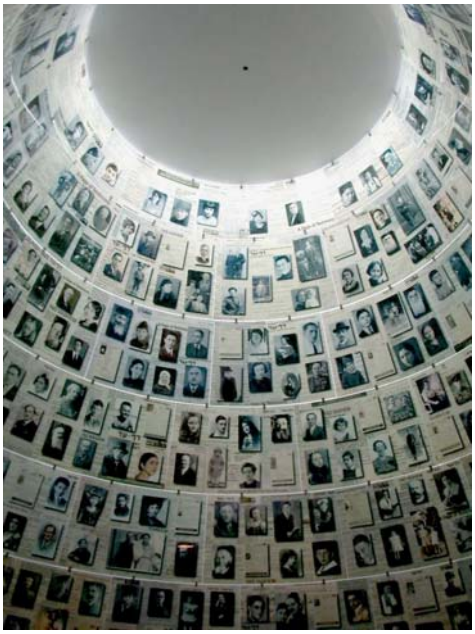


3. Submit form. Click Submit Form, located at the bottom of the screen. Your form will clear when the mandatory fields are completed.

4. Confirm the submission. You will receive an e-mail message to the address you have provided. ***You must reply to this message in order to confirm the submission.*** This message will include a PDF-formatted Page of Testimony facsimile of the information you submitted for your review.

5. Sign and send the paper form to Yad Vashem. While it is not mandatory, Yad Vashem encourages all those who submit online Pages of Testimony to send a completed hard copy of the above-mentioned PDF-file, printed and signed by the submitter, which will be preserved in the Hall of Names at Yad Vashem. Send the Pages – **flat and not folded** – to the address below:

Hall of Names
Yad Vashem
P.O.B 3477
Jerusalem 91034 Israel



FILLING OUT THE ONLINE FORM

GENERAL RULES OF THUMB

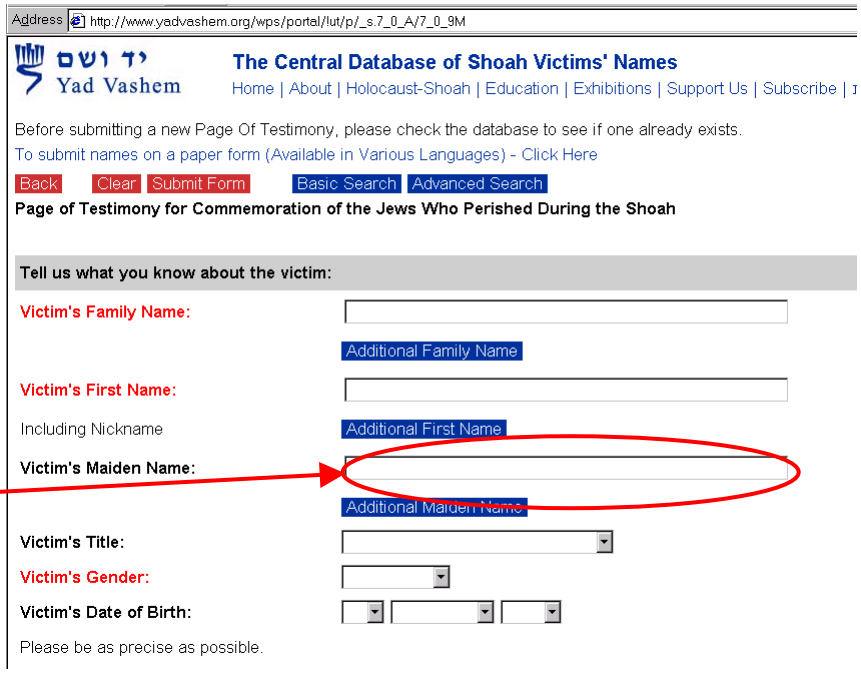
- Enter "**unknown"** in required fields (shown in red type) for which you have no information. For example, if you know only the maiden name of a victim, and not the married name, enter "unknown" in the **Family Name** field and enter the victim's maiden name in the field titled **Victim's Maiden Name**.
- Fields are provided in case you have additional details, for instance, if the victim had more than one family name. Click on Additional (Field here) and enter *each* piece of additional information *separately*.
- Hyphenated names (such as Sarah-Leah) should be written in two separate fields. Only hyphenated names that are, in fact, one name (Bat-Sheva, Ben-Tzion) should be written in a single field, but *without* the hyphen (Bat Sheva, Ben Tzion).
- For certain fields, a list of choices has been provided from which you will need to select the most accurate answer. Click on the small arrow to the right of the field to see the list, and drag your pointer to the desired selection. Release the button, and your selection will appear in the box.

SUBMITTING THE VICTIM'S HISTORICAL DETAILS

Victim's Family Name: Please enter the victim's maiden name in a separate field, provided below.

Victim's First Name: This field is for submission of the victim's first name, middle name, and nicknames

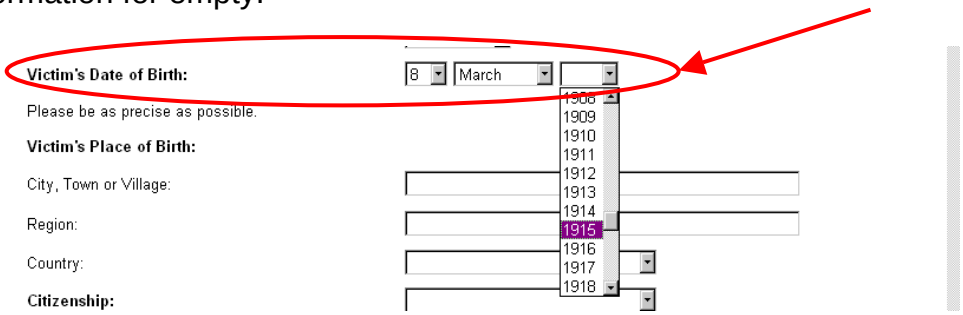
Victim's Maiden Name: If the victim was single, the last name should be entered under **Victim's Last Name**, rather than under this field.



Victim's Title: This field is meant for titles normally added to the victim's name – for example, "Rabbi" or "Dr". This field is not intended for profession or for family relationship (for example, if the victim was your mother, you will enter this information in the My Relationship to the Victim field toward the end of the form).

Victim's Gender: Enter "unknown" for a victim for whom you do not know the gender.

Victim's Date of Birth: This has three sections, each one with an arrow on the right, which you must click to choose from a list provided. Leave fields you have no information for empty.



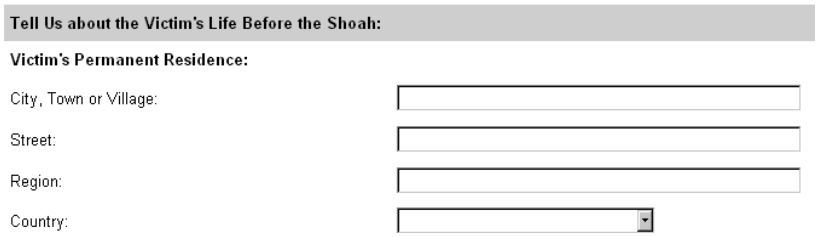
Victim's Place of Birth If possible, give the name of the place as known at the time of the victim's birth.



- Region: Enter the region where the victim was born.
- Country: Choose the name of the country where the victim was born.
- **Citizenship**: Select the name of the country the victim was a citizen of.

Tell Us about the Victim's Life Before the Shoah:

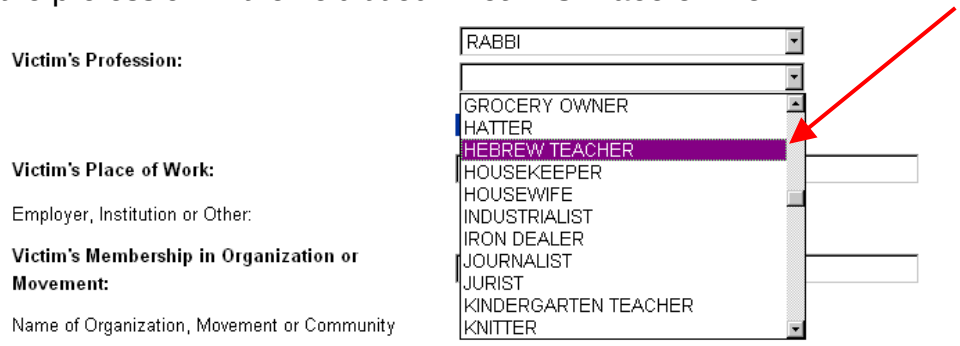
In the **Victim's Permanent Residence** enter information about the person's permanent residence before Nazi occupation. Leave empty the sections for which you do not have information. ***Note:** while filling out the victim's permanent residence is not mandatory, you must complete at least one of the following sections: either the Victim's Place of Birth, or the Victim's Permanent Residence.*



City, Town, or Village: Enter the location of the victim's residence before Nazi occupation. The name of the place *as known at the time of residence* is preferable.

Street; Region; Country: Submit the address of the victim's residence *as known at the time of residence. ***Note:** The name of the country should be entered as it was known before Nazi occupation, according to pre-1939 borders.*

Victim's Profession: Enter the profession, which the victim practiced before Nazi occupation. If the list does not include the option you require, please enter the profession in the field titled "**Victim's Place of Work**."



Victim's Place of Work: Enter the name of the factory, institution, or employer for whom the victim worked prior to Nazi occupation.

Victim's Membership in Organization or Movement: Enter the name of any organization or movement to which the victim belonged.

Victim's Family Status: For children indicate "child" or "teenager," if you do not know the exact age of the victim.

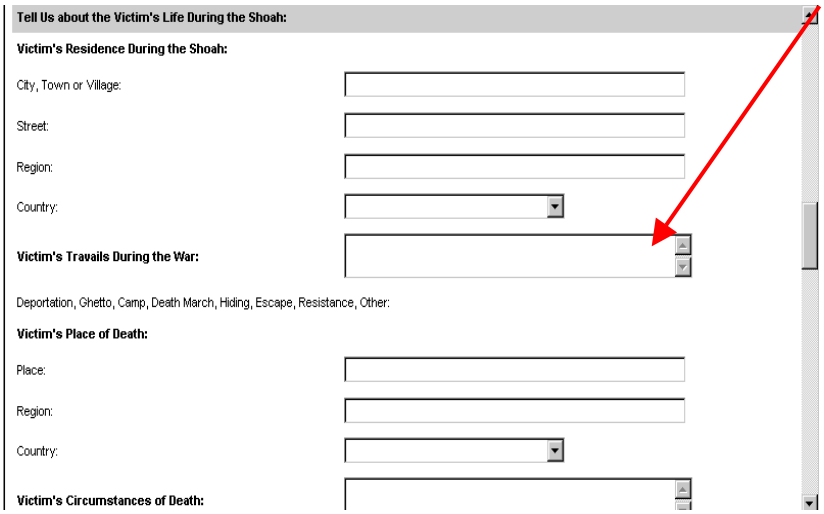


Number of Children: If you know the details of the children that also perished in the Holocaust, fill out a separate Page of Testimony for **each** child.

Tell Us about the Victim's Life During the Shoah:

Victim's Residence During the Shoah

In this section, submit the name of the location (including ghetto or camp if relevant) that was the main residence of the victim during the Holocaust. If more than one location is known, you may submit additional location details in **Victim's Travails During the War**. If known, enter the details of the victim's story and the different locations where the victim resided during the Holocaust.
***Note**: You may enter up to 200 characters in this field.*



***Note:** Please do not reenter information submitted in either **Residence During the Shoah** or **Place of Death**.*

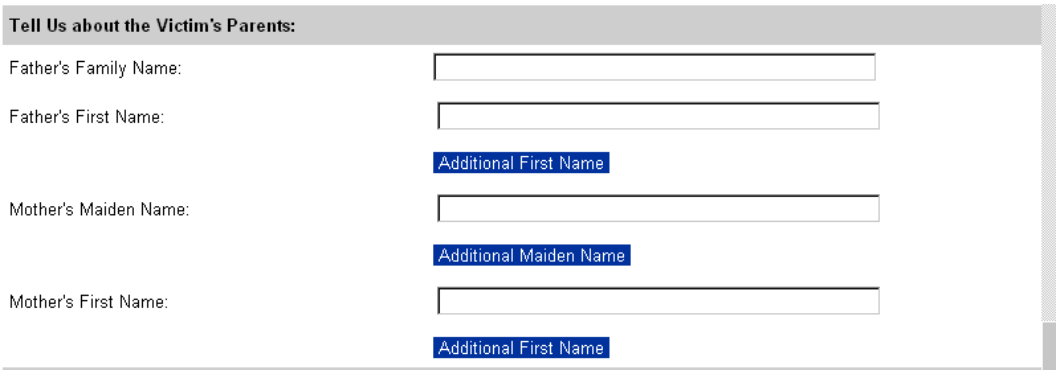
Victim's Place of Death: Submit information as above, with respect to City, Town, or Village; Region; and Country, as each was known at the time of the Shoah.

Victim's Circumstances of Death: Enter information regarding the circumstances of the victim's death.
NOTE - *If you do not know the exact circumstances of death, please enter "*Shoah*" or "*Holocaust*" in this field.*
***Note**: You may enter up to 200 characters in this field.*

Victim's Date of Death: Submit only known information and leave boxes empty when information is unknown.

Victim's Approx. Age at Death: Enter the approximate age of the victim at the time of his or her death, if known.

Tell Us about the Victim's Parents:



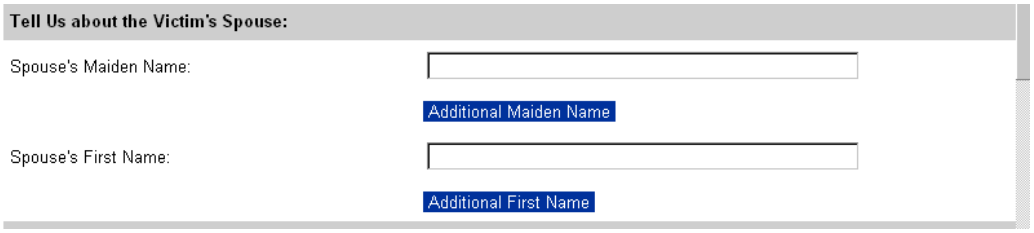
Father's Family Name: Enter the family name of the victim's father, only if different from the victim's last name.

Father's First Name: Enter the first name (or names) of the victim's father, including first name, middle name, and nicknames.

Mother's Maiden Name: Enter the victim's mother's maiden name, if known.

Mother's First Name: Enter the first name of the victim's mother (if known) including first name, middle name, and nicknames.

Tell Us about the Victim's Spouse:

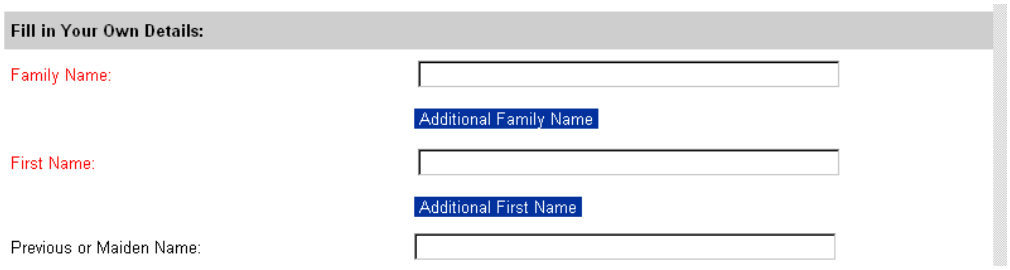


Spouse's Maiden Name: Enter the victim's spouse's maiden name (or surname), if known.

Spouse's First Name: Enter the victim's spouse's first name (if known) including first name, middle name, and nicknames.

FILL IN YOUR DETAILS

To verify that this is a valid submission, we must have basic information about you, including your name and a current e-mail address.

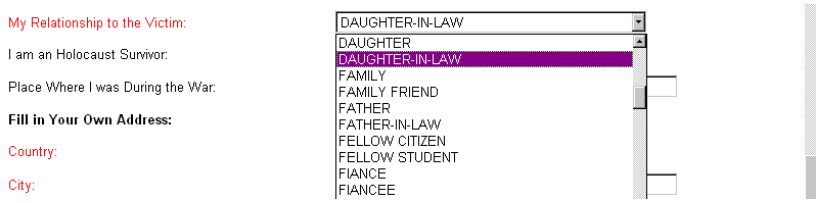


Family Name: Please do not enter your maiden name or former family names in this field, as a separate field is provided below for this purpose.

First name: Enter your first name, middle name, and any nicknames

Previous or Maiden Name: Enter your maiden name, or other previous surname.

My Relationship to the Victim: By clicking on the small arrow on the right, select the term that best defines *your* relationship to the victim from the list.
Phrase your entry like this: "I am the victim's _____."



I am a Holocaust survivor: Please click Yes or No.
***Note** – if you lived through WWII in a country under Nazi occupation or collaborationist regimes, and you were a victim of anti-Jewish persecution, you are considered a Holocaust survivor.*

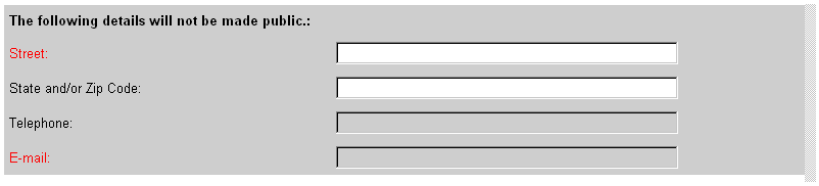
Place Where I was During the War: If you are a Holocaust survivor, enter your primary location during the war here.
***Note** – to submit more detailed information regarding your experiences as a survivor, please complete a Survivor Registration form, available at (ENGLISH)*
http://www1.yadvashem.org/download/pdf/Surveng_new_LAST.pdf
Or (HEBREW) http://www1.yadvashem.org/download/pdf/Survheb_new_LAST.pdf

Fill in Your Own Address:
***Note:** Please make sure this information is accurate and current.*

Country: Click on the arrow to the right of the box to select from the list.

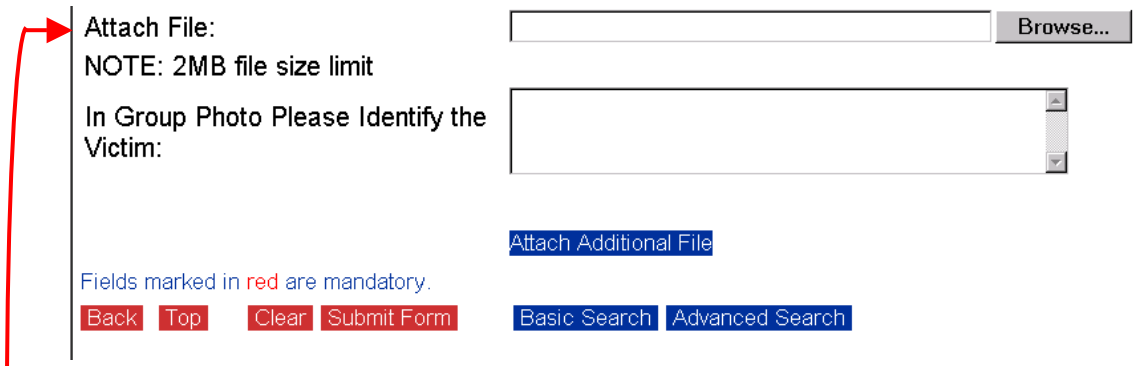
City: Enter the name of the city in which you currently reside.

***The following fields will not appear in the online Database or be accessible by the public**:*



*Enter an e-mail address you check regularly. ***Important – Your submission <u>cannot be processed</u> until we receive a confirmation to the message we will send to this e-mail address.***

Attach Photograph of, or Document Related to, the Victim:



Attach File: If you would like to submit a scanned photo or document to the Page of Testimony, click Browse… and select files from your computer. If you have more than one file to attach, click Attach Additional File for each additional file.
***Note** – if you wish to attach a photo or document to the Page of Testimony, and do not have it scanned, you may send it to us by postal mail, attached to the printed Page of Testimony, at* Hall of Names, Yad Vashem, P.O.B 3477, Jerusalem 91034, Israel.
Specify if you wish to have the photo/document returned to you.

In Group Photo Please Identify which of the figures is the Victim. If you know the names and identities of the other members of the group, please identify them as well. Add the time and place/setting in which the photo was taken, if known.

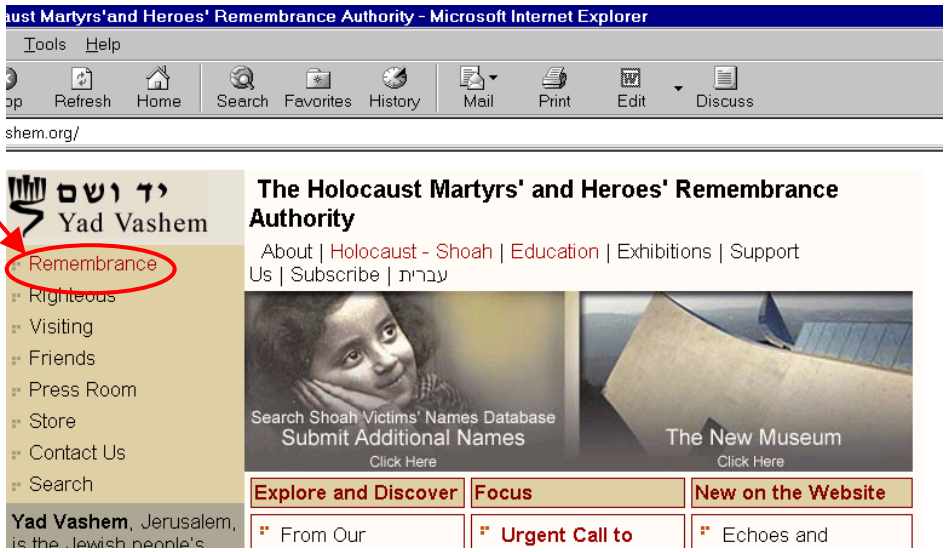
Please <u>reread</u> the information you entered in your Page of Testimony. Once you are sure you have completed the Page of Testimony to the best of your ability, click Submit form.

***Note:** You will only be able to submit the form if you have entered information in all of the mandatory fields. For example, if you did not submit information regarding the victim's place of birth or residence, you will be notified. Fill in any missing information according to the instructions. When you are finished, click "Submit form" again.*

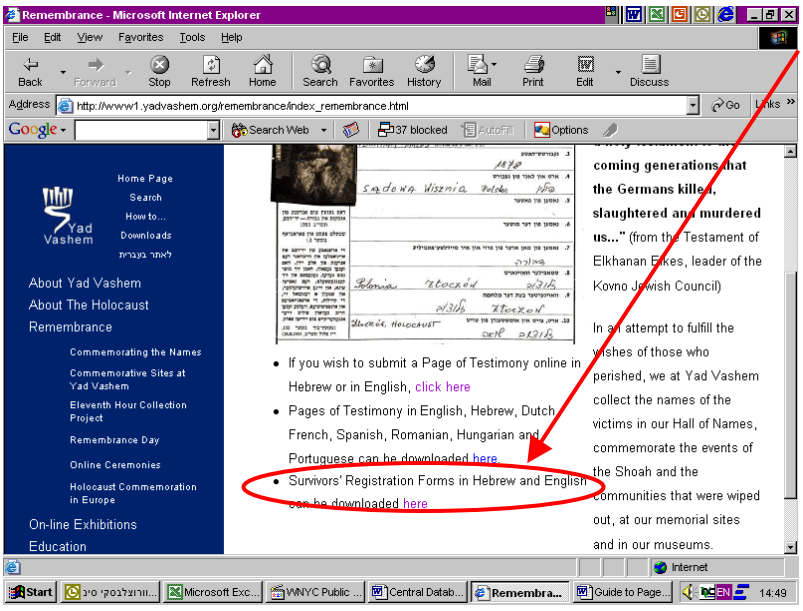
Thank you for helping ensure no Holocaust victim is forgotten.

SUBMITTING SURVIVOR'S REGISTRATION FORMS

To print or submit a Survivor's Registration Form for Jews who survived the Shoah, click Remembrance on the Yad Vashem home page.



Once you reach the Remembrance page, scroll down and click on the last item on the list: "Survivors' Registration Forms in Hebrew and English".



Click on your preferred language and your computer will download a PDF "Shoah Survivors Registration Form". Once you have printed and completed the form, mail it to the following address (given at the top of the form):

Hall of Names, Yad Vashem, P.O.B 3477, Jerusalem 91034, Israel.