

SURVIVOR AND WITNESS CONTACT INFORMATION

Please print clearly:

Mr. / Mrs. / Ms. / Dr. First Name Last Name Maiden Name

Street

City State/Province Country Postal Code

Phone number E-mail

Date of Birth (mm/dd/yyyy) Place of Birth (city/country)

- Check all that apply:
- Fled Nazi-controlled territory Ghettos Camps
 - Hidden/Hiding Resistance/Partisan
 - Survived mass executions Escaped ghettos/camps
 - Other: _____

Please describe briefly your experience, as well as any other information you think we should know:

Have you ever been interviewed by other oral history projects? Yes No

Name: _____ Date: _____ Audio Video

Please send this completed form to:

USC Shoah Foundation, Leavey Library
650 W 35th Street, Suite 114
Los Angeles, CA 90089-2571
or e-mail to: vhi-web@dornsife.usc.edu

If you have any questions, please call us at (213) 740-6001