 Hungarian Jewish Museum & Archives

# CHILDREN OF SAUL COMMEMORATIVE PROGRAM

The purpose of this Form is to collect the names of the child victims (under the age of 18) who died in the Holocaust and were the citizens of Hungary. Our objective is to clarify the fate of infants, young children and teenagers and preserve their memory.

Please complete a separate form for each child victim you may have knowledge about!

By completing the form you consent to the Hungarian Jewish Museum and Archives' right to manage and use your data.

Personal details of the data providers will be handled confidentially.

## PERSONAL DETAILS OF CHILD VICTIM

Family name and first name:

Other known names (e.g. maiden name, original name, etc..):

Gender (female/male):

Date of birth (year/month/day): \_ \_ \_ \_ /\_ \_/ \_ \_

Presumable age of death:

Place of birth (name of town/village):

Last known address prior to deportation (town/village, street, house number):

Education, educational qualifications, if applicable, work, if applicable:

FAMILY DETAILS

Name, age and profession of father:

Name, age and profession of mother:

Name and age of siblings:

PERSECUTION-RELATED DETAILS

In which Hungarian ghetto/detention/collection center was he/she rounded up before deportation?

From where was he/she taken to the ghetto/detention/collection center? (name of town/village):

Date of deportation: (year/month/day): \_ \_ \_ \_ / \_ \_/ \_ \_

Name of concentration camp/work camp where the victim was taken):

CIRCUMSTANCES OF DEATH/MISSING

(E.g. where was he/she last seen? Place and date of presumed death, cause of death, source of information, etc.):

## PERSONAL DETAILS OF DATA PROVIDER

Full name of the data provider:

Postal address:

Email:

Phone number(00-country code-phone number):