

AMMUNITION HILL - NATIONAL MEMORIAL SITE

DEDICATED TO THE LIBERATION AND REUNIFICATION OF JERUSALEM IN THE SIX DAY WAR
AND FOR THE HERITAGE OF THE STRUGGLE FOR JERUSALEM IN MODERN TIMES



Jewish Veterans Center Jewish fighters' information questionnaire

Date _____

"In honor of the Jewish soldier"

<p>Photo</p> <p>Preferably from time of service or close to it</p> <p>If you have additional photos, documents, certificates etc., please send them to us. We will copy them and send them back.</p>	<p>First name + nickname _____</p> <p>Surname (current) _____</p> <p>Surname (former) _____</p> <p>Father's name _____</p> <p>Mother's name _____</p> <p>Date of birth _____</p> <p>County of birth _____</p> <p>Address at time of service _____</p> <p>_____</p> <p>Current address _____</p> <p>_____</p> <p>Telephone (home) _____</p> <p>Cell _____ fax _____</p> <p>E-mail _____</p>
<p>Date of enlistment: _____ Date of discharge: _____</p> <p>Service number: _____ Or ID number: _____</p> <p>Rank at discharge: _____</p> <p>Which army: _____</p> <p>What branch: _____</p> <p>Details of service (which countries, front etc.): _____</p> <p>_____</p>	
<p>If the questionnaire is being filled in by someone who is not the soldier (why not?), give details _____</p> <p>First name: _____ Surname: _____ Relationship: _____</p> <p>Address: _____</p> <p>Telephone (home): _____ Cell: _____ Fax: _____</p>	
<p>Details of close relations (spouse, offspring, siblings):</p> <p>_____</p>	

Shragai Street near Shderot Eshkol, P.O.Box 18175, 91181 Jerusalem
Tel: 972-2 -5820303, Fax 02-5829132
Email: veterans@givathatachmoshet.org.il
Website: givathatachmoshet.org.il

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<p>_____</p> <p>_____</p>
<p>Details of service (army, underground, partisans or other): Length of service, battles and other major events, courses, positions held, citations, injuries, POW, falling in battle etc...</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Remarks, recommendations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>If you possess documents, certificates, pictures, objects that we can copy, photograph or scan <u>and return</u>, please give details and we will contact you. In addition, if you know of books (in any language) on this topic please give us details so we can trace them:</p> <p>_____</p> <p>_____</p>
<p>you know of other veterans associations, institutions, archives, museums, which have data on Jewish veterans <u>please inform us:</u></p> <p>_____</p>
<p>Note: The information in this questionnaire will be entered into our data base.</p> <p>Our address, email etc. can found at the bottom of the page.</p>
<p>Have you filled out a questionnaire on this topic in the past? Yes _____ No _____ Don't know _____ Please mark with an X</p>

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