



## Page of Testimony דף עדות

Page of Testimony for commemoration of the Jews who perished during the Holocaust;  
please fill in a separate form for each victim, in block capitals

Victim's photo Please write victim's name on back. Do not glue.	The Martyrs' and Heroes' Remembrance Law 5713-1953 determines in section 2 that: "The task of Yad Vashem is to gather into the homeland material regarding all those members of the Jewish people who laid down their lives, who fought and rebelled against the Nazi enemy and his collaborators, and to perpetuate their <b>names</b> and those of the communities, organizations and institutions which were destroyed because they were Jewish."			
	Victim's family name: <b>ZAND</b>		Maiden name:	
	Victim's first name (also nickname): <b>YISROEL YITZCHOK</b>		Previous/other family name:	
Title:	Gender: <b>M</b>	Date of birth: <b>12 APR 1893</b>	Approx. age at death: <b>49</b>	
Place of birth:	Region:	Country:	Nationality:	
Victim's father:	First name: <b>SIMCHA MENACHEM</b>	Family name: <b>ZAND</b>		
Victim's mother:	First name: <b>DEVORAH</b>	Maiden name: <b>KON</b>		
Victim's wife/husband:	First name: <b>LEAH</b>	Maiden name: <b>HABER</b>	Victim's family status: <b>MARRIED</b>	Number of children: <b>6</b>
Permanent residence:	Region:	Country:	Address: <b>ZAWADZKA 18 (CORNER OF WOLCZANSKA), LODZ</b>	
Profession:	Place of work:		Member of org./movement:	
Residence before deportation:	Region:	Country:	Address:	
Places, events and activities during the war (prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combats):				
Place of death:	Region:	Country:	Date of death: <b>ABOUT 1942</b>	
Circumstances of death: <b>PERISHED IN HOLOCAUST;</b>				
I, the undersigned, hereby declare that this testimony is correct to the best of my knowledge.				
First name: <b>MOISHE</b>	Family name: <b>MILLER</b>		Previous/maiden name:	
Street: <b>1374 EAST 28TH STREET</b>	House no.:	Entrance:	Apt.:	City: <b>BROOKLYN</b>
Country: <b>USA</b>	Tel.:	I am / I am not a survivor <b>I AM NOT</b>		State/Zip code: <b>NY 11210</b>
During the war I was in: camp/ghetto/forest/the resistance/in hiding/had false papers (circle relevant options)			Relationship to victim (family/other): <b>FAMILY GENEALOGIST</b>	
Holocaust survivors may order a special questionnaire in which to fill in their details.				

Date: 29 Nov 2009

Place: BROOKLYN, NY

Signature:

MOISHE@LANGSAM.COM

**"ונתתי להם בביתי ובחומותי יד ושם... אשר לא יכרת" ישעיהו נ"ו ה'**  
 "...And I shall give them in My house and within My walls a memorial and a name...that shall not be cut off" Isaiah 56:5