

# VIRTUAL WALL OF REMEMBRANCE



## #1: Contact information of Individual Submitting Form:

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Last Name First Name

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Home Address (Street-City-Zip Code)

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Home Phone # Cell Phone # E-Mail Address

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Relationship to Name Below

## #2: Full name of person to be posted on wall: (please use a separate form for each individual – if you cannot make copies please contact the Commission)

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Last Name First Name Middle Initial

Where was the individual born:

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Town Country

The family name in Europe:

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City in New Jersey where individual currently resides:

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Check the appropriate box below in reference to the person named in section #2:

- |  |   |
|--|---|
| <input type="checkbox"/> Survived the Holocaust        | <input type="checkbox"/> Pre-war refugee                        |
| <input type="checkbox"/> Perished during the Holocaust | <input type="checkbox"/> Military personnel who liberated camps |