

Houston Holocaust Survivor Registry

One form per person

Please print

Date _____

Holocaust Survivor Name _____

Current address _____

City _____ State _____ Zip _____ Phone number _____

Name at birth _____

Other names used _____

Date of birth _____

Location of birth: Town _____ Country _____

Other locations before the war _____

Location at outbreak of war – 1939 - _____

Ghettos _____

If hiding / where _____

Concentration camps _____

Other locations during war _____

(Resistance Groups / Forced Labor / Forced Migration / Army / Countries, etc.)

Information you would like to share _____

Liberation date _____

Liberation location _____

Liberated by _____

After the war: DP camps / Transit locations _____

Other locations after war _____

Year left Europe _____ Name of ship / transport _____

Location after leaving Europe _____

Date arrived in Texas _____ City in Texas _____

Date arrived in Houston _____

Occupation / Current or previous _____

List family members: Names and relationship and where they settled.

List names of children and location.

Have you given an Oral History? _____

If so, when and which organization? _____

Prepared by _____ Relationship to survivor _____
(Self, spouse, sibling, child, friend)

If survivor has passed away:

Date of death _____ Location _____

*Please complete a separate form for spouse or other survivors in your family that have lived in Houston.
For additional forms, please call 713-942-8000, ext. 129.*



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Morgan Family Center
5401 Caroline St. • Houston, TX 77004
713-942-8000 • Free Admission Always
Mon. – Fri. 9 a.m. – 5 p.m. • Sat. & Sun. Noon – 5 p.m.

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