

**NOW YOU CAN PRESERVE THE MEMORY OF LOVED ONES WHO PERISHED IN THE HOLOCAUST...INSCRIBE THEIR NAMES IN THE HOLOCAUST MEMORIAL PARK.**

**REGISTRATION FORM** (Please print clearly, fill in and mail)

Yes, I want to take this opportunity to preserve the following names in the Holocaust Memorial Park:

Name for inscription

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Language to be engraved: English  Hebrew  Yiddish  Russian

Relation to you (mother, father, brother, sister, friend, spouse, etc.) \_\_\_\_\_

Birthplace \_\_\_\_\_

**Please write briefly what you know about the victim's experience in the Holocaust (e.g., camp or ghetto experience.) If you need additional space please use a separate sheet of paper.**

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Name for inscription

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Language to be engraved: English  Hebrew  Yiddish  Russian

Relation to you (mother, father, brother, sister, friend, spouse, etc.) \_\_\_\_\_

Birthplace \_\_\_\_\_

**Please write briefly what you know about the victim's experience in the Holocaust (e.g., camp or ghetto experience.) If you need additional space please use a separate sheet of paper.**

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Your Name \_\_\_\_\_

Your address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Payment:** Enclosed is my check for \_\_\_\_\_ lines @ \$360.00= \$ \_\_\_\_\_

Please mail this form to: **The Holocaust Memorial Committee 60 West End Avenue Brooklyn, NY 11235**

For further information please call 718.743.3636 or E- Mail HMCorg@AOL.com