## **South Jersey Holocaust Survivors Project**

## Who are we including in this project?

For the digital archive and exhibition, we are looking for information and documents relating to Holocaust Survivors who had their **primary residence in Atlantic, Cape May, or Cumberland County** for any period of time, even if they later moved out of South Jersey, and even if they came to South Jersey in their later years. They should have lived in an area of Europe that was controlled by the Nazis or their allies during the Third Reich or during World War II. We include those who survived the ghettos and camps, as well as those who survived in hiding, partisans, and those who were forced to flee Nazi-occupied Europe.

## What material is of interest?

Documents we are seeking include, but are not limited to:

- Photographs from before, during, or after the war
- Birth, immigration, or (where applicable) death certificates
- For business owners: photographs of the business(es), advertising, and other materials
- Written first-person accounts or recordings
- Family trees, including both ancestors and descendants
- Biographical timelines/chronologies
- Unique or meaningful anecdotes and stories
- Contact information for others who might have relevant material.

## How will we collect the material?

This is a digital project; we do not intend to store or display physical documents or artifacts. We can arrange to have materials scanned or photographed. *Please do not send us original documents.* Original documents will remain in the family's possession. We would also like to collect information through interviews (by Zoom or phone) with family members or close friends.

By submitting this form, you indicate that we can contact you to discuss your potential contributions. We will reach out to arrange an initial conversation. Due to the large number of survivors in our communities, as well as the ongoing COVID-19 public health situation, it may be some time before we can actually scan or photograph any material you have. However, we will contact you by mail, phone, e-mail or by Zoom as soon as we can.

Holocaust Survivor's Name	e:	
Last	First	Maiden (if applicable)
Place of birth		Date of birth
Place(s) of residence in So	uth Jersey	
Your name:		
Relationship to the Holoca	ust Survivor:	
Address:		
Home phone:		
Cell phone:		
Work phone:		
E-mail addresses:		
Additional information		