



STATE OF NEW JERSEY COMMISSION ON HOLOCAUST EDUCATION

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♦deceased

*Former Commission Chair



January 20, 2010

Dear Friend:

The New Jersey Commission on Holocaust Education, after conversations with many survivors, has decided to establish a "Virtual Wall of Remembrance" on our web site. The Wall will list those who perished during the Holocaust, those who survived, along with stories and photographs. This will be a "Virtual Wall" in the modern technological world, as it will be able to be viewed by the thousands of people who enter our web site.

Enclosed is a form that will begin the process. We are also planning meetings around the state beginning this Spring with survivors and the generations of the Shoah to fully implement the idea. You will be notified of these through your organizations.

It has been suggested that a contribution of Chai (\$18.00) accompany each name and/or picture submitted to continue programs for students and educators in Holocaust education. (The check should be made out to the New Jersey Commission on Holocaust Education). If 15 or more names are submitted, a contribution of \$200.00 is appreciated.

As always, it is an honor to provide services to the Holocaust Community.

Sincerely,

Dr. Paul B. Winkler
Executive Director
New Jersey Commission on Holocaust Education



VIRTUAL WALL OF REMEMBRANCE



#1: Contact information of Individual Submitting Form:

Last Name First Name

Home Address (Street-City-Zip Code)

Home Phone # Cell Phone # E-Mail Address

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)

Last Name First Name Middle Initial

Where was the individual born:

Town Country

The family name in Europe:

City in New Jersey where individual currently resides:

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 |

Are there any pertinent facts you would like placed under the name. Please limit to no more than 2 sentences.

PHOTO INFORMATION

If photo(s) is/are available, (limit 3 photos for each individual) mail with this form or scan pictures and e-mail to: holocaust@doe.state.nj.us

Please indicate if you would like photos returned:

Yes

No

- Please give the name of each person in the photo and list left to right.
- Indicate approximate date and place (city and or country) photo was taken.

Please return to:
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