

DNA SHOAH PROJECT

Shoah Orphan Intake

Interviewer Name (First / Last) _____

Interview Date (M – D – Y) _____

Family Representative Name _____

Family Representative Phone Number _____

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Buccal Swab Status

Collected Today

Vials sent home

Barcode

Future collection possible

N/A

1. Orphan's Name

1A. Current Name

Mr. Mrs. Ms. Other _____

1A1. First _____

1A2. Middle _____

1A3. Last _____

1B. Birth Name, only where different than current name (include maiden name if applicable)

1B1. First _____

1B2. Middle _____

1B3. Last _____

1B4. Birth name unknown due to adoption.

1B5. Alias, Nicknames, former spellings, other names used

1B6. Hebrew name, if known _____

1C. Current Address

1C1. Street _____

1C2. Street _____

1C3. Apartment / Suite / Room _____

1C4. City _____ 5A5. State _____ 5A6. Zip Code _____

1C5. Country _____

1D. Phone Numbers

1D1. Home (_____) _____

1D2. Mobile (_____) _____

1D3. Other (_____) _____

E-mail Address _____

2. Gender Male Female

3. Birth Information

3A. Birth date (M – D – Y) _____ Unknown

3B. Place of Birth _____ Unknown

3B1. Address _____

3B2. City _____

3B3. State / Region / Province _____

3B4. Country _____

3C. Date of your immigration to US: (M – D – Y) _____

Unknown Not applicable

4. Adoption Information

4A. Placement made through an adoption agency or other aid organization

Name, if known _____

Adopted by other family members

Other (please explain) _____

5. BIOLOGICAL Family Information

- 5A. Biological Father's name, if known _____ Unknown
Date of birth (M-D-Y): _____ Unknown
Birthplace: _____ Unknown
- 5B. Date last seen: M – D – Y _____ Unknown
- 5C. Location last seen: _____ Unknown
- 5C. If biological father is *Confirmed Deceased*:
- 5C1. Date of passing: M – D – Y _____ Unknown
5C2. Place of Passing: _____ Unknown
- 5D. Biological Mother's name, if known _____ Unknown
Mother's maiden name _____ Unknown
Date of birth (M-D-Y): _____ Unknown
Birthplace: _____ Unknown
- 5E. Date last seen: M – D – Y _____ Unknown
- 5F. If biological mother is *Confirmed Deceased*:
- 5F1. Date of passing: M – D – Y _____ Unknown
5F2. Place of Passing: _____ Unknown

6. Additional information

Please use the back of this page to report any additional information about your biological family.

Please mail this form, along with your DNA contribution, to:

The DNA Shoah Project
Thomas W. Keating Bioresearch Building, Room 124
1657 East Helen Street
Tucson, AZ 85719