

DNA SHOAH PROJECT CONTRIBUTOR INTAKE

Office use only

Interviewer Name (First / Last) _____

Interview Date (M-D-Y) _____

Are you contributing a genetic sample to the DNA Shoah Project?

No

✓ Fill out ONLY items 1A – 1D on the second page of this form.

Yes

✓ Complete the remainder of this form and affix one of your barcodes in the first box below.

Are you representing or being represented by another project participant?

No, I am representing myself.

Yes, I am being represented by _____

Yes, I am representing the following people: _____

(Fill out a separate contributor form for each additional participating family member and affix one of his or her barcodes in a box below.)

Barcodes for all individuals represented by you:

Your Barcode	Individual 1 Barcode	Individual 2 Barcode	Individual 3 Barcode
Individual 4 Barcode	Individual 5 Barcode	Individual 6 Barcode	Individual 7 Barcode

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1. Participant Name

1A. Your Contact Information

Mr. Mrs. Ms. Other _____

1A1. First _____

1A2. Middle _____

1A3. Last _____

1B. Your Current Address

1B1. Street _____

1B2. Street _____

1B3. Apartment / Suite / Room _____

1B4. City _____ 1B5. State _____ 1B6. Zip Code _____

1B7. Country _____

1C. Your Phone Numbers/ Contact Info

1C1. Home (_____) _____

1C2. Mobile (_____) _____

1C3. Other (_____) _____

1C4. E-mail _____

1D. Whom may we contact if you are unable to continue as a representative for this individual/family?

1D1. Name _____

1D2. Address 1 _____

1D3. Address 2 _____

1D4. City _____

1D5. State _____ 1D6. Zip _____

1D7. Phone _____ 1D8. Email: _____

2. Contributor's Gender Male Female

3. Contributor's Status Survivor 2nd Generation 3rd Generation N/A

4. Contributor's Birth Information

4A. **Birth name, if different than current name**

4A1. First _____

4A2. Middle _____

4A3. Last _____

4A4. Birth name unknown due to adoption.

4B. **Any alias, nicknames, former names or spellings of names**

4C. **Contributor's Hebrew name, if known** _____

4D. **Contributor's Birth date (M – D – Y)** _____ Unknown

4D1. Is Contributor a Holocaust orphan? No Yes
(If yes, please complete and Orphan Intake form)

4E. **Contributor's Place of Birth** Unknown

4E1. Address _____

4E2. City _____

4E3. State / Region / Province _____

4E4. Country _____

4F. **Date of immigration to US (M – D – Y)** _____
 Unknown Not applicable

Please return this form to: The DNA Shoah Project, P. O. Box 210240, Tucson, AZ, 85721