

Wöbbelin Victim Information

First Name _____

Last Name _____

Street Address _____

City _____

State or Province _____

Zip or Postal Code _____

Country _____

Home Phone _____

Email Address _____

Birth Date _____

Ethnicity _____

Birth City _____

Birth Country _____

Citizenship during WWII _____

Current Citizenship _____

Surviving Spouse or Children _____

If Victim is Deceased, Contact: _____

Concentration Camp Experience

Reason Given for Arrest _____

Arrested By _____

Arrest Date _____

Date Interned _____

Tattoo _____

First ID Number _____

Second ID Number _____

1st Concentration Camp

1st Barrack _____

1st Bunk _____

1st Barrack Leit _____

1st KAPO _____

Date Moved to 2nd Camp _____

2nd Concentration Camp *(if applicable)*

2nd Barrack _____

2nd Bunk _____

2nd Barrack Leit _____

2nd KAPO _____

Date Moved to 3rd Camp _____

3rd Concentration Camp *(if applicable)*

3rd Barrack _____

3rd Bunk _____

3rd Barrack Leit _____

3rd KAPO _____

Date Released

Health Condition Upon Release _____

Date Returned _____

Return Destination _____

Additional Notes and Comments

Thank you for your time and your contribution to our project.