STATE OF ISRAEL
MINISTRY OF JUSTICE
DEPARTMENT OF ADMINISRATOR GENERAL

DATE: _____

Absentee Inquiry Form

	General Information	Aditional Information
First Name		
Family Name		
Other Names		
Father's Name		
Country of Birth		
Place / Shtettle		
Last Known Address		
I.D / Passport		
Date of Birth		
Date of Death		
Note If died in the holocaust and where		
Did He/She ever made Alia?		
Year of Alia		
Did he/she ever visit Israel?		

Applicant Details

Relationship to Inquiree	Telephone / email	Address	Last Name	First Name

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