

<b>Survivor-Victim-Form</b>		Name	Given Name	Address	E-Mail
Submitter:					
I am a Survivor of KZ Flossenbürg:		Yes	No	Comments:	
I submit information concerning a Survivor:		Yes	No	Relationship to Survivor:	
I submit information concerning a Death-Victim:		Yes	No	Relationship to Victim:	
<b>Prisoner of Flossenbürg:</b>		Name	Given Name	Birthday	Birthplace
				D D M M Y Y	
Additional Data if known:	Flossenbürg's Prisoner-No.	Reason of Imprisonment	Maidenname	Residence Before/During War	Nationality
Stations of Deportation:		Ghetto period of time	KZ / Camp period of time	Miscellaneous period of time	Prisoner-number
1. Station					
2. Station					
3. Station					
4. Station					
5. Station					
6. Station					
No Liberation:		Day of Death	Place of Death	Cause of Death	Place of Burial
		D D M M Y Y			
Liberation:		Place:	Date:	Liberated by:	Escape:
After Liberation til today:		DP-Camp period of time	Repatriation to point in time	Emigration to point in time	Day of Death Place of Death
Change of Name & Reason:				Last Name:	
Declaration of consent:		This data are allowed to be published in the memorial book.			
Signature:			Date:		

Please forward this form (in addition of a photograph of the former prisoner) to:  
[info@lorbeer Verlag.de](mailto:info@lorbeer Verlag.de)

or to the postal-adresse in Germany:

Lorbeer Verlag  
Eckernkamp 9  
D-33609 Bielefeld

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