APPLICATION FOR LOCATION SERVICE

NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Please answer all questions. Print or write clearly. If you do not

1819 Broadway

New York 23, N. Y.

Index No.

	he information, unknown."	REFER	RING	SELFHE	LP	DA	TE		
Family name as known abroad (If married woman, also maiden name)	First Name	Sex	Marital Status*	Relationship to No. 1	Date Day	of Birth† Mo. Yr.	Place and Co	ountry of Birth	
1. LERMAN Née	ZELIG	MALE M.		SROTION IN I AVI			6 PUSSIA		
Other members of the family or household abroad The second of the family or household abroad or	MASHA		M.	WIFE			LITH	UANIA	
2 ARON LET MEAN	ATON			SON		22	WILNO	POLAND	
J. LERMAN Née	DONT MNO	ric		DAUGHE	GA	18	WILNO	POLAND	
Née Née	UNKNOWN	/	1						
Née Née									
Née Née									
Be sure to insert check (V) for all persons sought.		*Ma	arital Status birth date	s. Write in: S not known, give	single) approxi	; M (marrie	ed); W (widowed); D (divorced).	
B. ADDITIONAL IDENTIFYING DATA	ON PERSONS	LISTE	D ABO	VE	Last	known full a	ddrags	Date	
1 Shill (Manage		THUANIA		MERKINE			LITHUANIA 193		
PTECHNIC	MA WILL	/	1117	1000	12272	Burn Gern	CITTUITION 1130		
2. LITHUANIA		/		LALL AZA			PALAMO		
3. POLANO	V						POLAND		
4. POLAND	V			MEIN	MERKINE LITHUANIA				
5									
5				,					
7									
If "Stateless" give last citizenship preceded by ("S"). C. DETAILS, SOURCE and APPROXIMA	TE DATE OF	LAST	NEWS	RECEIVED					
(Indicate by number above the person or persons about whom	you have the news)		1028			MA	PRIME		
LAST HEARD FROM	THEM	- 1	730	FIPO	121	1-12	FRKINE		
LITHURNIN									
D. PERSONS, ADDRESSES and CENTER	S OVERSEAS	тнат	MICH	P RE HELD	RIII I	IN LOCA	TION		
Name	5 OVERSEAS	IIIAI	MIGH	DE HELL	Addi		11013		
ANY ONE IN TOWN	01	2	ME	RKINE	PKINE LI			THUANIA	
E. CLOSE RELATIVES IN THE UNITED			HAN T						
B B EII	CANTON	Address	N/. 1		Citizensh	nip Re	elationship to Che erson sought Befo (No. 1)	eck arrival in U.S. re 1938 After 1933	
1 11 12 th 1 1 stores a h	LOS ANCE	71-5	1/4/	MEX . X	ES	13	POTHER		
	LOS ANGELES CAL.			· V	ES	///	-1310	-	
F. PERSON INQUIRING (Answer all questions i			LIJL	, , ,					
Name MOPRIS BELL			CILOE	RSLEEVE	EV.		M St	arital M,	
Maiden name, if married woman				E N. N ship YES	V	Vhen did yo rrive in U.	11 10 -	atus	
DI APPIL 188	MERKI	VE	1.171	IUANIA					
Occupation MERCHANT			T	Religion JE	W	Relatio	onship to	POTHER	
Last address abroad MERKINE		•••••••	Г	congroum.	Cour	try 2/	THUANI	A	
Have you previously applied for location service:					Journ	- J			
If you have, name the agency				Date you	previo	ously appli	ed		
TIN- ID I ICITAT								1	