

S T A T E O F I S R A E L

M I N I S T R Y O F J U S T I C E

**DEPARTMENT OF ADMINISRATOR GENERAL**

**DATE: \_\_\_\_\_\_**

# Absentee Inquiry Form

|  |  |  |
| --- | --- | --- |
| **Additional l Information** | **General Information** |  |
|  |  | **First Name** |
|  |  | **Last Name** |
|  |  | **Maiden Name** |
|  |  | **Other names** |
|  |  | **Father’s Name** |
|  |  | **Mother's Name** |
|  |  | **Country of Birth** |
|  |  | **Town /city** |
|  |  | **Last Known Address** |
|  |  | **I.D / Passport** |
|  |  | **Date of Birth** |
|  |  | **Date of Death** |
|  |  | **Note If died in the holocaust and where** |
|  |  | **Did He/She ever make Alia?** |
|  |  | **Year of Alia** |
|  |  | **Did he/she ever visit Israel?** |

**Applicant Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Address** | **Telephone /**  **email** | **Relationship to Inquiree** |
|  |  |  |  |  |

**Email** [**pniyot-needarim@justice.gov.il**](mailto:pniyot-needarim@justice.gov.il)**,**

**216 Jaffa Road P.O.B 36278 Zipcode 94383 Jerusalem, Israel Fax: 972-2-6467507**