



## Page of Testimony

## דף עדות

Page of Testimony for commemoration of the Jews who perished during the Holocaust  
 please fill in a separate form for each victim, in block capitals

Victim's photo Please write victim's name on back. Do not glue.	The Martyrs' and Heroes' Remembrance Law 5713-1953 determines in section 2 that: "The task of Yad Vashem is to gather into the homeland material regarding all those members of the Jewish people who laid down their lives, who fought and rebelled against the Nazi enemy and his collaborators, and to perpetuate their names and those of the communities, organizations and institutions which were destroyed because they were Jewish."			
	Victim's family name: <b>TER BERG</b>		Maiden name:	
Victim's first name (also nicknames): <b>ISAAK/ISIDOR</b>		Previous/other family name:		
Title:		Gender: <b>MALE</b>	Date of birth: <b>12 JUL 1886</b>	Approx. age at death: <b>55</b>
Place of birth: <b>RITTERHUDE, NIEDERSACHSEN, GERMANY</b>		Region:	Country:	Nationality: <b>GERMAN</b>
Victim's father:	First name: <b>HARTOG</b>		Family name: <b>TER BERG</b>	
Victim's mother:	First name: <b>SOPHIE</b>		Maiden name: <b>SIMONS</b>	
Victim's wife/husband:	First name: <b>PAULA</b>		Maiden name: <b>WOLFF</b>	
Victim's family status: <b>MARRIED</b>		Number of children: <b>2</b>		
Permanent residence: <b>RITTERHUDE, NIEDERSACHSEN, GERMANY</b>		Region:	Country:	Address:
Profession:		Place of work:		Member of org./movement:
Residence before deportation:		Region:	Country:	Address:
Places, events and activities during the war (prison/deportation/getto/camp/death march/hiding/escape/resistance/commit):				
Place of death: <b>MINSK, MINSK, BELARUS</b>		Region:	Country:	Date of death: <b>11/18/1941</b>
Circumstances of death: <b>PERISHED IN HOLOCAUST:</b>				
I, the undersigned, hereby declare that this testimony is correct to the best of my knowledge.				
First name: <b>JANET</b>		Family name: <b>SENBERG</b>		Previous/maiden name: <b>BERND</b>
Address: <b>6 PAMRAPG COURT WEST</b>		Home no. / EXTENSION: AGE:	City: <b>GLEN ROCK</b>	State/zip code: <b>NJ 07452</b>
Country: <b>USA</b>		Tel.: <b>201-652-4824</b>	I am / I am not a survivor: <b>NO</b>	Relationship to victim (sampled): <b>COUSIN</b>
During the war I was in: camp/prison/forced labor/resistance/in hiding/had false papers (circle relevant options)				Holocaust survivors may order a special questionnaire in which to fill in their details.

Date: **8 Feb 2011**

Place: **GLEN ROCK, NJ**

Signature:

[www.yadvashem.org](http://www.yadvashem.org)

"ונתתי להם בביתי ובחומותי יד ושם... אשר לא יכרת" יחזקאל 37

"...And I shall give them in My house and within My walls a memorial and a name... that shall not be cut off" Isaiah 56:5