



**GOVERNMENT OF ISRAEL
MINISTRY OF DEFENSE
MISSION TO THE U.S**

Memorial Visit Request Form

Name of Deceased: _____ z"l

Date of Death: _____ Cemetery: _____

Information about traveler (as appears in the passport)

First Name: _____ Last Name: _____

Date of Birth: (mm/dd/yy) _____ Israeli I.D. number: _____

Passport Number _____ Passport Expiration Date: _____

Relation to the deceased:

___ father/mother, ___ brother/sister, ___ spouse, ___ orphan

Date of last visit: _____

Address: _____

Telephone number: _____ Cellular phone number _____

E-mail address: _____

Information about the requested visit:

Dates of travel (mm/dd/yy): From: _____ until: _____

Preferred airport: _____ Seat: window / isle.

Meal: regular / vegetarian / vegan /kosher /glatt kosher

Information about stay in Israel:

___ 6 nights stay in a hotel between the dates _____ and _____

Or:

___ Payment of 565 Israeli shekels.

Telephone number while staying in Israel: _____

Information about transportation:

Reimbursement for taxi or car service to/from the airport in the USA and Israel will be handled in New York upon the return from the visit in Israel, against original receipts.

Declaration:

I declare that I am not an Israeli citizen since _____

I declare that I am living out of Israel from year _____

Please send your request to:

Mail: Inbal Shor Gobalak, 800 2nd avenue New York, New York 10017

Fax number: 212-551-0372

Email: commemorfinny@mod.gov.il

Telephone number: 212-551-0370

Signature: _____

Date: _____