

JEWISH COMMUNITY ZAGREB ARCHIVE REQUEST FOR SEARCH

Before completing and submitting this questionnaire please carefully read the instructions:

1) Each inquiry (one person or a document regarding one person) requires an advance payment of 200,00 km according to the following instructions

Recipient: Zidovska opcina Zagreb

Palmoticeva 16 10000 Zagreb

IBAN: HR6423600001101504155.

No reference number

Payment Description: Archival Inquiry

2) For foreign transfers the price is 26,00 EUR or 28,00 US\$ according to the following

instructions

Bank:

Recipient: Zidovska ocina Zagreb

Palmoticeva 16 10000 Zagreb

IBAN: HR4923600001500260173

Swift: ZABAHR2X Zagrebacka banka d.d.

Trg bana Jelacica 10, 10000 Zagreb, Croatia

- 3) Multiple inquiry could be paid by one transfer (the total sum should equal the number of inquiries)
- 4) Payment confirmation must be attached to this search request
- 5) All data should be inscribed within the second column of this search form
- 6) If you do not know the information about the person you search for leave the box empty
- 7) The search will be carried through the JCZ Archive only
- 8) We will deliver search results by e-mail within 30 working days (from the day of payment confirmation receipt)
- 9) JCZ is closed on Saturdays, Sundays, during national and Jewish holidays and during August
- 10) We deliver document scans upon separate request only (extra charge will occur)
- 11) Some types of documents contain personal data which are subject to law restrictions regarding their collection and use
- 12) The submitter of this form authorizes JCZ to handover his/hers personal data to the person he/she is searching for, to the relatives of the person he/she is searching for or/and to Croatian State Authorities
- 13) Jewish Community Zagreb is not liable or held obligated for the completeness or accuracy of any information contained in archival search result or any damage or loss caused by its use

The Jewish Community of Zagreb, Palmotićeva St. 16, 10000 Zagreb, Croatia, Phone: 3851 4922692, Fax: 3851 4922694, e-mail: jcz@zg.t-com.hr, www.zoz.hr

Submitter	
Name and Family Name	
Address (Street and Number, Zip Code, City,	
State)	
Telephone Number	
Cell Phone Number	
E-mail	
Relationship with the Person to be Searched	
for	
Reasons for Search	
	I
Person to be Searched for	
Name and Family Name	
Other Names (Nickname or Similar)	
Sex	
Maiden Name	
Date of Death or Approximate Age at the	
Time of Death	
Date of Birth	
Place of Birth	
Citizenship	
Last Known Address	
Name and Family Name of Father	
Name and Family Name of Mother	
Maiden Name	
Any Data that Could Help the search (Last	
Known Address, Relatives, Friends, Place of	
Death)	

Place and Date _____