

Will be filled by the **Memorial Site Torgau**.

Received on: _____

Request number: _____

ERINNERUNGORT
TORGAU



STIFTUNG
SÄCHSISCHE
GEDENKSTÄTTEN

REQUEST FOR INFORMATION ABOUT A PERSON

* Required information

I am submitting this request*

- ☐ about myself
- ☐ as a relative (relationship: _____)
- ☐ for research purposes / as a member of the media
- ☐ as an authorised proxy
- ☐ as a public body

1. Applicant's details

Surname*: _____ First name*: _____

Institution/client: _____

Street, house number*: _____

Post code*: _____ Town or city*: _____

E-Mail*: _____

Telephone no.: _____

2. Information about the person on whom information is requested

Surname*: _____ First name*: _____

Date of birth: _____ Place of birth: _____

Maiden name, if applicable: _____

Last known place of residence before detention / disappearance*:

The person*

- ☐ is alive
- ☐ has died (on: _____)
- ☐ is of unclear status

Declaration of consent/ power of attorney, if applicable

- ☐ necessary
- ☐ not necessary

Further information (e.g. on persecution: date of arrest, places of detention, grounds for detention, etc.):

3. In case of request for research purposes / as a member of the media

Remarks on the higher interest according to the usage regulation, § 2 par. 1*:

Planned publication*:

- ☐ book
- ☐ online
- ☐ TV/radio/press
- ☐ exhibition
- ☐ other

Further details about the publication*:

Rules of use / privacy policy

☐ I have read the rules for using the collections of the Saxon Memorial Foundation.

☐ I hereby confirm that my information has been given in good faith.

☐ In line with Article 6, par. 1 (1a) of the General Data Protection Regulation (GDPR), I hereby explicitly consent to personal data concerning me, which is collected in connection with my enquiry about a person's fate, being processed and stored by the Saxon Memorial Foundation for the purpose of processing my enquiry. The personal data shall not be transferred to third parties for other purposes. I have the right to withdraw my consent in writing (by e-mail, fax or post) at any time with future effect. I have taken note of the Saxon Memorial Foundation privacy policy.

Place, Date

Signature

Please send the completed and signed application by **post, fax or e-mail** to:

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Telephone +49 (0)3421 7739681 | Telefax +49 (0)3421 714932

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