

# JEWISH MUSEUM OF FLORIDA DATABASE ENTRY - FLORIDA JEWISH FAMILY

**PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE ON THE NAME TO BE ENTERED:**

Living?  Yes  No if no, enter date of death \_\_\_/\_\_\_/\_\_\_ & where interred \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Florida Street Address (if living) \_\_\_\_\_  
 City \_\_\_\_\_ State **FLORIDA** Zip Code \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Moved to Florida from where? \_\_\_\_\_  
 Years lived in Florida (From - To) \_\_\_\_\_

**PERSON COMPLETING FORM:** Relationship to above person: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 e-mail address \_\_\_\_\_ **MAY WE CONTACT YOU?**  Yes  No

**ARE YOU A MEMBER of the JEWISH MUSEUM OF FLORIDA?**  Yes  No

Do you have any of the following (which could become part of our collections)?

Please check all that apply  Photos  Artifacts  Oral History  Other

If OTHER, please describe in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



***Please leave this completed card with a docent, staff member, or at the front desk. THANK YOU!***

Date of Birth  Name of Spouse   
 Place of Birth   
 **Children:** Name{s},   
 Birthdate{s}   
 & Birthplace{s}   
 Business{es} or Profession{s}   
 Education   
 This person's community involvement, special achievements, other memorable facts or events:  
  
  
  
 Additional Information regarding this person or this family:

Mother's First Name <input type="text"/>	Mother's Maiden Name <input type="text"/>	Mother's Country of Origin <input type="text"/>	
Father's Full Name <input type="text"/>		Father's Country of Origin <input type="text"/>	
Maternal Grandmother's Name <input type="text"/>		Maternal Grandmother's Country of Origin <input type="text"/>	
Maternal Grandfather's Name <input type="text"/>		Maternal Grandfather's Country of Origin <input type="text"/>	
Paternal Grandfather's Name <input type="text"/>		Paternal Grandmother's Country of Origin <input type="text"/>	
Paternal Grandmother's Name <input type="text"/>		Paternal Grandfather's Country of Origin <input type="text"/>	

PLEASE ENCLOSE A PHOTOGRAPH OF THE PERSON ENTERED, WHICH DOES NOT NEED TO BE RETURNED, AND SEND TO:  
**Jewish Museum of Florida • 301 Washington Avenue • Miami Beach, Florida • 33139-6965**

*NOTE: If sending photographs or other materials, please refer to the family name as entered. Thank you!*