



MINISTRY OF DEFENSE  
Bereaved Families,  
Commemoration and  
Heritage  
Department



STATE OF ISRAEL

|                               |  |  |  |
|-------------------------------|--|--|--|
| Israeli Representation Abroad |  | The fields marked with * are required. |  |
| Country                       |  | Date                                   |  |
| Request Forwarded by          |  | File Number                            |  |
|                               |  | Responsible Representation             |  |

To: Ministry of Defense, Bereaved Families, commemoration and Heritage Department

### Application form for commemoration visit for a bereaved family

#### Deceased's details - RIP

|                                       |                                |
|---------------------------------------|--------------------------------|
| First Name *                          | Last Name *                    |
| Deceased Ministry of Defense File No. | Date *                         |
| Manner of Death *                     |                                |
| Personal Number *                     | Cemetery Fallen is Buried in * |

#### Details of applicant

|                  |                              |   |
|------------------|------------------------------|---|
| First Name *     | Last Name *                  | Israeli ID / Passport Number <sup>1</sup> * |
| Address Abroad * | City *                       | Home Phone Number                           |
| Mobile Phone *   | Telephone Number in Israel * |   |
| Email            |                              |   |

<sup>1</sup> If there is no Israeli identity card, enter a passport number.



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Applicant's relation (mark with an X)

☐ Father / Mother    ☐ Brother / Sister    ☐ Widow / Widower    ☐ Other

**Dates of visit**

|   |                           |
|---|---------------------------|
| From Date *   | To Date (inclusive) *     |
| Expected Cost of Flight Tickets (\$US)  | Last Commemoration Date * |
| Length of residence abroad (visits are awarded to those residing abroad for at least one year). |                           |

**Applicant's accommodation (mark with an X)**

|   |                     |                  |
|---|---------------------|------------------|
| <input type="checkbox"/> Request for a hotel (6 nights half board)<br>(Hotels are provided near the faller's locations of burial)                         |                     |                  |
| City in Israel *  | Visit dates, from * | To (inclusive) * |
| <input type="checkbox"/> Payment of ILS 565 for the entire period of the stay.  |                     |                  |
| *In order to receive payments, the following details must be provided: Bank details in Israel / bank details abroad for the Israeli representative abroad |                     |                  |

**Please note**

We ask you inform us of any changes in the eligible party's bank details.  
Attention – it is the eligible party's responsibility to insure their stay in Israel.



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### Declaration of address abroad

|  |             |                     |
|--|-------------|---------------------|
| First Name *   | Last Name * | Israeli ID Number * |
| I hereby declare that I am a full-time resident of (name of foreign country of residence) as of (full date including the year) |             |                     |

Date \_\_\_\_\_

☐ I certify the signing of the document digitally

\_\_\_\_\_

Signature

(In cases the form is submitted manually)



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## Details update for orphan sibling of a deceased in Families System

I ask that you update details for an orphan sibling of a deceased in the Families System.

### Details of the deceased

|                                       |                                 |
|---------------------------------------|---------------------------------|
| Name of Deceased (first and family) * | Ministry of Defense File Number |
| Date of Death *                       | Name of Parents *               |

### Details of orphan sibling of deceased

|                  |             |   |
|------------------|-------------|---|
| First Name *     | Last Name * | Israeli ID / Passport Number <sup>2</sup> * |
| Address Abroad * | City *      | Home Phone Number                           |
| Mobile Phone *   |             | Telephone Number in Israel *                |
| Email            |             |   |

<sup>2</sup> If there is no Israeli identity card, enter a passport number.



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Eligible party not residing in Israel must fill out the form in English

|                                       |              |   |
|---------------------------------------|--------------|---|
| Last Name *                           | First Name * | Israeli ID / Passport Number <sup>3</sup> * |
| Rehabilitation File No.               | Street *     | Number *                                    |
| City *                                | Zip Code     | Country *                                   |
| State (for residents of USA/Canada) * |              | Telephone                                   |
| Email                                 |              |   |

**Financial details:**

|  |             |                |
|--|-------------|----------------|
| Name of Bank   |             | Bank Code      |
| Branch Name  | Branch Code | Account Number |
| <b>In the event the bank/branch details are in Ministry of Defense systems, they will need to be created and the following details are to be provided:</b> |             |                |
| Bank Address – Street  |             |                |
| City   |             |                |
| <b>Banks which are not Israeli and not American</b>  |             |                |
| SWIFT/BIC  |             | IBAN           |
| Payment Currency   |             | Payment Method |

<sup>3</sup> If there is no Israeli identity card, enter a passport number.



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**The following section will be completed by the ministry of defense**

**Application form for creating / updating rehabilitation / families' eligibility:**

**Requesting party**

|           |   |            |
|-----------|---|------------|
| Telephone | Name  | Department |
| Consulate | Company code<br><input type="checkbox"/> 1000 <input type="checkbox"/> 2000 |            |

**The following is to be attached to this form:**

1. Photocopy of a check and/or letter from the bank including all the financial details
2. a letter from the eligible party asking for the required change / update.