



MINISTRY OF DEFENSE
Bereaved Families,
Commemoration and
Heritage
Department



STATE OF ISRAEL

Date	
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Dear Sir/Madam,

**Re: Endorsement of Pensions and Benefits of Families and
Commemoration Department Beneficiaries**

1. The number of pensions and grants for families and commemoration department beneficiaries are determined according to the law and directives of the Department.
2. In order that we may verify the continuation of your entitlement in accordance with the law and relevant regulations, you are kindly requested to complete the details in the attached "personal details" form.
3. Upon completion of the "personal details" form, you are kindly requested to appear before and identify yourselves to an employee of the Israeli Consulate located closest to your residence, or to an employee of an official representation of the State of Israel, or to a Notary, and to sign the form in their presence, in order that your signature and identities can be verified in accordance with the identification documents/passport presented to him.
4. The completed form can be forwarded through the Official Representation closest to your residence, or it can be sent direct to its official address as stated in the Form.
5. As return of the duly certified form is a condition for continued receipt of payment of pensions and benefits, the duly signed form should be returned as soon as possible.

Thank you for your cooperation.

Yours truly,

Pensions Officer



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Dear Sir / Madam

Forwarding address (by email):

The Ministry of Defense

Bereaved Families, Commemoration and Heritage Department

Yaakov Dori Road, P.O. Box 976

Israel

Tel. No. 972-3-7776700

Date

CERTIFICATION OF PERSONAL DETAILS

Case file no. in Bereaved Families, commemoration and Heritage Department _____

First Name *	Last Name *	Israeli ID / Passport Number ¹ *
First Name *	Last Name *	Israeli ID / Passport Number ² *
Declare the personal details as recorded below:		
Street *	House Number *	Apartment Number.
City *	Country *	
PO Box	Postal Code	Tel Number
Mobile Phone *	Fax Number	
Email *		
Family Status:		
<input type="checkbox"/> parents <input type="checkbox"/> single parent <input type="checkbox"/> Married <input type="checkbox"/> Widow / Widower		

¹ If there is no Israeli identity card, enter a passport number.

² If there is no Israeli identity card, enter a passport number.



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No. of Children up to age 30	
Signature of Beneficiary	Date

Please note:

Any change in the aforementioned particulars must be notified immediately.

Details of person verifying the signature

I hereby certify that the aforementioned declaring beneficiary signed in my/our presence and that the details have been verified by the following documents		
Israeli ID / Passport number	State	city
Name in full	Position	Israeli Company/Organization

Date _____

☐ I certify the signing of the document digitally

Signature of Certifying Official

(In cases the form is submitted manually)

משרד הביטחון, אגף משפחות, הנצחה ומורשת

www.mishpahot-hantzaha.mod.gov.il | מרכז שרות טלפוני: 03-7776700