

REQUEST FOR GRAVE SEARCH

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APPLICANT:

SURNAME:	FIRST NAME:
POSTCODE/CITY:	ADDRESS:
RELATIONSHIP TO DEAD SOLDIER:	

DEAD SOLDIER: (PLEASE USE BLOCKLETTERS OR TYPESCRIPT)

SURNAME:	FIRST NAME:
DATE OF BIRTH/BIRTHPLACE:	SERVICE GRADE:
DATE OF DEATH/PLACE OF DEATH:	MISSING SINCE/ REGION:
BURIAL PLACE/ LOCATION OF CEMETARY:	SINGLE GRAVE/ COMMON FIELD GRAVE:
WHO ISSUED THE NOTICE OF LOSS?	LAST TROOP UNIT ARMY/ POSTAL SERVICE NUMBER:
WHEN DID THE SOLDIER GO TO WAR (YEAR AND MONTH AND WHICH TROOP UNIT HE HAD TO JOIN)?	
WHICH ADDITIONAL TROOP UNITS AND ARMY POSTAL SERVICE NUMBERS DID THE SOLDIER BELONG TO?	
INSCRIPTION ON IDENTIFICATION TAG:	REQUESTED INFORMATION:

THE ÖSK (AUSTRIAN BLACK CROSS) CONDUCTS INVESTIGATIONS AND GRAVE SEARCHES AS PART OF THE WORK ON THE WAR GRAVES. ALL INFORMATION RECEIVED IS PASSED ON WITHOUT ANY CHARGES: THE ÖSK DOES NOT RECEIVE PUBLIC FOUNDING AND IS COVERING ALL EXPENSES THROUGH VOLUNTARY DONATIONS AND MEMBERSHIP FEES. WE WOULD BE PLEASED TO WELCOME YOU AS A MEMBER. THE MINIMUM MEMBERSHIP FEE IS € 15,- (THE DELIVERY OF OUR JOURNAL IS INCLUDED IN THE FEE)

I WANT TO SUPPORT THE WORK OF THE AUSTRIAN BLACK CROSS AS A MEMBER WITH AN ANNUAL FEE OF _____

CITY, DATE: _____ SIGNATURE: _____