

CONSULATE GENERAL  
OF ISRAEL IN NEW YORK



הקונסוליה הכללית של  
ישראל בניו-יורק

**Application for Tracing**

1. Please **print** the information requested below.
2. A separate application is required for each person sought.
3. The consular fee is \$4.00 in cash or money order.
4. Please include a self-addressed envelope.

A. **Person Sought:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Known Address in Israel: \_\_\_\_\_

Remarks: \_\_\_\_\_

B. **Applicant:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_