**Questionnaire for obtaining a Memory Diploma**

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| Questions in case the person you motion for was an **employee** of Vilnius University | | Questions in case the person you motion for was a **student** at Vilnius University | |
| I. | *Questions about the person you motion for* | I. | *Questions about the person you motion for* |
| **1.** | Name (please provide all possible / known / used forms of the name, if relevant, the information on changing the name, and the time of the action) | **1.** | Name (please provide all possible / known / used forms of the name, if relevant, the information on changing the name, and the time of the action) |
|  |  |
| **2.** | **Patronymic** (please provide all possible / known / used forms of the surname) | **2.** | **Patronymic** (please provide all possible / known / used forms of the surname) |
|  |  |
| **3.** | **Surname** (please provide all possible / known / used forms of the name, if relevant, the information on changing the surname, and the time of the action) | **3.** | **Surname** (please provide all possible / known / used forms of the name, if relevant, the information on changing the surname, and the time of the action) |
|  |  |
| **4.** | **Date and place of birth** | **4.** | **Date and place of birth** |
|  |  |
| **5.** | **Faculty** at which the person was working | **5.** | **Date of entering Vilnius University** |
|  |  |
| **6.** | **Position** from which the person was dismissed, and/or any academic degrees held | **6.** | **Faculty** at which the person was studying |
|  |  |
| **7.** | **Possible place and date the person was killed** | **7.** | **Possible place and date the person was killed** |
|  |  |
| **8.** | **Other relevant information** | **8.** | **Other relevant information** |
|  |  |
| **9.** | **Scanned copies of the documents relevant for the study** | **9.** | **Scanned copies of the documents relevant for the study** |
|  |  |
| II. | *Data of the person / organisation submitting the inquiry* | II. | *Data of the person / organisation submitting the inquiry* |
| **1.** | **Name and surname / name of the organisation** | **1.** | **Name and surname / name of the organisation** |
|  |  |
| **2.** | **Residence / business / registration place** (city, state) | **2.** | **Residence / business / registration place** (city, state) |
|  |  |
| **3.** | **Family or other relationship with the person motioned** | **3.** | **Family or other relationship with the person motioned** |
|  |  |
| **4.** | **E-mail address:** | **4.** | **E-mail address:** |
|  |  |
| **5.** | **Telephone with the State code** | **5.** | **Telephone with the State code** |
|  |  |
| **6.** | **Questionnaire completion date and place** | **6.** | **Questionnaire completion date and place** |
|  |  |