



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 ¹ *
Address Abroad *	City *	Home Phone Number
Mobile Phone *	Telephone Number in Israel *	
Email		

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

משרד הביטחון, אגף משפחות, הנצחה ומורשת

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



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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) (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 ² *
Address Abroad *	City *	Home Phone Number
Mobile Phone *	Telephone Number in Israel *	
Email		

² 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 ³ *
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
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:		
Bank Address – Street		
City		
Banks which are not Israeli and not American		
SWIFT/BIC		IBAN
Payment Currency		Payment Method

³ 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 <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.

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