

SUBMIT A NAME FORM

Our Objective is to humanize conflict related losses in South Sudan since 1955 by documenting and publishing and remembering the names of killed and missing men, women and children, and to provide space for healing.

Please fill in as much information as you can to assist in the verification process. **Name, Age, Sex, Nationality and Date and Location** will be the only information made public.

Please tick the appropriate answer and fill in the required boxes.

Category*		
□ December 2013 to date□ May 1983 - December 2004□ August 1955 - February 1972	☐ January 2005 - November 2013☐ March 1972 - April 1983	
Name of deceased or missing pers	son*	
	(At least three names)	
Is the person deceased or missing	? *	
Deceased	Missing	
If Deceased, Did you witness death or the body of the deceased		
Yes	☐ No	
Sex of the deceased or missing person*		
☐ Male	Female	

Age of deceased or missing person(
Marital status of deceased or missin Single Widow	ng person Married Separated	
Nationality of deceased or missing person*		
South Sudanese	Others	
If Others, Specify		
If South Sudanese, Specify place of origin of deceased or missing person.		
Jonglei Lakes Upper Nile Warrap	Equatoria Western Equatoria Unity	
Western Bahr el Ghazal	Northern Bahr el Ghazal	
	(County)	
	(Village)	
Type of work of deceased or missing person*		
Manager/Official Housewing Professional Chief Technician Child Armed force Civilian Student Unemplot Clerical and Support worker Agriculture, Forestry and Fishery Wo	Machine Operator Religious Worker Craft & Trade worker yed Laborer and Domestic worker	
Date of death/date last seen for the missing person*		
(mm/dd/yyyy)		

Location where death occurred or last seen*		
☐ Central Equatoria ☐ Eastern Equatoria ☐ Western Equatoria ☐ Jonglei ☐ Lakes ☐ Unity ☐ Upper Nile ☐ Warrap		
☐ Western Bahr el Ghazal☐ Northern Bahr el Ghazal		
(Town/Village)		
Cause of death or disappearance*		
☐ Gunshot ☐ Burnt ☐ Drown in River ☐ Hunger ☐ Tortured to death ☐ Slaughtered by knife or machete ☐ Disappearance ☐ Abduction ☐ Sickness Others		
If Others, Specify		
Provide any additional information.		
Provide information about others who might have additional information about the death or disappearance		
(Full Names)		
(Telephone)		
(Email)		
Contributor's information		
(Full Names)*		
(Telephone)*		
(Email)		
Relationship to deceased or missing person*		

Attach clear Image/Photo of deceased or missing person
Please initial to confirm that the statement provided above is true and accurate to the best of your knowledge*

"Thanks for your cooperation and in providing this information"

Send the e-copy of this information to info@rememberingoneswelost.org

Visit <u>www.rememberingoneswelost.org</u> for published names of deceased or missing persons.