



SUBJECT BIOGRAPHY FORM

(PLEASE PRINT)

PLEASE HELP US COLLECT AND PRESERVE THE STORIES OF JEWISH MICHIGAN WOMEN WHO HELPED TO BUILD AND SHAPE OUR COMMUNITIES. THESE NAMES AND THEIR STORIES WILL BE COLLECTED AND ARCHIVED BY THE JEWISH HISTORICAL SOCIETY OF MICHIGAN. FEEL FREE TO TYPE RESPONSES ON SEPARATE SHEETS AND ATTACH.

I. GENERAL BIOGRAPHICAL INFORMATION

The subject's full name:

First name Middle Original family name Married name(s)

Date of birth Place of Birth

Date of death Place of Death Place of internment

Husband/partner's name (first, middle, last):

Date of birth: _____ Date of death: _____

Place of birth (town, state, country): _____

Occupation: _____

Husband/partner's Parents: _____

Husband/partner's Siblings (first name, married name): _____

Wedding date and location: _____

Other husband/partner's name, if remarried: _____

Was the Subject an immigrant to this country? _____ yes _____ no If yes, please answer:

From what country did she immigrate to the U.S.: _____

When did she arrive in the U.S.: _____

To what city/area: _____

When did she come to Michigan and where did she settle: _____

Education and degrees (school, location, dates, course of study)

1. _____
2. _____
3. _____
4. _____

Children (name, DOB, DOD, Occupation):

1. _____
2. _____
3. _____
4. _____

Siblings (name, DOB, DOD, Occupation):

1. _____
2. _____
3. _____
4. _____

II. FAMILY OF ORIGIN (BACKGROUND AND INFORMATION)

Mother's name (first, middle, last, maiden) _____

Date of birth: _____ Date of death: _____

Place of birth (town, state, country): _____

Occupation: _____

Mother's Parents: _____

Mother's Siblings (first name, married name): _____

Father's name (first, middle, last) _____

Date of birth: _____ Date of death: _____

Place of birth (town, state, country): _____

Occupation: _____

Father's Parents: _____

Father's siblings (first name, married name): _____

III. CAREER/WORK EXPERIENCE OF SUBJECT (positions in both professional and communal career):

List occupations for which the subject received training:

Positions – paid (job title, employer, dates)

1. _____
2. _____
3. _____
4. _____

Positions – volunteer (civic, community, religious, political). List the Organization, the type of work and any associated titles, and dates.

1. _____
2. _____
3. _____
4. _____

IV. OPPORTUNITIES AND OBSTACLES: In the following section, you will have a chance to share the story of this Michigan Woman Who Made a Difference. In this section, please provide a brief description of the major obstacles this woman overcame, opportunities she created, or the advancements she made in her field/vocation.

VII. INFORMATION SUPPLIED BY

_____	_____	_____
First name	Last name	contact phone number
_____		_____
Address, City, State		Place of Birth
_____	_____	
Email address	Connection/relationship to Biographical subject	

Source(s) of information in this form		

Source(s) of any accompanying materials		

Other person who could be contacted for more information (with contact email or phone)		

Other name(s) who could be contacted for more information (with contact email or phone)		

VIII. RELEASE OF INFORMATION

1. I, _____, acknowledge that I have completed this form for the Jewish Historical Society of Michigan's Michigan Women Who Made a Difference archive project and that to the best of my knowledge after completing any research I deemed appropriate, all of the information is accurate.
2. I hereby grant and assign to the Jewish Historical Society of Michigan all rights, title, and interests, including copyright, of whatever kind in and to this completed form.
3. I understand that the information in this form and any accompanying materials, including photographs, may be used by the Jewish Historical Society of Michigan in any manner that it deems appropriate, subject to any restrictions listed below. Such use may include, but is not limited to, publication in all media (print, graphic, film, and electronic media including websites) currently in existence or yet to be developed in the future.
4. Any limitations that I wish to place on the use of the information in this form and any accompanying materials, including photographs, are listed below:

Signature of individual completing this form: _____ Date: _____

**PLEASE RETURN THIS FORM TO THE JEWISH HISTORICAL SOCIETY OF MICHIGAN.
6600 WEST MAPLE RD., WEST BLOOMFIELD MI 48322
YOU MAY ALSO EMAIL THIS TO INFO@MICHJEWISHHISTORY.ORG
FOR MORE INFORMATION, PLEASE CALL 248-432-5517**