



**For internal use**

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

Notes: \_\_\_\_\_

[www.ArchivoCuba.org](http://www.ArchivoCuba.org)

**HELP OUR DOCUMENTATION EFFORT!**

Please print this form and provide as much information as possible. Send it even if the victim is already included in our list. If necessary, contact other relatives or friends who may help with the information. Fill out only the information you are certain about and attach photos, copies of documents (such as birth and death certificates, court documents, news articles, etc.). Please send the form and materials to: **Free Society Project, Inc., P.O. Box 612224, North Miami, FL 33261**. If you have questions, call 973-701-0520 or e-mail [info@CubaArchive.org](mailto:info@CubaArchive.org). Also see [www.CubaArchive.org](http://www.CubaArchive.org). Thanks!

**I. INFORMATION ON THE VICTIM**

Name (First and middle): \_\_\_\_\_ Surname: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Race \_\_\_\_\_

Age at death or disappearance: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Country of citizenship or dual citizenships: \_\_\_\_\_

Place of birth: City \_\_\_\_\_ State/District \_\_\_\_\_ Country \_\_\_\_\_

Occupation: \_\_\_\_\_

Address of last residence: \_\_\_\_\_

Outstanding physical traits, tatoos, etc.: \_\_\_\_\_

Affiliations (labor unions, political or religious groups, etc.): \_\_\_\_\_

Close survivors: Name and age of spouse at time of victim's death: \_\_\_\_\_ Names and ages of children: \_\_\_\_\_

Other close survivors and their relationship: \_\_\_\_\_

**II. INFORMATION ON THE DEATH OR DISAPPEARANCE**

Date: \_\_\_\_\_ Place: City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Cause of death or disappearance: \_\_\_\_\_

Date of arrest or length of time in detention before death (if applicable) \_\_\_\_\_

Name and location of prison/police station \_\_\_\_\_

Who made the arrest (name and institution) \_\_\_\_\_

Reasons given for the arrest \_\_\_\_\_

If the victim was tortured or beaten while detained, describe \_\_\_\_\_

If the death or disappearance was in combat, rank / location of unit, if applicable \_\_\_\_\_

If death or disappearance was in an exit attempt: If by sea, type of vessel: \_\_\_\_\_

Date of attempted exit: \_\_\_\_\_ Location and direction upon leaving: \_\_\_\_\_

In company of (how many and names if possible, indicate if they perished/disappeared or survived): \_\_\_\_\_

Was a trial held? \_\_\_ Yes \_\_\_ No (Type of trial: \_\_\_summary\_\_\_ normal / Docket No. \_\_\_\_\_)

Location of trial: \_\_\_\_\_ Name of Prosecutor and/or judge: \_\_\_\_\_

p. 2 Name of the victim \_\_\_\_\_

Was a defense allowed? \_\_\_No \_\_\_Yes (Name(s) of legal defense: \_\_\_\_\_)

Was evidence presented? If so, indicate what \_\_\_\_\_

Sentence \_\_\_\_\_ Was there an appeal? \_\_\_No \_\_\_Yes (Date: \_\_\_\_\_)

**Who was responsible for the death or disappearance?** \_\_\_\_\_

**Was the body recovered?** \_\_\_ Yes \_\_\_ No If so, location: \_\_\_\_\_ Date: \_\_\_\_\_

Condition of the body (injuries, bruises, etc: \_\_\_\_\_)

**If an autopsy was conducted, indicate results:** \_\_\_\_\_

**¿Was a death certificate provided to the family?** \_\_\_ Yes \_\_\_ No If yes, indicate cause of death listed and if this was inaccurate, how so:

**Witnesses to the events** (names / relationship with the victim/ etc.) \_\_\_\_\_

\* Please indicate if any witness information confidential their protection \_\_\_ Yes \_\_\_ No (Detail: \_\_\_\_\_)

**Perpetrators or individuals responsible or implicated** (name, rank, etc.) \_\_\_\_\_ ++ \_\_\_\_\_

If you know of any sources with reports on this case, indicate and attach when possible (books, news articles, human rights reports, etc.)

**List documents / photos attached:** \_\_\_\_\_

**IMPORTANT:** Attach additional pages and tell us what happened in as much detail as possible, including reasons you believe led to the persecution or killing. Tell us about your loved one, how was he/she, and what values or principles did he/she uphold that led to the death or disappearance. Add any other details or impressions you would like to share with us. Also tell us how this loss affected you and/or your family. Attach as many additional pages as needed.

***Information on yourself (person filling out this form)***

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relation to the victim: \_\_\_\_\_

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

Home tel.: \_\_\_\_\_ Office tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Please indicate if you authorize us to disclose your name and this testimony as a source of information on this case: \_\_\_ Yes \_\_\_ No