

Remembering the Ones We Lost in South Sudan: Testimonial Forms

The aim of the South Sudan Naming Project is to generate a collective and permanent public memorial to honor and remember those who have lost their lives in the course of South Sudan's past and current conflict starting from the first liberation war in 1955 to date.

The project records the names of those who have died, missing or presumed dead. Please fill in as much information as you can to assist in the verification process. **Name, age, sex, age, nationality and date and location killed or last seen** will be the only information made public.

Biographical Information on Deceased or Missing Person

1. Name of deceased or missing person:

First Name _____ Second Name _____ Third Name _____ Fourth Name _____

2. Is this person deceased or missing: Deceased [] Missing []

3. Did you witness the death or the body of the deceased if dead: Yes [] No []

4. Sex of deceased or missing person: Male [] Female []

5. Age of deceased or missing person: _____ Years/or _____ Months for infants

6. Marital Status of deceased or missing person:

Single [] Married [] Widow [] Separated []

7. Place of origin of deceased or missing person:

State _____ County _____ Payam/Village _____

8. Nationality of deceased or missing person:

South Sudanese [] Other nationality specify _____

9. Type of work of deceased or missing person: Civilian [] Military or other organized force []

10. If military, were they killed in active combat or other circumstances:

Active Combat [] Other circumstance [] (*If in other circumstances, please explain below*)

11. Date of death/date last seen (*Day, Month, Year*): ____/____/____

12. Location where death occurred or when last seen:

State _____ County _____ Residential Area/Payam/Village _____

13. Cause of death or cause of disappearance:

Gunshot [] Hunger [] Drown in River [] Others (*Mention*) _____

14. Provide any additional information _____

15. Please provide information about others who might have additional information about this killing or disappearance: Name _____ Telephone _____ Email _____

16. Please initial that the statement provided above is true and accurate to the best of your knowledge: _____

17. Informer name (*At least Three Names*): _____

18. Informer contact: Email: _____ Phone: _____

19. Relationship to deceased and missing person: _____

Thank you for your cooperation and in providing this information