I/1278/46.

TA. Office.

FREIWILLIG, Stefania

TDS/356/46.

M/1854/46

I/1278/46

(1) Application by A. Freiwillig for the admission of his wife in D' [illegible] 26/2/46

(2) M. 107 [illegible] 26/2/46

(3) Marriage cert. will follow [illegible] 26/2/46

(4) To produce evidence of marriage [illegible] 22.3.46

(5) I [illegible] Pl. call [illegible] 25.3.46.

(6) Form M. 52 sent on 7/4/46 Initials [illegible]

(7) B.F. on 15.4.46. [illegible]

31.3.46.

(8) Letter from [illegible] dated 25/3/46. [illegible]

(9) A.C.M.

Ref. (4) – The applicant produced his marriage cert. No 7222/44 issued by officer at G.H.Q 2nd Echelon C.M.F. dt. 12. 3. 46. (Married on 6.12.45) which was returned to him after perusal.

Submitted, pl.

5.4.46.

(10) [illegible]

Appd. on person. wife.

7. 4. 46.

(11) T. C. No 137773 to Rome

25/4/46

(12) Quota noted.

T.A.

(13) A.C.M. [illegible] 29. 4. 46

1/5/46

file returned
[illegible] 4/5/46

I/1278/46

(14) M/15 sent to offic i/c B.E. Rome, dd. 30.12.46

(15) MK1 sent to A. Freiwilligc H. 30.12.

27/5

(16) form of notifying of married encl.

27/5

(17) T

Rl. dispose of (16)

27/5

(18) M/39 with encl sent to A. Freiwillig, d 27/5/46.

(19) Saad. 26.5.46

4560

TRANSIT REGISTERED
12 DEC. 1946
R-185

13.

TRANSIT RECORDED
6 JAN. 1947

GOVERNMENT OF PALESTINE **DEPARTMENT OF MIGRATION**

Ref. No.

Sir,

I have the honour to inform you that

to whom

you granted visa No. has been granted permission

to remain permanently in Palestine.

2. I have no objection to your releasing any

guarantee furnished to you on the grant of the visa.

I have the honour to be,

Sir,

your obedient servant.

Commissioner for Migration and Statistics,
Acting Director, Department of Immigration.

His Majesty's

M. 146

GPP. 1202—6000—5-7-36

GOVERNMENT OF PALESTINE

(18)

DEPARTMENT OF MIGRATION

Tel-Aviv IMMIGRATION OFFICE

27 May, 1946

I/1278/46

With the compliments of

the Assistant Commissioner for Migration

Enc.-1 Form of Notifying a marriage for registration in army.

M. 3. 1. G.P.I. 24095—7.000—5.12.45

Mr. Alexander FREIWILLIG.

AA

GOVERNMENT OF PALESTINE.

(15

DEPARTMENT OF MIGRATION

Jerusalem.

IMMIGRATION OFFICE

30 April, 1946.

Reference No. I/1278/46.

The ~~Assistant~~ Commissioner for Migration and Statistics, presents his compliments to Mr. Alexander FREIWILLIG

and has the honour to state that an immigration certificate has been issued in favour of Mrs. Stefanie FREIWILLIG

and transmitted to the Officer i/c Visa Section, British Embassy, Rome.

GOVERNMENT OF PALESTINE

M. 71

GPP. 24007—9000—21-11-45

GOVERNMENT OF PALESTINE

(14)

DEPARTMENT OF MIGRATION
JERUSALEM

Reference No. I/1278/46.

30 April, 1946.

Office.

The Commissioner for Migration and Statistics, Jerusalem, transmits herewith in duplicate immigration certificates for issue to the persons named therein.

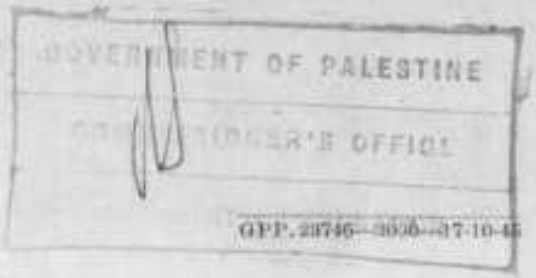
He requests that visas be granted to the holders of the originals of these certificates provided that the particulars given regarding them are correct, the terms of the category are complied with and there is no political or medical objection to their admission in Palestine.

He requests further that the numbers of the certificates be noted on the visas granted.

In the absence of a national passport, a visa may be granted on a Nansen passport or a similar document.

The Officer i/c Visa Section,
British Embassy,
Rome.

M.15.



Reference No. L/1278/46

Serial No. 131773

Category D

GOVERNMENT OF PALESTINE.

Immigration Certificate.

To Mr. Alexander Freiwillig,

I am directed by the High Commissioner for Palestine to refer to your application of 25.2.46 and to inform you that the person(s) full particulars of whom appear below has/have been approved as (an) immigrant(s) into Palestine. He/She/They should apply for a visa for Palestine not later than 24th August, 1946, at the office of The Officer i/c Visa Section, British Embassy, Rome, taking with him/her/them in addition to this certificate his/her/their passport and any other document proving his/her/their identity and suitability as (an) immigrant(s) for Palestine.

This certificate must be retained by the immigrant(s) named below until arrival in Palestine where it must be produced and surrendered to the Palestine Immigration authorities at the port of arrival or frontier control.

This certificate remains valid only until 31st August, 1946, after which date the holder(s) will not be admitted to Palestine.

I am,

your obedient servant,

Jerusalem, 26th April, 1946.

Director, Department of Immmigration.

Particulars of approved immigrant

Name	Age	Sex	Occupation	Address
Stefania FREIWILLIG maiden name GROSSMAN	25	F	-	c/o Mazzoni 9 Via Degli Orbi Bologna, Italy.

1) In case where this form is presented in blank for completion by H.M.'s Consul or Passport Control Officer or Palestine Immigration Officers only the names of the immgrant's wife and children under 18 years of age may be entered here.

(1) Particulars of persons accompanying

c/o Married Quarters 333 RASC(Pal)GT CMP

Name	Age	Sex	Relationship
N	I	L	

Warning is hereby given that, notwithstanding medical examination by the Government of Palestine, a certificate from a qualified medical practitioner will be required at the Palestine Frontier or Port Control in respect of each person named in this certificate to the effect that he or she is not suffering from any of the mental or physical diseases referred to in Section 5 and Regulation 12 of the Immigration Ordinance.

P. T. O.

I & T/40 B.

GPP.6802—10000—30-10-38 883/8.

ממשלת פלשתינה (א"י).

תעודת עליה.

לכ' .....

.....

בקשר עם בקשתך מ ..... נצטויתי ע"י הנציב העליון לפלשתינה (א"י) להודיעך כי האדם (בני האדם) שעל אודותיו (אודותיהם) נתונים הפרטים במלואם מעבר לדף אושר (אושרו) בתור עולה (עולים) לפלשתינה (א"י). עליו (עליהם) להגיש בקשה לויזה לפלשתינה (א"י) לא יאוחר מ ..... במשרדו של .....

.....

ולהביא נוסף על תעודה זו את הפספורט שלו (שלהם) וכל תעודה אחרת המוכיחה את זהותו (זהותם) וכי הוא (הם) ראוי (ראויים) להתקבל בתור עולה (עולים) לפלשתינה (א"י).

על העולה (העולים) הנקוב (הנקובים) מעבר לדף לשמור תעודה זו עד הגיעו (הגיעם) לפלשתינה (א"י) שאז עליו (עליהם) להראותה ולמסרה לשלטונות העליה של פלשתינה (א"י) בחוף או בגבול הכניסה.

תעודה זו נשארת בתקפה עד .....
ואחרי תאריך זה לא יורשה (יורשו) בעל (בעלי) התעודה להכנס לפלשתינה (א"י).

בכבוד רב,

ירושלים ..... מנהל מחלקת העליה.

מזהירים בזה כי נוסף לבדיקה הרפואית ע"י ממשלת פלשתינה (א"י), תידרש בתחנת הבקרת על הגבול או בחוף של פלשתינה (א"י) תעודת מרופא מוסך המאשרת שמום אדם הנכלל בתעודת עליה זו אינו(ה) נגוע(ה) באחת ממחלות הרות או הנוף הנזכרות בסעיף 5 ובתקנה 12 של פקודת העליה, 1933.

---

(2) To be filled in by His Majesty's Consul or Passport Control Officer.

(2) Visa No. ..... dated .....

CONSULAR SEAL.

P/1382 Sgt. FREIWILLIG Alexander
c/o Dr. GROSSMANN
55 Balfour St.
TEL AVIV

DEPARTMENT OF MIGRATION
27 MAR 1946

(8)

Immigration Department
TEL AVIV

With reference to my application for a certificate for my wife, Mrs Stefania FREIWILLIG (your ref I/1278/46) I beg to inform of the change of address of my wife, which is now:

Mrs. Stefania Freiwillig
c/o Married Quarters
650 Coy RASC (PAL) GT ✓
CMF.

25. 3. 46

A. Freiwillig Sgt.

I/1278/46 (2)

REPORT BY APPLICATION CLERK ON APPLICATION IN CATEGORY D.

1. Evidence of local applicant's relationship to prospective immigrant.

2. Evidence of the age of the prospective immigrant.

NIL

3. Evidence of the death or divorce of the prospective immigrant's husband or parents (in the case of a widow, divorced woman or orphan).

/

4. Additional evidence of the local applicant's income.

/

5. Evidence of the dependency of the prospective immigrant on the local applicant.

No remittances

6. Previous applications, if any, for the admission of the prospective immigrant in category D by the local applicant or by any one else to his or her knowledge.

NIL

GPP. 3927 —12000— 19.5.37

7. The present occupation of the prospective immigrant.

8. The proposed occupation of the prospective immigrant, if admitted.

9. Name and ages of all children under eighteen years of age of the prospective immigrant not included in the present application.

10. Other persons dependent on the local applicant.

11. Other remarks.

The applicant who is a serving member of H.M.F. states that he was married in Italy.

[redacted]

26/2/46

If this form is filled in in Hebrew the applicant is requested to insert an English translation to avoid delay.

GOVERNMENT OF PALESTINE

DEPARTMENT OF MIGRATION

I/1278/46

1908

APPLICATION BY RESIDENT FOR PERMISSION TO BRING DEPENDANT INTO PALESTINE AS IMMIGRANT OF CATEGORY D.

(a) Full name in block letters (surname last).

(b) Address in full.

I, (a) ALEXANDER FREIWILLIG (Tel/1362)

of (b) 55 BALFOUR ST. TEL AVIV

Palestine hereby apply for permission to bring into Palestine the following perosns who are dependent upon me:—

NO TRACE ON SPECIAL LIST
Initials 1 MAR. 1946

Name (add maiden name in case of married, widowed or divorced women)	Age	Sex	Condition (single, married, widowed or divorced)	Relationship	Address
STEFANIA FREIWILLIG (née GROSSMAN)	25	female	married	wife	c/o MAZZONI 9 via degli ORBI BOLOGNA (ITALY)

and hereby undertake to maintain them, if they are permitted to enter Palestine, for so long as they remain in Palestine.

The following other persons are dependent upon me:—

(c) If there are no other dependants, insert "None"

Name (c)	Age	Sex	Relationship
NONE			

My profession or occupation is soldier

(d) If income derived from more than one source give details.

(d) My annual income is not less then L.P. H M F

(e) Delete if inapplicable.

(e) The name of my employer is

Date 25 Feb 46

Signature Freiwillig Alex

I. & T. 43 B.

GPP. 6507—5000—16-9-38-860/8.

B. TO BE FILLED IN BY TWO RESPONSIBLE PERSONS.

We hereby certify that (a) 2/1382 Sjt. A FREIWILLIG of (b) 55 Balfour St. TEL AVIV Palestine, is well known to us and that he possesses a yearly income of not less than L.P. ..... and that he is in a position to support the persons described above who are dependent upon him, and whose ages and relationship to him are to our knowledge correctly stated.

רופא שנים
יוסף גרוסמן
55 רח' בלפור תל אביב
DENTAL SURGEON
Dr. JOSEF GROSSMANN
Tel Aviv, 55, Balfour Str

Signature Dr Josef Grossmann — Signature Dr Matiasz Gans
Date 26th Feb. 1946 — Date 26 Feb 46
Address 55. Balfour St. Tel-Aviv. — Address 37 BEN YEHUDA ST. TEL AVIV

C. TO BE FILLED IN BY EMPLOYER.

(e) Delete if inapplicable.

(e) I hereby certify that (a) ..... has received from me wages at the rate of SOLDIER since .....

Date ..... Signature .....

D. TO BE FILLED IN BY OFFICER ACCEPTING THE APPLICATION.

(f) Delete part inapplicable.

(f) The applicant was settled in Palestine previous to September, 1920.
The registration number as an immigrant of the applicant is .....
The applicant holds Certificate of Palestine Citizenship No. .....
Palestine Passport No. .....

Remarks (Particulars of certificate produced, enclosures, etc.)

Applicant is a serving member of H.M.F.
Enlisted at Sarafand on 12/5/41
Service No PAL/1382.
Holds Soldiers Book dt. 21/5/41
Has applied to day for his legalization under TDS/356/46

Reg. Ser. No. TA/538/46 CDS of 14.3.46. - File TDS/356/46

15.3.46

ב. סעיף זה ימולא ע"י שני בני אדם אחראיים.

הרינו מעידים בזה ש (א) ..... מ (ב) .....
פלשתינה (א"י) ידוע לנו היטב וכי יש לו הכנסה שנתית לא פחות מ ..... לא"י וכי יש לאל ידו לתמוך בבני אדם המתוארים לעיל התלויים בו שההודעות על גילם וקרבתם המשפחתית אל המבקש לפי ידיעתנו הן נכונות.

החתימה ..... החתימה .....

התאריך ..... התאריך .....

הכתובת ..... הכתובת .....

ג. סעיף זה ימולא ע"י נותן העבודה.

(ה) הריני מעיד בזה כי (א) ..... מקבל ממני שכר עבודה בסך ..... (ה) מחוק את אשר אינו מתאים.

של ..... מיום .....

החתימה ..... התאריך .....

Reg. Ser. No. TA/538/46 Copy of 14.3.46. - File TA3/356/46

15.3.46.

15.3.46

אם המבקש ממלא את הטופס הזה בעברית, הוא מתבקש לתרגמו לאנגלית בכדי לפטוע בער עכוב.

ממשלת פלשתינה (א"י)

מחלקת העליה וההגירה

בקשה מתושב לרשות להביא לפלשתינה (א"י) אדם התלוי בו, בתור עולה מסוג ד.

אני, (א) .....

(א) השם במלואו באותיות גדולות (שם המשפחה באחרונה).

מ (ב) .....

(ב) הכתובת במלואה.

פלשתינה (א"י) מבקש בזה רשות להביא לפלשתינה (א"י) את האנשים דלקמן התלויים בי:—

השם (א) (להוסיף את שם האשה לפני נשואיה אם האשה היא נשואה, אלמנה או גרושה)	הגיל	המין	המצב המשפחתי (רווק-פנויה, נשוי-נשואה, אלמן-אלמנה, גרוש-גרושה)	הקרבה המשפחתית	הכתובת

הריני נוטל עלי בזה לכלכלם, אם יורשו להכנס לפלשתינה (א"י) כל זמן שהותם בפלשתינה (א"י).

גם האנשים דלקמן תלויים בי:—

השם (ג)	הגיל	המין	הקרבה המשפחתית

(ג) אם אין תלויים אחרים, על המבקש להודיע על זה.

מקצועי או משלוח ידי הוא .....

.....

(ד) הכנסתי השנתית היא לא פחות מ .....

(ד) אם הנך מקבל הכנסה מיותר ממקור אחד, פטור פרטים.

.....

.....

.....

(ה) שם נותן העבודה שלי .....

(ה) מחק את אשר אינו מתאים.

.....

התאריך ..... החתימה .....

I. & T 43 B.