

Civil Liberties Act of 1988
 Voluntary Information Form

Your support is needed to locate persons of Japanese ancestry who were confined, held in custody, relocated, or otherwise deprived of liberty or property during World War II. The submission of information is entirely voluntary. However, any of the information below will be of assistance in locating those individuals who may be eligible to receive compensation under the Civil Liberties Act of 1988. If you cannot fully answer all of the questions, partial information is also helpful. Failure to use this form will in no way impact any claim under this program. Form use is merely to standardize data.

IMPORTANT: You may complete this form if you believe yourself to be eligible for payment under the Act or you may complete this form to help locate another individual who may be eligible to receive payment.

SECTION A - CURRENT DATA ON POTENTIALLY ELIGIBLE INDIVIDUAL

1. Full name (last, first, middle)		2. Maiden name		3. Other names used	
4. Street address		City		State	Zip Code
5. Home telephone ()		6. Office telephone ()			
7. Date of birth		8. Place of birth		9. Sex	10. Social Security No.
11. Of Japanese ancestry? Yes ___ Other:					
12. Citizenship Natural born U.S. citizen ___ Naturalized U.S. citizen ___ Date of naturalization: Other:					
13. Alien Registration Number, if any:					

SECTION B - HISTORICAL INFORMATION REGARDING INTERNMENT, RELOCATION, OR DETENTION OF POTENTIALLY ELIGIBLE INDIVIDUAL. Complete as much as you remember. Partial information is helpful.

1. Last permanent address prior to evacuation:					
Street address		City		State	Zip Code
2. Names of assembly centers, relocation centers, camps, or other places of relocation or detention:					
3. Family number		4. Name of head of family group		5. Relationship to head of family group	
6. Names of parents					
Mother		Now living? Yes ___ No ___		Date/place of death	
Father		Now living? Yes ___ No ___		Date/place of death	
8. If individual was a voluntary evacuee, approximate date of evacuation and place of resettlement:					

SECTION C - INFORMATION REGARDING SURVIVOR BENEFITS

If an eligible individual dies after the enactment of the Civil Liberties Act (August 10, 1988), but before receiving payment, a surviving spouse, children, or parents may be eligible to receive payment. To ensure that accurate survivor information is on file, please provide the following:

1. Current spouse Name	Date of Marriage	Address		
2. Living children (include all natural children, adopted children, and step children who lived with you in a parent-child relationship)				
Name		Address		
3. Living parents (include parents by adoption)				
Name		Address		

SECTION D - To be completed by person filing this form (Complete this section only if you are providing information on someone else. If you are completing this form on your own behalf, please go on to Section E)

1. Your full name (last, first, middle)				
2. Your relationship to potentially eligible individual identified above (i.e. self, spouse, friend, son, daughter, etc.):				
3. Street address	City	State	Zip Code	Country
4. Home telephone ()			Office telephone ()	

SECTION E

Signature	Date
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Because the Department of Justice may make use of this information, as detailed below, a Privacy Act Statement has been included.

The authority for this information is contained in 50 U.S.C.App. 1989b. The information that you provide will be used principally for locating and identifying persons eligible for payment under the restitution provisions of the Civil Liberties Act. Additional disclosures of the information may be: to a Federal, State, or local agency to confirm a person's date of birth, date of death, or address; to Members of congress or staff to enable the Congressman to provide service to his or her constituency; to volunteer student-workers so that they may perform their duties; to the news media when release is made consistent with the Freedom of Information Act and 28 C.F.R. 50.2; and to the National Archives and Records Administration and General Services Administration to perform records management inspection functions in accordance with their statutory responsibilities.

**SEND TO: OFFICE OF REDRESS ADMINISTRATION
P.O. BOX 66260, WASHINGTON, D.C. 20035-6260**