

6-17-91

Note: I do not have a copy of original of this form which I forwarded to Office of Redress Administration but below documentation is as nearly the same as the original one which I prepared as I can remember.

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#1 DECLARATION

DECLARATION OF ELIGIBILITY BY PERSONS IDENTIFIED BY THE OFFICE OF REDRESS ADMINISTRATION

This declaration shall be executed by the identified eligible person or such person's designated representative.

Complete the following information:

- (1) Current Legal Name: Dorothy Nakamura
- (2) Current Address:*
Street: 2730 Tioga Way,
City, State and Zip Code: Sacramento, Calif. 95821
- (3) Telephone Number:
(Home) (916) 489-0218 (Business) (916) 482-0492
- (4) Social Security Number: [REDACTED]
- (5) Date of Birth: February 7, 1915
- (6) Name Used When Evacuated or Interned: DOROTHY NAKAMURA

After you have completed the declaration, write the word "NONE" in any spaces that you left blank.

* If you request that the check be mailed to an address where the recipient does not reside, you (as formal or informal guardian) must submit proof of guardianship. (See #5 in attachment.)

YOU MUST SIGN THIS DECLARATION ON THE BACK OF THIS PAGE.

copy

Read the following carefully before signing this document.

A False Statement may be grounds for punishment by fine (U.S. Code, Title 31, Section 3729), and fine or imprisonment or both (U.S. Code, Title 18, Section 287 and Section 1001).

I declare under penalty of perjury that the foregoing is true and correct.

Roathy Nakamura
Signature**

January 3, 1990
Date

** If you sign this declaration for someone other than yourself, you must submit evidence of current guardianship (see #5 in attachment).

Privacy Act Statement: The authority for collecting this information is contained in 50 U.S.C. app. 1989b. The information that you provide will be used principally for verifying eligible persons for payment under the restitution provision of the Civil Liberties Act of 1988.