OFFICE OF REDRESS ADMINISTRATION
ORA COMMUNITY OUTREACH FORM
INSTRUCTIONS

IMPORTANT: You may complete the **ORA Community Outreach Form (COF)** if you believe yourself to be eligible for redress under the Civil Liberties Act of 1988 **or** you may complete this form to help locate another individual who may be eligible to receive redress. The form may also be completed to identify those individuals who were interned, relocated, or evacuated but who died before the Act went into effect on August 10, 1988.

PART 1. POTENTIAL RECIPIENT INFORMATION:

Control Number If you have the ORA Unknown Lists, use the control number that appears next to the name of the potential recipient for whom you are filling out the form. If you do not have these lists, please leave the ID Number space blank.

NAME The full name of the potential recipient. If the name has changed since the internment/relocation period, please include all names on this line.

Date of Birth The date of birth of the potential recipient.

PART 2. ADDRESS AND DEATH INFORMATION:

2a.   Check the box and fill in the date of death if the potential recipient is deceased. Go to Part 3.

2b.   Check the box and complete the address information for a potentially eligible living recipient.

PART 3. POTENTIAL RECIPIENT FAMILY MEMBERS:

If the potential recipient is deceased, this part identifies possible living heirs. Living heirs are identified as the spouse, children, or parents. Please attach another sheet if more space is needed.

PART 4. INFORMATION ABOUT YOURSELF:

Fill in your name and telephone number if you are completing this form for the potential recipient.

Call ORA HELPLINE: TOLL-FREE (888) 219-6900   **TDD:**   (202) 219-4710
or FAX: (202) 219-9314
or MAIL FORM TO: ORA, P.O. Box 66260, Washington, DC 20035-6260

(COF/April 97)

ORA COMMUNITY OUTREACH FORM

1. POTENTIAL RECIPIENT INFORMATION

_____ _____ _____
ID#   Name   Date of Birth

2. Please complete the following:

a. [ ] This person died on _____.

b. [ ] This person is living at the following address:

_____
STREET ADDRESS

_____

_____
CITY   STATE   ZIP

3. POTENTIAL RECIPIENT FAMILY MEMBERS (Living Spouse, Children, Parents)

1) _____
   Name   Relationship to potential recipient

   _____(____)_____
   Address   Phone Number

2) _____
   Name   Relationship to potential recipient

   _____(____)_____
   Address   Phone Number

3) _____
   Name   Relationship to potential recipient

   _____(____)_____
   Address   Phone Number

4. INFORMATION ABOUT YOURSELF:

_____(_____)_____
Your Name   Your Telephone Number

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