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including Reg. for Transfer
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Reloc	ation	Center
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REQUEST FOR TRANSFER

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Name	Relationship to Applicant	Age
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6-3039-BU-COS-PUN-WP

Referral of Request for Transfer

To: Project Director,	Relocation Center (Destination
struction No. , contingent upon your with the following conditions:	e for transfer under Administrative In- concurrence. I recommend the transfer
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	, Project Director
	Relocation Center
Retur	n Referral
To: Project Director,	Applicacion)
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	, Project Director
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Application for a Permit to leave a Relocation Center for Private Employment

3 copies of this application and 5 copies of Form WRA-26 (Individual Record) must be filled out for the applicant and for each member of the family over 14 years of age accompanying the applicant

Print or type all entries

A. APPLICANT

(Only line I should be filled out for family members accompanying applicant)

ap	plicant)
1.	Name of applicant
2.	Center address of applicant
3.	Family No. of applicant
4.	Names and family numbers of members of amily accompanying applicant.
	B. EMPLOYMENT (This section need not be filled out for family members accompanying the applicant if they are not to be employed)
5.	Name of employer
6.	Address of employer
7.	Business of employer
8.	Nature of employment to be taken
9.	Nature and address of business, if self-employment

C. INFORMATION ON APPLICANT

	(Unless otherwise stated, all questions are to be answered in terms of your status before the present evacuation took place)
	(If a choice of words is given, circle the most appropriate one.)
10.	Were you living with your parents? Yes. No.
11.	Were you dependent upon them economically? Wholly. Partially. No
12.	Were they dependent upon you for support? Wholly. Partially. No
13.	Do you speak Japanese? Fluently. Passably. Poorly. No. Read Japanese? Fluently. Passably. Poorly. No. Write Japanese? Fluently. Passably. Poorly; No.
14.	Have you ever subscribed to a Japanese language newspaper, magazie publication, etc. Yes. No. If so, name them:
15.	What is your "dual citizenship" status? Explain in detail:
16.	Did you ever belong to any Japanese organizations which had direct or indirect connections with Japan, or were conducted primarily in Japanese? (Japanese Associations, ken-jin-kais, hem-u-she-kais, etc.) Yes. No. If so, name them and give length of membership in each:
7.	Were you ever an officer in any of them? Yes. No. If se, give name of organization, office held and year:
.8.	Did your father belong to any Japanese organization? Yes. No. If so name them:

19.	Did he ever hold an office in any of them? Yes. No. If so state name, when, and capacity held:
20.	Did you ever work for or volunteer services to the Japanese consulate? Yes. No. If so, when and in what capacities:
21.	Have you ever been to Japan? Yes. No. If so, when, for how long and for what purpose?
22.	Are any immediate members of your family now in the armed forces of Japan? Yes. No. If so, what rank do they hold and in what branch of the service:
23.	Are any immediate members of your family now in Japan? Yes. No. If so, state names and relationship:
24.	Do you belong to any Japanese-American organization: (JACL, YMCA, YWCA, etc.) Yes. No. If so, give names and length of membership in each:
25.	Were you ever an officer in any of them? Yes. No. If so, give name, dates, and capacities:
26.	Did you belong to any other organizations? (Crvic, luncheon, fraternal, etcwhose membership is almost entirely Caucasian in make-up) Yes. No. If so, give names and dates:
	The state of the s

- 27. Do you have any sons or brothers in the United States Army? Yes. No. If so, how many: ______. Volunteers? Yes. No.
- 28. Have you for worn any and all allegiances which you may knowingly or unknowingly have held to the Emperor of Japan? Yes. No. If not, do you now repudiate such allegiances? Yes. No.
- 29. Do you agree, if this applications is approved, to notify the Director of the War Relocation Authority in Washington, D.C. of any change of address or of employer for the duration of the present war? Yes.
- 30. List the names and addresses of at least two, and preferably five, Caucasian references whom we may call upon for information regarding you in as many of the following categories as possible.

Business or Profession	Name	Address	Locality	
Attorneys	2.			
Businessmen	0.			-
(State type of business)	2.		**************************************	
	3.			
Church Ministers				
(State denominations)	1.			
	2.			
	3,			
Organization Leaders (State name of organization)	2.			
Public Officials	1.			
(State Office Held)	2.			-
	3.			
School Teachers	1.			
(State name of schools)	2.			
	3.			-
043	•			
Others	2.	****		
(State occupations, etc.)	3.		Carrier and the state of the st	
	0.		-	-

I certify that the foregoing statements and the information supplied on Form WRA-26 (Individual Record) for myself and my dependents, which form a part of this application, are true and complete to the best of my knowledge and belief. (Any false statement is sufficient cause for rejection of the application or recall to a relocation center after approval.)

Signature	
	designation of the second seco

Central Region

APPLICATION FOR LEAVE TO PARTICIPATE IN A WORK GROUP

					
1.	Mr. Last Mrs.	Iame	First Name	Middle Name	Family No.
2.	Date of Birth	3. Plac	e of Birth	4. Periods Spent	in Japan
5.	Have you ever	registered	with a Japanes	e or Spanish Cons	ul? YesNo
	Approximate Da	ate	For W	hat Purpose	
6.	Have you ever	applied for	r repatriation?	Yes_No_Date_	
7.	5		k or Street No.	Center or C	ity State
	Present Address Last Permanent Before Reloc	Address		*	
8.	Dependents:	Tame)	(.Age)	(Sex) (Re	lationship
				-	
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Central Region

	APPLICATION FOR	LEAVE
1.	Mr. Last Name Mrs. Miss	First Name Middle Name
2.	Date of Birth 3. Pl	lace of Birth 4. Family No.
5.		ock or Street No. Center or City State
6.	State approximate period or pe	eriods spent in Japan, showing dates.
7.	Have you ever registered with Yes No	a Japanese or Spanish Consul? For what purpose?
8.	Have you ever applied for repa	atriation? Yes No Date
9.	Purpose of Leave:	
10.	Intended Departure 11. Date	Intended Return 12. Final Destination
13.	Intermediate Destination:	
14.	Method of Transportation and	Route to be followed:
15.		Where Applicant may be Reached Dur- ing Feriod or Leave: Address Date
	Name Address	Accress Date

Central Region

	APPLICATION FOR	LEAVE
1.	Mr. Last Name Mrs. Miss	First Name Middle Name
2.		3. Place of Birth 4. Family No.
5•	Month Day Year Present Address Last Permanent Address Before Relocation	City State Country Block or Street No. Center or City State
6.	State approximate period	or periods spent in Japan, showing dates.
7-	Have you ever registered Yes No	with a Japanese or Spanish Consul?
	Approximate date?	. For what purpose?
8.	Have you ever applied fo	r repatriation? Yes No Date
9.	Purpose of Leave:	
10.	Intended Departure Date	11. Intended Return 12. Final Destination
13.	Intermediate Destinatio	n:
14.	Method of Transportatio	n and Route to be followed:
15.	Employer: Name Address	16. Where applicant may be Reached During Feriod of Leave: Address Dete
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Central Region

LEAVE
This is to certify that of Block No. within the Granada Relocation Area is allowed to leave said Area on , 19 to go to for the
following purpose . He/or she is required
to return to such Area not later than
unless otherwise ordered by the War Relocation Authority.
This leave is issued pursuant to the authority of the Secretary of War, and failure to observe the conditions or restrictions applicable to it shall subject the holder to the penalties provided in the Act of Congress of May 21, 1942 (Public Law 503, 77th Congress). Such conditions or restrictions include the special conditions stated on the reverse side hereof and the conditions that this leave shall not permit entry into a prohibited or restricted area unless the person to whom it is issued obtains a military pass or other authorization before he enters such an area, if it is required by the military authorities, and observes the restrictions applicable to such area; that the holder of this leave will notify the Regional Director of any change for any reason in his employer or in his address; and that this leave shall not permit the holder to be any place except at or en route to or from the destination stated above.
Date Signed: Project Director

"Release" Leave

C-W.R.A. - 74 = 3 W.R.A. - 26 - Rev. 1 = 2 = Hanson

Financial statement.

hocality check: = By Req. Office

INDIVIDUAL RECORD

1.	Name: Last First	Middle	OFFICE USE	14. I	ndividual number:	OFFICE USE
1a.	Other names: (Include maiden name if a married woman)				Family number:	
2.	Relocation Center: Address	Entry date			ex: Male Pemale Race: Spouse's race:	
	Assembly Center: Address	Entry date		2	1 □ White 1 □ White 2 □ Japanese 2 □ Japanese 3 □ Other 3 □ Other	
	Previous address: Street and number, or R.F.D. number City State				Marital status: ☐ Single 2 ☐ Married	
· · ·	Parents: Name of father; maiden name of mother Father	Country of birth	ot provided	19. R	☐ Widowed 4 ☐ Divorced ☐ Separated Relationship to head of amily group:	
5a.	Mother	oad		20. B	Birthdate: 20a. Age:	
6.	Person to notify in case of emergency: (Relationship, name, and	d address)		21. B	Birthplace: (City, county, state or province, and country)	
-	Education: Name and location	From— To—	thes of some			
	Grammar school . Junior high school				Alien registration number:	
	Business school			23. A	Attending school: Yes 2 No Grade:	
7a.	Degrees, educational specializations, honors, and significant a				Language: Speak Read Write	
8.	Residence outside the United States: Country	From— To—		Ja G	nglish	
9.	Military or naval service: Country Branch	From— To—	Angelia esta		Major activity or status:	
	Public assistance: 1 ☐ Aid to dependent children 2 ☐ Aid to blind 3 ☐ Pension: Source	Old age assistance Pay period			Occupation:	
	Height: 12a. Weight: 13. Physical condition: (Pounds)			27a	Sec	
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