

leave Application Forms

including Reg. for Transfer  
& Indiv. Rec. WPA - Rec. 1.



## WAR RELOCATION AUTHORITY

\_\_\_\_\_  
Relocation Center

## REQUEST FOR TRANSFER

I, the undersigned, hereby make application for transfer of residence for myself, and any dependents listed hereon, to the \_\_\_\_\_ Relocation Center

Name \_\_\_\_\_ Age \_\_\_\_\_ Block No. \_\_\_\_\_

Dependents:

<u>Name</u>	<u>Relationship to Applicant</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, (we) wish to join \_\_\_\_\_,  
who stands in the following relationship to me (us) \_\_\_\_\_,  
for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)\_\_\_\_\_  
(WCCA FAMILY NUMBER)

(Over)

6-3039-BU-COS-PUN-WP



Referral of Request for Transfer

To: Project Director, \_\_\_\_\_ Relocation Center (Destination)

The applicant is considered eligible for transfer under Administrative Instruction No. \_\_\_\_\_, contingent upon your concurrence. I recommend the transfer with the following conditions: \_\_\_\_\_

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\_\_\_\_\_, Project Director

\_\_\_\_\_, Relocation Center

Return Referral

To: Project Director, \_\_\_\_\_ Relocation Center (Origin of Application)

Transfer of the applicant is: ( ) Approved  
( ) Disapproved  
( ) Returned for Clarification

Reasons: \_\_\_\_\_

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\_\_\_\_\_, Project Director

\_\_\_\_\_, Relocation Center



WAR RELOCATION AUTHORITY

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 1 should be filled out for family members accompanying  
applicant)

1. Name of applicant \_\_\_\_\_
2. Center address of applicant \_\_\_\_\_
3. Family No. of applicant \_\_\_\_\_
4. Names and family numbers of members of family accompanying appli-  
cant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_



Form-WRA-71

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, magazine 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Were you ever an officer in any of them? Yes. No. If so, give name of organization, office held and year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. 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? (Civic, luncheon, fraternal, etc.--whose membership is almost entirely Caucasian in make-up) Yes. No. If so, give names and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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. No.
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	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
Businessmen (State type of business)	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
Church Ministers (State denominations)	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
Organization Leaders (State name of organization)	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
Public Officials (State Office Held)	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
School Teachers (State name of schools)	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
Others (State occupations, etc.)	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____

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 \_\_\_\_\_



## WAR RELOCATION AUTHORITY

Central RegionAPPLICATION FOR LEAVE  
TO PARTICIPATE IN A WORK GROUP

1. Mr. Mrs. Miss	Last Name	First Name	Middle Name	Family No.
2. Date of Birth	3. Place of Birth	4. Periods Spent in Japan		
5. Have you ever registered with a Japanese or Spanish Consul? Yes ___ No ___ Approximate Date _____ For What Purpose _____				
6. Have you ever applied for repatriation? Yes ___ No ___ Date _____				
7. Present Address Last Permanent Address Before Relocation	Block or Street No.	Center or City	State	
8. Dependents:	(Name)	(Age)	(Sex)	(Relationship)

I understand and agree that any leave issued in connection with this application under the regulations of the War Relocation Authority will be issued pursuant to the authority of the Secretary of War, and that the violation by me of the conditions or restrictions applicable to such leave will subject me to the penalties provided in the Act of Congress, March 21, 1942 (Public Law 503, 77th Congress).

I further understand and agree that I must notify the Regional Director within three days of any changes which may become necessary in my employer or in the places at which I am to be during the leave period, and that I must return to the \_\_\_\_\_ Relocation Center or such other place as the Director designates when the leave expires.

Date \_\_\_\_\_

Signed \_\_\_\_\_



## WAR RELOCATION AUTHORITY

Central Region

APPLICATION FOR \_\_\_\_\_ LEAVE

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



## WAR RELOCATION AUTHORITY

Central Region

APPLICATION FOR \_\_\_\_\_ LEAVE

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



WAR RELOCATION AUTHORITY

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.

locality check: = By Reg. Office



## INDIVIDUAL RECORD

1. Name: Last First Middle				OFFICE USE	14. Individual number:	OFFICE USE
1a. Other names: (Include maiden name if a married woman)					15. Family number:	
2. Relocation Center:		Address		Entry date	16. Sex:	
3. Assembly Center:		Address		Entry date	17. Race: Spouse's race:	
4. Previous address: Street and number, or R.F.D. number		City	State		18. Marital status:	
5. Parents: Name of father; maiden name of mother		Country of birth			19. Relationship to head of family group:	
Father:					20. Birthdate:	20a. Age:
Mother:					21. Birthplace: (City, county, state or province, and country)	
5a. Father's occupation: in U. S. Abroad					22. Alien registration number:	
6. Person to notify in case of emergency: (Relationship, name, and address)					23. Attending school:	
7. Education: Name and location From— To—					24. Grade:	
Grammar school . . . . .					25. Language: Speak Read Write	
Junior high school . . . . .					English . . . . .	
High school . . . . .					Japanese . . . . .	
Business school . . . . .					German . . . . .	
College . . . . .					Italian . . . . .	
Postgraduate . . . . .						
7a. Degrees, educational specializations, honors, and significant activities:					26. Major activity or status:	
8. Residence outside the United States: Country From— To—					27. Occupation:	
9. Military or naval service: Country Branch From— To—					Pri . . . . .	
10. Public assistance: 1 <input type="checkbox"/> Aid to dependent children 2 <input type="checkbox"/> Aid to blind 3 <input type="checkbox"/> Old age assistance					Sec . . . . .	
11. Pension: Source . . . . . Amt. \$ . . . . . Pay period . . . . .					27a. . . . .	
12. Height: (Inches)	12a. Weight: (Pounds)	13. Physical condition:			27b. . . . .	



