



U.S. Department of Justice

Civil Rights Division

Deputy Assistant Attorney General

Washington, D.C. 20530

Dear Correspondent:

The National Archives has received and referred to the Department of Justice your recent letter requesting information about the internment or voluntary evacuation of you or other individuals during World War II. We presume your inquiry was prompted by the enactment of the Civil Liberties Act of 1988 which provides for payments to certain individuals of Japanese ancestry who were evacuated, relocated, or interned.

The Department of Justice has established the Office of Reparations Administration (ORA) to carry out the payment provisions of the Act. ORA is responsible for locating individuals who are eligible for payment and will make full use of all records of the Federal government, including those held by the National Archives, to identify those persons. Therefore, you do not need to obtain information from the National Archives to establish eligibility for payment under the Civil Liberties Act of 1988.

ORA is now developing regulations to implement the payment program and will notify eligible individuals after the Congress appropriates funds to begin payments. We estimate that the notification process will not begin before late 1989.

We are placing your name and address on our mailing list and will send you additional information as it becomes available. If you have questions about the program or wish to submit any information or documentation regarding your eligibility or that of another individual, please address your correspondence to:

Office of Reparations Administration
P.O. Box 66260
Washington, D.C. 20035-6260

If you were requesting information from the National Archives for reasons other than establishing eligibility for payment under the Civil Liberties Act, please resubmit your request to:

Civil Reference Branch
National Archives and Records Administration
Washington, D.C. 20408

Sincerely,

Robert K. Bratt
Reparations Administrator



U.S. Department of Justice
Civil Rights Division
Office of Redress Administration

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 or documentation 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.

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 Country
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:		State		Zip Code	Country
Street address		City		Zip Code	Country
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 new 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

1988年の市民自由法令 任意情報書式

第2次世界大戦中に監禁、抑留、転住所、その他の形で自由を奪われ、財産を奪われた日系人を捜し出すのには、皆様からのご協力をお願いしなければなりません。情報や書類提出は自由意志で強制ではありません。しかし、どのような情報でも1988年の市民自由法令に該当する賠償金受給資格者を、捜し出す助けになります。全ての質問に答えられない時は、答えられるだけの事を記入して下さい。

重要： 法令に適応して賠償金受給資格があると思われる人は、この書式に記入して下さい。

A 項： 資格可能者についての現時点の情報

1.氏名(姓・名)		2.旧姓		3.その他に使った名前	
4.通りの番号と名前		市	州	郵便番号	国名
5.自宅電話番号			6.勤務先電話番号		
7.生年月日	8.生まれた場所		9.性別 10. 社会福祉番号 □男 □女		
11. 日系人ですか? □はい □いいえ □その他					
12. 市民権 □米国生まれの市民 □帰化した米国市民 帰化年月日 _____ □その他 _____					
13. もしあれば外国人登録番号					

B 項： 資格可能者が被った抑留、転住所、拘留に関する歴史的情報。知る限り記入して下さい。部分的でも結構です。

1.立退き前の住所		市		州	郵便番号	国名
通りの番号と名前						
2.集合所名・転住所・キャンプ名又は他の住所や抑留の場所						
3.家族番号		4.家長名		5.家長との続柄		
6.両親の名前						
母	生存 □はい □いいえ		死亡 死亡日		場所	
父	生存 □はい □いいえ		死亡 死亡日		場所	
8.本人が自由立退き者であれば、立退きのだいたいの年月日と再転住所の場所						

C 項： 残存者に関する情報が正確であるかどうかを，確認する為次の質問に答えて下さい。

1988年8月10日の市民自由法令制定後に賠償金受給資格者が支払いを受ける前に死亡した場合は残存者である配偶者か子供か親に支払われます。		
1.現在の配偶者 氏名	婚姻の日付	現住所
2.生存している子供（親子関係を持ち，あなたと生活を共にした血縁関係ある子供，養子，継子を含む） 氏名 住所		
3.生存している親（養子を迎えた親を含む） 氏名 住所		

D 項： 書式の質問に答えている人が記入すること。（自分以外の人についての資料であれば，このD項に書いて下さい
もし自分自身の事についてこの書式に記入している人はD項に記入しないで，E項に記入して下さい）

1.氏名（姓・名）				
2.上記に書かれた資格可能者とあなたとの関係（例：自分，配偶者，友人，息子，娘等）				
3.通りの番号と名前	市	州	郵便番号	国名
4.自宅電話番号	勤務先電話番号			
E 項：				
署名		日付		

司法省は書式に書かれた情報を使うので，秘密厳守法令声明文にどのように情報が使われるのかを以下に述べています。

書式に書かれた情報の権限は50 U. S. C. APP 1989bで説明されている。この書式から得た情報は主に市民自由法令の賠償条項に該当する受給資格者を捜し，その本人を確認することを目的として使われる。その情報を次の機関や職員に知らせる。

- ： 受給資格者の生年月日，死亡日，住所を確認する連邦機関，州機関，地方機関
- ： 議員担当地区の人達に連邦議会議員が援助できるような議会や職員
- ： 職務を果すべき無料勤労奉仕の学生
- ： 報道の自由権（ACT 28 C. F. R. 50.2）に基づいての報道関係者
- ： 法令で定められた義務に応じ，記録がどのように保管されているか，検閲する役を果たす国立記録保管所そして一般サービス管理。

送り先：
OFFICE OF REDRESS ADMINISTRATION
P.O. BOX 66260
WASHINGTON, DC 20035-6260