

DEPARTMENT OF JUSTICE Washington 25, D. C.

CLAIM FOR DAMAGE TO OR LOSS OF REAL OR PERSONAL PROPERTY BY A PERSON OF JAPANESE ANCESTRY

(Act of July 2, 1948, P. L. 886, 80th Congress, 2nd Session)

The Attorney General Department of Justice Washington, D. C.

I, (Name of Claimant), also known as (Name of Claimant) now residing at (Street Address), in (City or Town) in the County of (County) and State or Territory of (State or Territory) request the adjudication of a claim resulting from my evacuation, exclusion or voluntary departure from a military area on or after December 7, 1941 in the State or Territory of (State or Territory)

The following information is true to the best of my knowledge and belief and is submitted with the knowledge and understanding that it will be relied upon in considering my claim.

- 1. (a) Date of birth (Month Day Year) (b) Place of birth (City or Town)
2. (a) Present Citizenship (b) Citizenship acquired by (check appropriate square) Birth [X], Naturalization [], Otherwise [].
(c) If you check "Otherwise" explain
(c) If naturalized state place and date (Place) Month Day Year
3. (a) Father's name (b) Father's place of birth (c) Mother's name (d) Mother's place of birth
4. If you are an alien give Alien Registration Card No.

NOTE: If space provided in this form is insufficient additional pages may be attached.

5. (a) Were you detained or interned as an enemy alien? _____ Yes or No
(b) If answer is yes state _____, _____
(Place) Month Day Year

(other details)

6. Were you, after December 7, 1941, voluntarily or involuntarily deported from the United States to Japan _____
Yes or No

7. Residence on December 7, 1941 _____, _____
Street Address City or Town
_____, _____
County State or Territory

8. Were you (check appropriate square) evacuated , excluded , or did you voluntarily depart from a military area ?

9. (a) From which military area? _____

(b) Date _____

(c) Residence on date of evacuation, exclusion, or voluntary departure

_____, _____
Street Address City or Town
_____, _____
County State or Territory

10. If voluntary departure from a military area was followed by later voluntary departure, evacuation, or exclusion from a military area answer the following:

(a) From which military area? _____

(b) Were you (check appropriate square) evacuated , excluded , or did you depart voluntarily ?

(c) Date _____
Month Day Year

(d) Residence on date of this later evacuation, exclusion or voluntary departure

_____, _____
Street Address City or Town
_____, _____
County State or Territory

11. If your first or subsequent departure from a military area was voluntary state in detail your reason or reasons therefor _____

12. (a) What were your addresses after departure from a military area? _____

(b) What was your War Relocation Authority or Wartime Civil Control Authority identification number? _____

Use this space for statement of your claim. Your claim should contain a description of the property involved and a statement of all circumstances which you believe show that the damage or loss resulted from your evacuation, exclusion or voluntary departure from a military area. Dates and costs of acquisitions, dates of loss and values at time of loss and all other information that may be helpful in determining your claim should also be included.

Statement

Date

All statements made herein (including any accompanying schedules and statements) are hereby declared to be true to the best of my knowledge and belief.

claim, give his name and address.

If you have authorized someone to act for you in all matters pertaining to this

13. (a) What was your occupation, if any, on December 7, 1941? _____

(b) What was your occupation, if any, at the time of your voluntary departure, evacuation, or exclusion from a military area? _____

14. (a) Have you received or are you entitled to receive compensation by insurance or otherwise for any of the damage or loss claimed? _____
Yes or No

(b) If "yes" explain _____

(c) If "yes," give the name and address of all such persons and the extent of involvement in this claim? _____
Yes or No

15. (a) Does any other person or persons own or claim any interest in the property

15. (a) Does any other person or persons own or claim any interest in the property involved in this claim? _____
Yes or No

(b) If "yes" give the name and address of all such persons and the extent of their ownership or interest _____

(c) Has any claim been filed by the person or persons mentioned in (b) above? _____

14. (a) Have you received or are you entitled to receive compensation by insurance? _____
Yes or No

(Joint claimants should execute separate claims and submit them attached together at the same time.) _____

16. Describe, but do not file with this claim, any documents you have which may prove your ownership of the property involved in this claim, its value, or the extent of damage or loss now claimed _____

17. If you have authorized someone to act for you in all matters pertaining to this claim, give his name and address. _____

All statements made herein (including any accompanying schedules and statements) are hereby declared to be true to the best of my knowledge and belief.

Claimant

Date

also be included.
of loss and all other information that may be helpful in determining your claim should
from a military area. Dates and costs of acquisitions, dates of loss and values at time
that the damage or loss resulted from your evacuation, exclusion or voluntarily departure
ion of the property involved and a statement of all circumstances which you believe show
Use this space for statement of your claim. Your claim should contain a descrip-