

"KIBI" SURVEY

Sponsored By The Japanese American Citizen League In The Interests of Americanism

1. Name: Komatsu Isamu Last or Family Given Japanese Given American

2. Home Address: P.O. Box 35 Alvarado Alameda California Street or RFD City or County State

3. Business or Occupation: Student

Name of Business Firm: None

5. Business Address: None

6. Business Telephone: None 7. Home Telephone: None

8. Age today: 19 9. Age when last left for Japan: 3 yrs.

10. Age when last returned from Japan: 17 11. Date when last returned from Japan: April 27, 1940

12. Total number of years spent in Japan: 13 yrs. 13. Total number of trips made to Japan: One

14. Purpose of trips to Japan: I went to Japan with my parents.

15. Education: (in USA) Years 2 yrs. Degree or grade Eight grade

16. Education: (in Japan) Years 9 yrs. Degree or grade Jr. High

17. Religion: Christian ( ) Buddhist (x) What Sect ( ) Shinto ( ) What Sect ( )

18. Military Experience: (in USA) years None Rank Branch Where

19. Military Experience: (in Japan) Years None Rank Branch Where

20. Selective Service Order No. Classification Board No.

21. Hobbies: None

22. Organization membership in past five years (Church, Japanese, Associations, Kenjinkais, Seinenkais, Etc. Whether now disbanded or not. If you were an officer in any of them, state the office held and the year after the name of the organization.) None

23. Dual Citizen: Yes ( ) No (x) Don't know ( )

I, THE UNDERSIGNED, do hereby state that the above given statements are true and correct.

Signature: I. Komatsu

ATTEST: Washington Township CHAPTER

By SM

# WASHINGTON TOWNSHIP JA CL SOCIAL DATA REGISTRATION

Date \_\_\_\_\_

|              |       |        |                      |                  |
|--------------|-------|--------|----------------------|------------------|
| 1. Last Name | First | Middle | 2. Persons in Family | 3. Family Number |
|--------------|-------|--------|----------------------|------------------|

4. Present Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Assembly Center Notations:

(a) Location \_\_\_\_\_  
 \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

6. Normal Head of Family:  With Family  Elsewhere  Interned

7. Reception Center Notations: \_\_\_\_\_

(a) Location \_\_\_\_\_

(b) \_\_\_\_\_

Relocation \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

8. Medical Service:

Typhoid Inoculation  Small Pox

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Reported illness \_\_\_\_\_  
 \_\_\_\_\_

Mode of travel to Assembly Center:  Own car  Bus or train

9. Present Family group:

| NAME | Relation to head | Age | Sex | Birth   |      | Education |       | Ht. | Wt. | Occupation and industry | Alien Reg. No., or Remarks | Physical condition |
|------|------------------|-----|-----|---------|------|-----------|-------|-----|-----|-------------------------|----------------------------|--------------------|
|      |                  |     |     | Country | Date | In school | Grade |     |     |                         |                            |                    |
|      | Head             |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |
|      |                  |     |     |         |      |           |       |     |     |                         |                            |                    |

JACL Members

10. Property Arrangements needed:  Household furniture  Automobile  Business  Farm

11. Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FAMILY NAME KOMATSU

NUMBER IN FAMILY \_\_\_\_\_

Isa

NAME

DATE OF BIRTH

PLACE OF BIRTH

REG. NO. OR  
SCHOOL GRADE

Isamh

18

1924

Fresno, Cal.

Alviso 8th grade