INSTRUCTIONS FOR APPLICANTS FOR EXEMPTION

- This application must be filled out completely, preferably on the typewriter or in legible longhand writing in ink.
- Inapplicable language should be stricken out. (b)
- (c) This form may be used only for the seeking of the exemptions herein specified. No other exemptions have been authorized. For Japanese, only the exemptions specified in paragraphs 9, (e), (f) and (g) are available.

 (d) This application form may be procured at any United States Post Office or United States Employment Service Office within the Western Defense Command area. When completed it must be taken or mailed by the applicant with all supporting evidence or documents to the Selective Service Draft Board for the area in which the applicant resides. Applicants may submit as "proof" certified copies or certified photostatic copies of original documents and the military commander will return originals.

WAR DEPARTMENT HEADQUARTERS WESTERN DEFENSE COMMAND AND FOURTH ARMY

APPLICATION FOR EXEMPTION FROM MILITARY EVACUATION

mand an	spectfully submit this application for exemption from the provisions of the Proclamations of the Western Defense Com- nd Fourth Army and in support of this application I submit the following information, representations and agreements: I desire to live in peaceful retirement and/or to pursue my work, business, vocation or profession at, in or about the		
town or vocation	city of and/or to commute from my said residence to said place of work, business, or profession.		
2. Name as shown on 1940 Alien Registration Card:			
2.	2. Name as shown on 1740 Amen Registration Card.		
	Name as shown on 1941 Enemy Alien Certificate of Identification		
	Name of Non-Alien Japanese		
	Name of Non-Anen Japanese		
3.	3. 1940 Alien Registration No		
	1941 Alien Registration No. as shown on Certificate of Identification		
	FUIII AR-AD-25		
4.	Residence Address:		
	Number Street City		
	County		
	Business Address		
	Business Address: Number Street City		
	County State		
5.	Classification: 6. Place of birth:		
	(Check appropriate statement)		
	☐ U. S. citizen of Japanese ancestry		
	☐ Japanese alien Attained age last birthday		
	German alien		
	C.		
7.	By way of inducement for the granting of this application, I represent that:		
	(a) I made lawful entry into the United States of America on or about theday of, 19 (18)		
	on the Steamship, at the port of or the town of,		
State of	State of, on the international boundaries of the United States. (b) I have never been convicted of a felony,		
	I was convicted of a felony on or about the day of, 19 (18) at the		
Court and served a sentence of years and months during the period to			
at	Penitentiary or Prison in the State of		
	By way of further inducement for the granting of this application:		
	(a) I promise that I shall conform to all the rules, regulations and proclamations of the Western Defense Command an Fourth Army governing my choice of place of residence and my travels to and from such residence within the Western		
	Defense Command territorial jurisdiction. (b) I understand that I shall not be permitted to be personally present at the time of the hearing on or review of this application by the local Draft Board or other reviewing agency appointed for that purpose, but that such local Draft Board		
	or other reviewing agency may summon witnesses and examine any and all documents or records bearing upon the truth, falsity or sufficiency of this application without right of cross examination by me or the privilege of representation by counsel.		
9.	. I base my request for exemption or deferment from military evacuation upon one or more of the following grounds:		
	(The applicant must check and fill in each statement in this paragraph 9 so far as appropriate to his case. Except as otherwise indicated in the subsections in this paragraph 9 the exemptions herein referred to are available only to German and Italian aliens.) (a) I am a ☐ German ☐ Italian alien and I am seventy or more years of age, as proof of which I submit:		
	Certified copy of birth certificate.		
	☐ Baptismal record or certificate.		
	☐ Passport		
	Marriage certificate.		
	Census office report.		
	An affidavit on the part of the applicant disclosing the reasons why any of the foregoing proofs of age were not made available, together with an affidavit of a creditable person who has known the applicant for at least five years,		

_of an officer, enlisted man or

(parent, wife, husband or child)

giving the facts disclosing or indicating the applicant's age.

(b) I am a German I Italian alien and I am the_

	hairman of the local Selective Service Draft Board showing the		
	stant General of the state from which said service connected relative		
enlisted or was inducted. A certificate or signed original letter of the com	manding officer of the ship, station, unit or organization on, at or		
	ected relative stating clearly and substantially that he (she) is in		
permitted by military regulation, the unit or or			
	(parent, wife, husband or child) of an officer, enlisted man or com-		
proof of this statement, I submit the original or certified Department. In case said notice is not addressed to me stating my relationship to such deceased relative.	d forces of the United States on or since December 7, 1941. In d copy of the notice of death from the War Department or Navy, then I shall submit herewith an affidavit of a creditable person		
(d) I am a ☐ German ☐ Italian alien and I am awaiting disposition of my petition to become a naturalized citizen of the United States of America. In proof of this I submit the following verified information: On or before December 7, 1941, I appeared with my witnesses and paid the \$5.00 filing fee for a petition for			
naturalization. My petition, No, is still pending in the (State) or (U. S. District) Court at			
City State (The above statement must be certified correct b	y the clerk of the court where petition is pending).		
Certified correct:			
	(Seal of Court Clerk)		
Clerk			
(e) I am a patient in a hospital, or confined at my home too ill to be removed therefrom without substantially and certainly endangering my life. In proof of this statement I submit herewith a sworn statement by my attending physician which will disclose: The date of commencement of my illness or confinement, the exact nature in precise medical terms of the nature of my illness, the extent to which it incapacitates me, and in what manner my evacuation would be likely to endanger my life. I agree that I will not present my application for exemption based on the grounds stated in this subsection until after the date for my evacuation has been announced by proclamation or order of the Western Defense Command and Fourth Army. I also agree to notify the nearest office of the Federal Bureau of Investigation and the office of the Provost Marshal, Western Defense Command at the Presidio of San Francisco at least two full days in advance of my impending discharge from such hospital or of my impending release from the care of my physician.			
(f) I am a minor inmate ofin paragraph 4 hereof.	orphanage, at the residence address specified		
(g) I am totally □ deaf, □ dumb, □ blind and I a	m an inmate of institution or hospital,		
City of, State of			
Note: (1) In the case of minors residing in private orphanages, the several applications should be fastened together and submitted for consideration as orphanage groups. In the case of the above specified minors, the application must be signed in the name			
of the minor by the parent, guardian or custodian. (2) Persons who are adult or minor incompetents, wards, or inmates of any state, federal or other public institution, orphanage or penal institution cannot make this application, but the superintendent or the chief executive or administrative officer of such federal, state or public institution will be requested to report the presence of such Japanese, German or Italian alien ward or inmate, or Japanese citizen ward or inmate to the Provost Marshal of the Western Defense Command. I do hereby declare that all of the foregoing statements and all the statements contained in the proofs submitted herewith are			
true, and on the basis of the truth of said statements, I respectfully submit this application thisday of, 1942.			
The state of the s	APPLICANT (Signature or mark of the applicant)		
THE FOLLOWING SPACES AND PROCEDURES FOR LOCAL DRAFT BOARD AND MILITARY AUTHORITIES ONLY			
Action of Draft Board: Approved for transmittal to	Date		
military commander. □ Disapproved and returned	Place		
to applicant.	Chairman or Clerk		
	Draft Board No		
	State		
may 2 see see to be seen the most be at a section to be at a			
Action of Army Reviewing Officer:	Date		
☐ Approved	Place		
☐ Disapproved	Headquarters		
	Name and Rank		
THE RESERVED AND ADDRESS OF THE PARTY OF THE			
Temporary Permit No, issued to Applicant at			
Dated:Headquarters			
Place			
Name and Rank of Issuing Officer			