

Application for Research on Lost Artifacts

1. Date of Request

Month __ Day __ Year ____

2. Applicant

Full Name: _____

Current Address: _____

Telephone Number: _____

E-mail: _____

3. Lost Artifact (number of artifact(s))

Description of lost artifact(s): _____

Number of lost artifact(s): _____

4. The circumstances in which the artifact(s) was/were obtained

Person who obtained the artifact(s): (_____)

Relation between the applicant and the discoverer: (_____)

When it/they was/were obtained:

(_____) • Unknown

Where it/they was/were obtained:

(_____) • Unknown

How it/they was/were obtained: From a war survivor • Directly from the war dead • Simply came across it or found it • Unknown • Others (_____)

Please provide any further information that might be helpful in this research.

(Example: If the relic(s) was/were collected by a war survivor, information about the location where the survivor had been sent to fight).

5. Communication after the original owner is identified (Please circle one of the answers).

(1) If the bereaved family or other concerned parties wish to receive the relic(s) back, will you be willing to return it without receiving any payment in exchange?

a. Yes

b. No

(2) If the bereaved family or other concerned parties do not wish to disclose information about their address or other information to you, we cannot disclose their name and any contact information to you. Will this be acceptable to you?

a. Yes

b. No

(3) If the bereaved family or other concerned parties wish to receive the relic(s), the applicant cannot directly return the relic(s) to the bereaved family (The applicant sends the relic(s) to the Consular Office of Japan in Anchorage). Will this be acceptable to you?

a. Yes

b. No

* MHLW cannot conduct the investigation if you choose “b. No” for 5-(1), (2) or (3). We request your understanding in this matter.

6. For research purposes, we may disclose your information (your address, etc.) to the concerned parties (the relevant local government and the bereaved family). Will this be acceptable to you?

a. Yes

b. No (if no, we will not disclose your name, address or other information to the concerned parties.)

7. Current holder of the lost artifact(s) for safekeeping

(Please fill in the below only if the current holder is different from the applicant.)

Full Name: _____

(Relation with the applicant): _____

Current Address: _____

Telephone Number: _____

E-mail: _____

*** When the bereaved family or other concerned parties are identified, the applicant will be asked to contact the current holder and request him/her to return the artifact(s). Please note that for some cases, we may directly contact the current holder of the artifact(s). Therefore, please provide us the detailed information about the current holder.**