

12. **Accompanying Family Members** (Note: The individuals you list below will not be traced. A separate Tracing Inquiry form must be completed for each person for whom you wish to search.)

Full Name	Date or Year of Birth	Male (M) Female (F)	Relationship to person sought

B. Information on Inquirer

1. **Current Last Name** _____ **Current First Name** _____

If naturalized U.S. citizen, original name before naturalization (if different than above). _____

Male **Female** **Parents' Names** _____

2. **Spouse's Name** (If widowed or unmarried, please list next of kin, relationship and address.) _____

3. **Date of Birth (day, month, year)** _____ **Place of Birth** _____

4. **Complete Current Address** (If two addresses, list both; please inform your chapter of any change of address.) _____

E-mail _____ Telephone _____

5. If searching on behalf of a family member, their relationship to you: _____

Their name and age: _____

6. Purpose of Search

Need wartime documentation for reparations.

Separated from sought person by WWII, desire to know what happened.

Need proof of evacuation for myself or family for reparations.

Other: _____

7. Have any other organizations been contacted regarding this search? If so, which ones? (Please attach copies of any information received in order to aid our search.) _____

8. I Authorize the Release of My Address and Telephone Number to:

Person Sought

Person Sought, or if he or she is deceased to his or her surviving family members

9. **Signature of Inquirer** _____ **Date** (day, month, year) _____

C. American Red Cross Chapter Information

(Information is to be completed by American Red Cross chapter worker. Additional casework notes or clarification should be included in the caseworker's cover letter.)

Chapter name, address, phone, fax:

Caseworker's Name _____ E-mail address _____

Date _____