

Application for Research on Lost Artifacts

The Ministry of Health, Labour and Welfare of Japan (MHLW) conducts the research of the wartime relics which are presumably belonged to the former soldiers in order to return the relics to their bereaved families.

The scope of our research is limited to cases where (1) the original owner can be identified by the name or other information indicated on the relic(s), (2) research does not entail any payment of money or other rewards (i.e., the applicant consents to returning the relic(s) without receiving any payment in exchange), and (3) the applicant agrees to returning the relic(s) even if the original owner or the concerned parties do not wish to disclose their contact information to the applicant.

When you request for the research on wartime relic(s), please fill in this “Application for Research on Lost Artifacts” form and send it to the Planning Division of Recovery of the Remains of War Dead, Social Welfare and War Victims’ Relief Bureau, Ministry of Health, Labour and Welfare of Japan (MHLW) with attaching the photographs of the relic(s) (including the full shots, shots of top and bottom, right and left, and the reverse side of the relic(s), and/or any photographs of the possible key information such as name which could be an evidence for the research). (We do not accept the request by sending the relic(s) to us. Also, the applicant cannot return the relic(s) directly to the bereaved family.)

Applications are accepted on a first-come, first-served basis. Therefore, please note that sometimes it would take more than a couple of months to reply back to the applicant. We request your understanding of this situation in advance.

Inquiries to:

Investigation Group, Planning Division of Recovery of the Remains of War Dead
Social Welfare and War Victims’ Relief Bureau
Ministry of Health, Labour and Welfare of Japan
Telephone: 81-3-5253-1111 (extension: 4523)
E-mail: suishin@mhlw.go.jp

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 MHLW). Will this be acceptable to you?
- a. Yes
 - b. No

* MHLW cannot conduct the research if you choose b in 5-(1), (2) or (3). We request your understanding of this.

6. For the research, 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 do 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.**