Application for Research on Lost Artifacts

The Ministry of Health, Labour and Welfare of Japan is conducting research for returning recovered personal effects of former soldiers, etc. to their bereaved families.

 The scope of our research is limited to cases where (1) identification of the original owner is possible from name, etc. indicated on the relic, (2) research does not entail payment of money, etc. (the applicant consents to returning the relic without receiving any payment in exchange), and (3) the applicant agrees to returning the relic even if it is not the wish of the original owner or the bereaved family to disclose their contact information to the applicant.

 In requesting research on wartime relics, please fill this Application for Research on Lost Artifacts and return 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. Please attach photographs of the relic (including the full shots, shots of the top, bottom, right, left, and reverse side of the relic, and any evidence that could be used as a lead for the research, such as names). (Please do not send the relic to us at this time. We cannot accept any request made by sending the relic to us.)

Applications are accepted on a first-come, first-served basis. As a result, please note in advance that in some cases, notification of the results of the research may take several months.

Inquiries to:

Investigation group #2, 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: 03-5253-1111 (extension: 3476)

E-mail: suishin@mhlw.go.jp

1. Date of Request

 Month Day Year

2. Applicant

 　Full Name:

 　Current Address:

　　Telephone Number:　　　　　　　　　　　　　　　　Fax:

　　E-mail:

3. Lost Article (number of article(s))

 　 Description and number of lost article(s):

4. The circumstances in which the article(s) were obtained

Person who obtained the article(s): (　　　　　　　　　　　　)

Relation between the applicant and discoverer:　( 　　　　　　　　)

　　　Time it was obtained:　(　　　　　　　　　　　　　　　　　　　　　　　　)/ Unknown

　　　Place it was obtained:　(　　　　　　　　　　　　　　　　　　　　　　　　)/Unknown

How it was obtained: From a war survivor / Directly from the war dead / Simply came across it and found it / Unknown　/ Others (　　　　　　　　　　　　　　　　)

Please provide any further information that might be helpful in this investigation (Example: If the relic was collected by a war survivor, information about the location where the survivor had been sent to fight).

5. After the original owner is identified (Please put a circle around one of the answers).

1. If the bereaved family or other persons concerned wish to have the relic back, will you be willing to return it without receiving any payment in exchange?
	1. Yes
	2. No
2. The bereaved family or other persons concerned may not wish to disclose information about their address, etc. to you. Will you be willing to accept that? (In such a case, we would ask you to send back the relic to the Ministry of Health, Labour and Welfare of Japan.)
3. Yes
4. No

\*Please note that we cannot conduct the research if you selected “No” for questions 5 (1) and (2) above.

6. The research may require notifying information about you (your address, etc.) to concerned parties. Will this be acceptable?

1. Notifying relevant prefectural governments
	1. Yes
	2. No
2. Notifying the bereaved family
3. Yes
4. No

7. Person currently holding the lost article for safekeeping (Please fill in below only if the current custodian is different from the applicant)

 　Full Name:

 (Relation with the applicant):

 　Current Address:

　　Telephone Number:　　　　　　　　　　　　　　　　Fax:

　　E-mail:

* **When the bereaved family or other persons concerned are identified, you (the applicant) will be asked to contact and request the current custodian to return the artifact. Please note that in some cases, the ministry may directly contact the current custodian. Therefore, please provide us with exact details about the current custodian.**

8. Person to whom our response should be addressed to (Please fill in below only if the person we should address our response to is different from the applicant)

 　Full Name:

 (Relation with the applicant):

 　Current Address:

　　Telephone Number:　　　　　　　　　　　　　　　　Fax:

　　E-mail: