office Bulletins (The ampty)

Office Bulletins (file ampty)

Sample forms

- charge of residence and travel permit

- charge of residence report and

- apprication for alien enemy wavel permit

- Letter re forms

WDC FORM: PM-2 (REVISED)

CERTIFICATE—CHANGE OF RESIDENCE NOTICE

and

TRAVEL PERMIT

DATE_____, 1942

NA .

NEW ADDRESS

If an Alien, Alien Registration No.

The travel of the above-named person from the place of issue of this permit to the address given above has been approved by the Western Defense Command and Fourth Army, Wartime Civil Control Administration (and, if an alien, has been approved in the name of the United States Attorney in the district from which he has moved). It is requested that all authorities permit this person to travel to the above address by direct route without molestation or hindrance.

(Issued at, or Office Stamp)

By authority of the Commanding General, Western Defense Command and Fourth Army

Per_

WAR DEPARTMENT HEADQUARTER'S WESTERN DEFENSE COMMAND AND FOURTH ARMY Presidio of San Francisco, California

Every Japanese, German or Italian alien, or person of Japanese ancestry, resident in the 5° tes of Arizona, California, Oregon, Washington, Idaho, Montana, Nevada, and Utah who chan place of habitual residence is required to obtain and execute a "Change of Residence Notice" in advance of such change in residence. (Proclamations Nos. 1 and 2, Commanding General, Western Defense Command and Fourth Army.) All enemy aliens are required, by regulation of the Attorney General of the United States, to secure travel permits. Failure to comply with these requirements is subject to heavy penalty.

Upon arrival at the destination indicated on this form the bearer, if an alien, is required to report his change of address to the Alien Registration Division, Immigration and Naturalization Service, and to the Federal Bureau of Investigation. Forms for this purpose may be obtained from the Post Office at the place of destination. A new travel permit is required for travel from the destination indicated on this form if this destination is within the above-named States. Travel from the place of issue of this permit to the destination indicated must be by direct route and completed within a reasonable time after the date of issue.

A copy of this form is required for each member of a family.

CHANGE OF RESIDENCE REPORT CARD

	(FIRST)	(MIDDLE)	(LAST)
DDRESS		X	
	(STREET	ADDRESS OR TURAL RO	
(CITY)	(COUN	(E	STATE)
NEW ADDRESS, OR DEST		STREET ADDRESS OR RU	RAL ROUTE)
(CITY)	NEOUN	ITY) (S	STATE)
SEX: Male _ Female _	1 / Po file	6. RACE: White	☐ Japanese ☐
CITIZEN OF		IEN REGISTRATION No	
(COUN	TRY)		(FOR ALIENS ONLY)
		TURE	

WAR DEPARTMENT

Headquarters, Western Defense Command Office of the Provost Marshal

OFFICIAL BUSINESS

To the Postmaster: After the information on the reverse side of this card is filled in by the registrant, deliver to him a "Certificate, Change of Residence Notice."

PLEASE FORWARD THIS CARD
IMMEDIATELY

Penalty for private use to avoid payment of postage, \$300

PROVOST MARSHAL
Western Defense Command
Presidio of San Francisco
California

1-A

DEPARTMENT OF JUSTICE

UNITED STATES ATTORNEY

DISTRICT OF OREGON
PORTLAND

March 19, 1942

The Federal Reserve Bank and/or United States Employment Service Porter Building Portland, Oregon

Gentlemen:

Herewith find forms of application for alien enemy travel permit which may be used by your office in connection with the evacuation of alien enemies. Under the regulations announced by the Attorney General it is required that application for travel permit be filed for seven days in advance. However, we will waive such requirement in evacuation cases, and any such application presented to this office following consultation with you will be given immediate attention. Obviously travel for other purposes is subject to investigation.

You will note that the application is in triplicate. The original is retained by this office for the permanent file, a copy is filed with the Federal Bureau of Investigation, and the remaining copy duly endorsed by the United States Attorney will of be given to the alien, who is required to have the same on his person or in his immediate possession at all times while he is traveling.

For the further information of your office we are enclosing herewith two copies of regulations issued by the Attorney General controlling travel and other conduct of aliens of enemy nationalities. Such regulations, however, may be superseded by the Secretary of War or the commander of a military district when a military district is designated and the military authorities assume jurisdiction with respect thereto.

Respectfully,

Carl C. Donava

Attorney

DEPARTMENT OF JUSTICE

UNITED STATES ATTORNEY

DISTRICT OF OREGON PORTLAND

Merch 19, 1942

The Federal Reserve Bank end/or United States Maployment Service Portor Building Portland, Oregon

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PORTLAND BRANCH

APPLICATION FOR ALIEN ENEMY TRAVEL PERMIT

(ORIGINAL AND TWO COPIES TO BE FILED)

NOTE: Application must be filed at least SEVEN DAYS prior to proposed time of departure with the United States Attorney, 506 U. S. Court House, Portland, Oregon, NO TRAVEL WILL BE ALLOWED EXCEPT BY WRITTEN AUTHORIZATION OF UNITED STATES ATTORNEY.

Name:				
Nationality:	Certificate	of Identification	on No.	
Home Address:	Street No. or rural route and	box	City or Town	State
Business Address:				
	Street No. or rural route and	box	City or Town	State
Home Phone:	Busi	ness Phone:		
Occupation:				
Detailed statement or purpos	e for which trip is to be m	ade:		
Persons to be visited:				
Name	Str	reet	City	State
Name	Str	reet	City	State
Name	Str	·eet	City	State
Destination of trip:				
Stop-overs:				
Intended date of departure:				
Address at which alien may				
Address at which aften may				
Street No. or rural		City or	Town	State
Means of transportation:	(T	rain, bus, boat or pr	rivate auto)	
If private auto, make:	Lie	ense:		
		30	ate	Number
Route to be followed to and	from point of destination	:		
(Hi	ghways, railroad company, stead			
References:		A A A		Phone
· ·	Vame	Address		
1	Vame	Address		Phone
Date:	Signature			
Date:	~ Signature			

Note: The space below may be used to supplement information on reverse side: Permission is granted denied applicant herein to travel in accordance with proposed application with following exceptions: United States Attorney for the District of Oregon.

APPLICATION FOR ALIEN ENEMY TRAVEL PERMIT

(ORIGINAL AND TWO COPIES TO BE FILED)

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Name:			
Nationality:	Certificate of	Identification No	
Home Address:	eet No. or rural route and box		State
Business Address:			
	reet No. or rural route and box		
Home Phone:	Business	Phone:	
Occupation:			
Detailed statement or purpose for	which trip is to be made:		
Persons to be visited:			
Name	Street	City	State
Name	Street	City	State
Name	Street	City	State
Destination of trip:			
Stop-overs:			
200p 0.0220			
Intended date of departure:	Trate	anded date of return.	
Address at which alien may be for			
Address at which aften may be 100			
Street No. or rural route		City or Town	
Means of transportation:	(Train,	bus, boat or private auto)	
If private auto, make:	License	•	
		State	Number
Route to be followed to and from	point of destination:		
	s, railroad company, steamship		
References:		dress	Phone
Name	Ad		
Name	Ad	dress	Phone
Date:	Signature:		

Note: The space below may be used to supplement information on reverse side: Permission is granted denied applicant herein to travel in accordance with proposed application with following exceptions: United States Attorney for the District of Oregon.

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Name:			
Nationality:C	ertificate of Ident	ification No	
Home Address: Street No. or rural	l route and box	City or Town	State
Business Address: Street No. or rural	l route and box	City or Town	State
Home Phone:	Business Pho	ne:	
Occupation:			
Detailed statement or purpose for which trip is	s to be made:		
Persons to be visited:			
Name	Street	City	State
Name	Street	City	State
Name	Street	City	State
Destination of trip:			
Stop-overs:			
			,
Intended date of departure:	Intended	d date of return:	
Address at which alien may be found while aw	vay from permane	nt address:	
Street No. or rural route and box		City or Town	State
Means of transportation:	(Train, bus, b	oat or private auto)	
If private auto, make:	License:	State	Number
Route to be followed to and from point of de	stination:		
(Highways, railroad com			
Name	Address		Phone
Name	Address		Phone
Date	Signature:		

Note: The space below may be used to supplement information on reverse side: Permission is granted denied applicant herein to travel in accordance with proposed application with following exceptions: United States Attorney for the District of Oregon.