



U.S. Department of State
STATEMENT OF CLAIM
Related to Deportation from France During the Holocaust

1. Claimant			
Name of Employee (Last, First, MI)			
Street Address			
City	State/Territory	Zip/Postal Code	Country
Email Address		Work Phone	Home Phone
If you are filing as a representative on behalf of the estate of a deportation survivor or the estate of a surviving spouse, please provide:			
(I)	Full Name of the deceased survivor or surviving spouse:		
(II)	Date and place of death of survivor or surviving spouse: (mm-dd-yyyy)		
(III)	Official documentation of the date and place of death of survivor or surviving spouse (such as a death certificate).		
(IV)	A copy of the court order or other official documentation showing that you are the authorized estate representative of the deceased survivor or surviving spouse.		
2. Legal Representative (if any)			
Note: Leave this section blank if you are submitting a claim as the representative of the estate of a survivor or the estate of a surviving spouse. All other legal representatives should complete this information.			
Name of Legal Representative		Name of Law Firm	
Street Address			
City	State/Territory	Zip/Postal Code	Country
Email Address		Work Phone	Home Phone
3. Nationality			
BASIC CLAIM INFORMATION			
If you are filing on your own behalf, please provide your nationality:			
If you are filing as the representative of the estate of a survivor or the estate of a surviving spouse, please provide the nationality of the survivor or surviving spouse upon that person's death:			
Please provide legal documentation of your nationality or the nationality of the relevant deceased survivor or surviving spouse, such as a copy of a passport, birth certificate, certificate of naturalization, or other appropriate documentation.			
Note: Article 3 of the U.S.-France Agreement states that the Agreement shall not apply to "Holocaust deportation claims of French nationals" or to "Holocaust deportation claims of nationals of other countries who have received, or are eligible to receive, compensation under an international agreement concluded by the Government of the French Republic addressing Holocaust deportation."			
4. Claim Details			
(a) Please indicate the category under which you are submitting this claim:			
<input type="checkbox"/>	Survivor of Deportation from France during the Second World War		
<input type="checkbox"/>	Estate of Deportation Survivor who Died between 1948 and the Present		
<input type="checkbox"/>	Surviving Spouse of Individual Deported from France during the Second World War		
<input type="checkbox"/>	Estate of Deported Individual's Surviving Spouse who Died between 1948 and the Present		
(b) Please provide all available identifying information and documentation regarding the relevant individual's deportation from France during the Second World War, including if possible the date, convoy, and place of departure and arrival of such deportation (continue on page 2 if necessary).			

(b) Please provide all available identifying information and documentation regarding the relevant individual's deportation from France during the Second World War, including if possible the date, convoy, and place of departure and arrival of such deportation (use additional sheets if necessary):

(c) If you are filing as or on behalf of the surviving spouse of the person deported as described above, please provide documentation of the marriage to the deported person and indicate whether the deported person survived after the Second World War:

Yes

No

5. RELEASE AND PENALTIES (Each claimant must sign individually.)

By your signature on this Statement of Claim, you also acknowledge that if you are deemed eligible and awarded compensation as a result of your application, payment of such compensation will be made only upon your signature of a release in which you agree to receive the payment amount in full satisfaction and final settlement of any claim coming within the terms of the Agreement between the Government of the French Republic and the Government of the United States of America on Compensation for Certain Victims of Holocaust-Related Deportation from France Who Are not Covered by French Programs ("the Agreement"), signed in Washington, DC, on December 8, 2014. Terms used in this written undertaking will have the meaning prescribed in the Agreement.

This release form will also require that you affirm, upon receipt of the payment amount:

- (1) I release and forever discharge France and any French national (including natural and juridical persons) from any liability of any kind for all claims relating to Holocaust deportation.
- (2) I forever relinquish all claims, demands, rights of action, suits, and judgments, that I have ever had or will have, or which my heirs, executors, administrators, or assigns ever had or ever may have, relating to Holocaust deportation from France.
- (3) I release and forever discharge the Government of the United States of America; its agencies or instrumentalities; and officials, employees, and agents of the Government of the United States of America or the United States' agencies and instrumentalities from any liability of any kind relating to Holocaust deportation, United States actions and policies affecting those claims, any associated litigation, and the United States' administration of those claims.
- (4) I forever relinquish all claims, demands, rights of action, suits, and judgments, that I have ever had or will have, or which my heirs, executors, administrators, or assigns ever had or ever may have, relating to United States actions and policies affecting claims relating to Holocaust deportation, any associated litigation, and the United States' administration of those claims.
- (5) I declare under penalty of perjury that I have not received, and will not at any time claim, any compensation under French programs relating to Holocaust deportation or under any international agreements concluded by the Government of the French Republic relating to Holocaust deportation.
- (6) I declare under penalty of perjury that I have not received any compensation under any other State's compensation program relating specifically to Holocaust deportation or under the compensation programs of any foreign institution relating specifically to Holocaust deportation."

PENALTIES: Your attention is directed to the federal law on false statements, 18 U.S.C. section 1001, which provides: "[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully- (1) falsifies, conceals or covers up by any trick, scheme, or device a material fact; (2) makes any false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially, fictitious, or fraudulent statement or entry; shall be fined under [Title 18, U.S. Code] or imprisoned not more than 5 years, or both."

I, _____, certify that I have read the release and agree to its terms. I further certify that, to the best of my knowledge and belief, the statements set forth in this Statement of Claim, including any papers attached to or filed with this Statement of Claim, are true and accurate, and that all material facts have been set forth in this Statement of Claim.

Date (mm-dd-yyyy) Signature of Claimant

Date (mm-dd-yyyy) Signature of Legal Representative

PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to the State Department Basic Authorities Act, 22 U.S.C. §§ 2651a, 2656 and 2668a, and the Agreement Between the Governments of the United States of America and the French Republic on Compensation for Certain Victims of Holocaust-Related Deportation from France Who Are not Covered by French Programs.

PURPOSE: The information solicited in this form will be used to evaluate the claims submitted by individuals who survived deportation from France during the Second World War as part of the persecution carried out by the German Occupation authorities or the Vichy Government; their surviving spouses; or their assigns.

ROUTINE USES: The information on this form may be shared with federal, state, and local government agencies; and members of Congress and the Government Accountability Office; French government officials; U.S. federal and state courts; and foreign courts. The information may also be made available to officials of other foreign governments. More information on the Routine Uses for the system can be found in the System of Records Notice STATE-54, Records of the Office of the Assistant Legal Adviser for International Claims and Investment Disputes.

DISCLOSURE: Providing this information is voluntary. Failure to provide the information requested in this form may result in denial of your claim.

Paperwork Reduction Act

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your claim contains all the information required to process it fully. The Office of the Legal Adviser, International Claims and Investment Disputes will use this information to process your claim. Response is voluntary. The information you provide on this form will only be shared with persons who have an official need to know and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. §552a(b). The estimated time to complete this form is 3 hours. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to U.S. Department of State, Office of the Legal Adviser, Room 4325, 2201 C Street NW, Washington DC 20520. ATTN: Deportation Claims Form. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a current valid OMB Control Number.