



HOLOCAUST CLAIMS PROCESSING OFFICE ART CLAIM FORM

SINCE 1997 THE STATE OF NEW YORK HAS PLAYED AN INTEGRAL ROLE IN HELPING INDIVIDUALS OF ALL BACKGROUNDS OBTAIN A MEASURE OF JUST RESOLUTION FOR THE THEFT OF PROPERTY DURING THE REIGN OF THE NAZI REGIME. THE HOLOCAUST CLAIMS PROCESSING OFFICE ("HCPO") WAS CREATED TO PROVIDE INSTITUTIONAL ASSISTANCE, AT NO COST, TO INDIVIDUALS SEEKING TO RECOVER ASSETS LOST DUE TO NAZI PERSECUTION DURING THE HOLOCAUST-ERA, INCLUDING: ASSETS DEPOSITED IN BANKS, PROCEEDS FROM UNPAID HOLOCAUST-ERA INSURANCE POLICIES, AND ART THAT WAS LOST, LOOTED, STOLEN, OR SOLD UNDER DURESS BETWEEN 1933 AND 1945.

INDIVIDUAL CLAIMS ARE ASSIGNED TO MEMBERS OF THE HCPO'S HIGHLY TRAINED STAFF WHO WORK WITH CLAIMANTS TO COLLECT THE MOST DETAILED AND ACCURATE INFORMATION POSSIBLE. WHEN FEASIBLE THE HCPO PERFORMS ARCHIVAL RESEARCH IN AN EFFORT TO OBTAIN ADDITIONAL INFORMATION TO SUBSTANTIATE CLAIMS. THE HCPO THEN SUBMITS CLAIM INFORMATION TO THE APPROPRIATE COMPANIES, AUTHORITIES, MUSEUMS OR ORGANIZATIONS WITH THE REQUEST THAT A COMPLETE AND THOROUGH SEARCH BE MADE FOR THE SPECIFIED ASSET(S). TO ENSURE RIGOROUS REVIEW OF THESE INQUIRIES, THE HCPO MAINTAINS REGULAR CONTACT WITH ENTITIES TO WHICH IT SUBMITS CLAIMS.

ONCE AN AGENCY HAS COMPLETED ITS REVIEW OF A CLAIM AND REACHES A DETERMINATION, THE HCPO REVIEWS THE DECISION TO ENSURE THAT IT ADHERES TO THAT AGENCY'S PUBLISHED PROCESSING GUIDELINES. IN THE EVENT THAT A CLAIMANT WISHES TO APPEAL A DECISION, THE HCPO GUIDES CLAIMANTS THROUGH THIS PROCEDURE AS WELL AND PERFORMS ADDITIONAL RESEARCH WHEN POSSIBLE. ALTERNATIVELY, WHEN CLAIMANTS RECEIVE POSITIVE DECISIONS THAT INCLUDE MONETARY AWARDS, THE HCPO FACILITATES PAYMENT BY EXPLAINING THE VARIOUS RELEASE AND WAIVER FORMS AND BY FOLLOWING UP WITH THE CLAIMS AGENCY TO CONFIRM PAYMENT.

UNLIKE CLAIMS FOR FINANCIAL ASSETS SUCH AS BANK ACCOUNTS AND INSURANCE POLICIES, THERE IS NO SINGLE VENUE WHERE AN INDIVIDUAL CAN FILE A CLAIM FOR COMPENSATION FOR LOST CULTURAL OBJECTS AND WORKS OF ART. GIVEN THE INDIVIDUALIZED NATURE OF THESE CASES, THEY REQUIRE WORKING WITH A VARIETY OF ENTITIES, SUCH AS MUSEUMS, AUCTION HOUSES AND PRIVATE COLLECTORS, AND MUST BE RESOLVED ON A PAINTING-BY-PAINTING OR OBJECT-BY-OBJECT BASIS.

ANYONE WITH REASON TO BELIEVE THAT A WORK OF ART BELONGING TO THEM OR TO A RELATIVE WAS LOST, LOOTED, STOLEN OR SOLD UNDER DURESS BETWEEN JANUARY 1, 1933 AND MAY 9, 1945 AS A RESULT OF NAZI PERSECUTION MAY SUBMIT AN ART CLAIM TO THE HCPO. THE CLAIM FORM IS DESIGNED TO ASSIST YOU IN PROVIDING INFORMATION NEEDED BY THE HCPO TO CARRY OUT RESEARCH AND TO ENSURE THAT WE HAVE AS MUCH INFORMATION AS POSSIBLE TO FAIRLY AND EXPEDITIOUSLY ASSIST YOU WITH YOUR CLAIM. THE INFORMATION PROVIDED WILL BE REVIEWED AGAINST PUBLISHED INFORMATION ON HOLOCAUST-ERA LOOTED ART AND OTHER RESOURCES IN AN EFFORT TO LOCATE THE MISSING WORK OF ART AND AID IN ITS RECOVERY.

KINDLY FILL OUT THIS CLAIM FORM AS COMPLETELY AND IN AS MUCH DETAIL AS POSSIBLE. TO ENABLE THE HCPO TO INVESTIGATE YOUR CLAIM, E.G., PERFORM ARCHIVAL RESEARCH, YOU MUST SIGN THE AUTHORIZATION (PART 10) ON PAGE 12 OF THE CLAIM FORM. IN ADDITION, TO INCREASE THE CHANCES OF FINDING YOUR MISSING ARTWORK(S), WE WOULD LIKE TO PROVIDE INFORMATION ABOUT YOUR LOOTED ARTWORK(S) TO: (1) THE ART LOSS REGISTER (ALR) (WWW.ARTLOSS.COM), (2) LOST ART INTERNET DATABASE (WWW.LOSTART.DE), WHICH MAINTAIN DATABASES AND/OR WEBSITES PERTAINING TO HOLOCAUST-ERA LOOTED ARTWORKS, AND (3) ON THE HCPO'S OWN WEBSITE (WWW.DFS.NY.GOV/CONSUMERS/HOLOCAUST_CLAIMS). BY SIGNING THE AUTHORIZATION ON PAGE 12 YOU PERMIT THE HCPO TO PROVIDE INFORMATION ABOUT YOUR LOOTED ARTWORK(S) TO THESE AGENCIES.

PLEASE SUBMIT THIS CLAIM FORM ALONG WITH ANY SUPPORTING DOCUMENTATION TO:

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
HOLOCAUST CLAIMS PROCESSING OFFICE
ONE STATE STREET
NEW YORK, NY 10004-1511; U.S.A.**

PART 1: CLAIMANT INFORMATION

I. PERSONAL INFORMATION

INFORMATION ABOUT YOURSELF. PLEASE INCLUDE A COPY OF YOUR IDENTIFICATION. DO NOT SEND THE ORIGINAL.

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME

NAME CHANGES (INCLUDING CHANGES OF SPELLING)

CURRENT ADDRESS (PLEASE INCLUDE COUNTRY AND AREA CODES FOR TELEPHONE AND FAX NUMBERS):

STREET

APT./UNIT NO.

CITY

STATE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE

MOBILE PHONE

FAX

EMAIL

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

PREVIOUS PLACES OF RESIDENCE UP TO AND INCLUDING MAY 1945 (IF OUTSIDE THE U.S.)

FATHER'S NAME

FIRST NAME

MIDDLE NAME(S)

LAST NAME

MOTHER'S NAME

FIRST NAME

MIDDLE NAME(S)

LAST NAME

MAIDEN NAME

II. ALTERNATE CONTACT

IN THE EVENT THAT THE HCPO IS UNABLE TO REACH YOU, PLEASE PROVIDE DETAILS REGARDING SOMEONE ELSE WE COULD CONTACT. THE HCPO WILL NOT CONSIDER THIS PERSON AS YOUR LEGAL OR OTHER REPRESENTATIVE AND WILL NOT PROVIDE THIS PERSON WITH ANY DOCUMENTATION RELATING TO YOUR CLAIM, UNLESS YOU IDENTIFY THIS CONTACT PERSON AS YOUR LEGAL OR OTHER REPRESENTATIVE IN PART 1, SECTION IV OF THIS FORM.

NAME _____
RELATIONSHIP TO YOU _____
STREET _____
APT./UNIT NO. _____
CITY _____
STATE _____
ZIP/POSTAL CODE _____
COUNTRY _____
TELEPHONE _____ MOBILE PHONE _____
FAX _____ EMAIL _____

III. CLAIMANT REPRESENTATIVE INFORMATION (WHEN APPLICABLE)

WHERE THE PERSON SUBMITTING THE CLAIM IS A REPRESENTATIVE OF THE CLAIMANT AND NOT SOMEONE ENTITLED TO INHERIT THE POLICY'S PROCEEDS, THIS SECTION MUST BE FILLED OUT. **WRITTEN AND NOTARIZED AUTHORIZATION OR A POWER OF ATTORNEY FROM THE CLAIMANT PROVIDING AUTHORIZATION TO THE NAMED REPRESENTATIVE MUST BE INCLUDED.** ALL INFORMATION REGARDING THE CLAIMANT (THE INDIVIDUAL WHO HAS GRANTED THE POWER OF ATTORNEY OR OTHER AUTHORIZATION) MUST STILL BE PROVIDED IN PART 1 OF THIS FORM.

REPRESENTATIVE'S LAST NAME _____
REPRESENTATIVE'S FIRST NAME _____
REPRESENTATIVE'S MIDDLE NAME _____
DO YOU HAVE DOCUMENTATION CONFIRMING THIS RELATIONSHIP? YES (PLEASE INCLUDE A COPY WITH THIS FORM) NO
REPRESENTATIVE'S ADDRESS _____
LAW FIRM, COMPANY, OR OTHER _____
STREET _____
APT./UNIT NO. _____
CITY _____
STATE _____
ZIP/POSTAL CODE _____
COUNTRY _____
TELEPHONE _____ MOBILE PHONE _____
FAX _____ EMAIL _____

IV. OTHER HEIRS OF THE ART COLLECTOR

PLEASE INDICATE BELOW THE NAMES OF OTHER HEIRS TO THE CLAIMED ART COLLECTION. PLEASE INSERT ADDITIONAL PAGES AS NEEDED.

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
RELATIONSHIP TO YOU _____
STREET _____
APT./UNIT NO. _____
CITY _____
STATE _____
ZIP/POSTAL CODE _____
COUNTRY _____
TELEPHONE _____ MOBILE PHONE _____
FAX _____ EMAIL _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
RELATIONSHIP TO YOU _____
STREET _____
APT./UNIT NO. _____
CITY _____
STATE _____
ZIP/POSTAL CODE _____
COUNTRY _____
TELEPHONE _____ MOBILE PHONE _____
FAX _____ EMAIL _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
RELATIONSHIP TO YOU _____
STREET _____
APT./UNIT NO. _____
CITY _____
STATE _____
ZIP/POSTAL CODE _____
COUNTRY _____
TELEPHONE _____ MOBILE PHONE _____
FAX _____ EMAIL _____

V. PREVIOUS COMPENSATION

HAVE YOU OR ANYBODY ELSE PARTICIPATED IN ANY COMPENSATION/RESTITUTION PROCEDURE FOR THIS ART COLLECTION? E.G., DEUTSCHE WIEDERGUTMACHUNG BUNDESENTSCHÄDIGUNGSGESETZ (BEG), BUNDESRÜCKERSTATTUNGSGESETZ (BRÜG), LASTENSAUSGLEICHSGESETZ (LAG), OR OTHER. YES NO

IF YES, UNDER WHICH COMPENSATION SCHEME?

IF NO APPLICATION WAS MADE, WHY NOT?

IF YOU APPLIED, BUT NO PAYMENT WAS RECEIVED, WHY NOT?

HAVE YOU OR ANYBODY ELSE SUBMITTED FILED A CLAIM WITH ANOTHER ORGANIZATION(S) FOR THIS ART COLLECTION? E.G., COMMISSION FOR LOOTED ART IN EUROPE (CLAE), COMMISSION FOR ART RECOVERY (CAR), ART LOSS REGISTER (ALR), SAGE RECOVERY OR OTHER (INDEPENDENT LEGAL COUNSEL). YES NO

IF YES, WHICH ORGANIZATION(S) OR FIRM(S)?

PART 2: ART COLLECTOR

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE PERSON WHO WAS THE OWNER OF THE ART COLLECTION. THIS PERSON IS REFERRED TO AS "COLLECTOR."

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME

ANY OTHER NAME(S) USED BY THE COLLECTOR

CITIZENSHIP/ NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FULL NAME OF COLLECTOR'S FATHER

FULL NAME OF COLLECTOR'S MOTHER

PLEASE INCLUDE MAIDEN NAME

FULL NAME OF COLLECTOR'S SPOUSE

PLEASE INCLUDE MAIDEN NAME IF APPLICABLE

DATE OF MARRIAGE (MONTH/DAY/YEAR)

PLACE OF MARRIAGE
(CITY/STATE/COUNTRY)

ALL KNOWN PLACES OF RESIDENCE UP TO AND INCLUDING MAY 1945 (IF OUTSIDE THE U.S.)

CLAIMANT'S RELATIONSHIP TO THE
COLLECTOR

DO YOU HAVE DOCUMENTATION CONFIRMING THIS RELATIONSHIP?

YES NO

IF SO, PLEASE DESCRIBE AND INCLUDE A COPY WITH YOUR COMPLETED CLAIM FORM.

PART 3: SPOUSE OF ART COLLECTOR

THIS SECTION REQUESTS ALL INFORMATION KNOWN ABOUT THE SPOUSE OF THE ART COLLECTOR.

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME

ANY OTHER NAME(S) USED BY THE COLLECTOR'S SPOUSE

CITIZENSHIP/ NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FULL NAME OF SPOUSE'S FATHER

FULL NAME OF SPOUSE'S MOTHER

PLEASE INCLUDE MAIDEN NAME

DATE OF MARRIAGE (MONTH/DAY/YEAR)

PLACE OF MARRIAGE
(CITY/STATE/COUNTRY)

ALL KNOWN PLACES OF RESIDENCE UP TO AND INCLUDING MAY 1945 (IF OUTSIDE THE U.S.)

CLAIMANT'S RELATIONSHIP TO THE COLLECTOR'S
SPOUSE

DO YOU HAVE DOCUMENTATION CONFIRMING THIS RELATIONSHIP?

YES NO

IF SO, PLEASE DESCRIBE AND INCLUDE A COPY WITH YOUR COMPLETED CLAIM FORM.

PART 4: CHILDREN OF THE ART COLLECTOR

THIS SECTION SEEKS INFORMATION ABOUT BIOLOGICAL AND LAWFULLY ADOPTED CHILDREN OF THE ART COLLECTOR, OTHER THAN THE CLAIMANT SHOULD THE CLAIMANT BE A CHILD OF THE COLLECTOR. PLEASE INCLUDE ADDITIONAL PAGES AS NEEDED.

CLAIMANT IS THE ONLY CHILD OF THE COLLECTOR. *DO NOT COMPLETE THIS SECTION.*

CHILD NO. 1 (OTHER THAN CLAIMANT)

BIOLOGICAL **ADOPTED** (PLEASE CHECK ONE)

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME (IF APPLICABLE)

NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FATHER'S NAME

MOTHER'S NAME:

CHILD NO. 2 (OTHER THAN CLAIMANT)

BIOLOGICAL **ADOPTED** (PLEASE CHECK ONE)

LAST NAME

FIRST NAME

MIDDLE NAME(S)

MAIDEN NAME (IF APPLICABLE)

NATIONALITY

DATE OF BIRTH (MONTH/DAY/YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

DATE OF DEATH (MONTH/DAY/YEAR)

PLACE OF DEATH (CITY/STATE/COUNTRY)

FATHER'S NAME

MOTHER'S NAME

PART 5: INFORMATION ABOUT THE ART COLLECTION

PLEASE LIST THE OBJECTS FOR WHICH YOU ARE MAKING A CLAIM. PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE. PHOTOGRAPHS ARE OF FOREMOST IMPORTANCE, BUT IF YOU CANNOT PROVIDE THEM, PLEASE INCLUDE A WRITTEN DESCRIPTION OR SKETCH. PLEASE COPY AND INSERT AS MANY PAGES AS NEEDED.

TITLE – FOREIGN LANGUAGE _____

TITLE – ENGLISH _____

ARTIST/ATTRIBUTION _____

COUNTRY OF ORIGIN _____

PERIOD OF EXECUTION _____

WAS THE OBJECT SIGNED? YES NO

IF YES, PLEASE DESCRIBE? _____

DATE OF EXECUTION (IF KNOWN) _____

DOES THE DATE APPEAR ON THE OBJECT? YES NO

INSCRIPTIONS _____

OTHER IDENTIFYING MARKS _____

DIMENSIONS (PLEASE NOTE CM OR IN)

HEIGHT _____

WIDTH _____

DEPTH _____

WAS THE OBJECT FRAMED? YES NO

DESCRIPTION _____

LAST KNOWN LOCATION OF OBJECT (CITY/STATE/COUNTRY) _____

DESCRIBE THE CIRCUMSTANCES OF LOSS _____

WAS THE OBJECT INSURED? YES NO

IF YES, NAME THE INSURANCE COMPANY? _____

WAS THE OBJECT SHIPPED? YES NO

IF YES, NAME THE SHIPPING COMPANY AND PROVIDE DATE (OR APPROXIMATE DATE) OF SHIPMENT? _____

PART 6: FAMILY TREE

TO EXPLAIN THE FAMILY RELATIONSHIPS, PLEASE COMPLETE THE FAMILY TREE FORM, WHICH IS ATTACHED TO THE CLAIM FORM, OR INCLUDE A FAMILY TREE ON A SEPARATE SHEET OF PAPER.

IN ADDITION, PLEASE PROVIDE INFORMATION AND/OR COPIES OF ANY DOCUMENTS THAT WOULD SHOW THAT YOU ARE RELATED TO THE ART COLLECTOR, SUCH AS A PASSPORT OR OTHER IDENTIFYING DOCUMENTS: BIRTH CERTIFICATES, DEATH CERTIFICATES, MARRIAGE CERTIFICATE, AND CORRESPONDENCE WITH IDENTIFYING DETAILS. WHILE THE HCPO UNDERSTANDS THAT THERE ARE MANY REASONS WHY INFORMATION AND DOCUMENTATION ARE NOT AVAILABLE, YOU ARE URGED TO PROVIDE AS MUCH AS YOU HAVE.

PART 7: CLAIMS NOT BASED ON FAMILIAL RELATIONSHIPS

IF YOUR CLAIM IS NOT BASED ON A FAMILIAL RELATIONSHIP TO THE ART COLLECTOR, PLEASE EXPLAIN WHY YOU BELIEVE THAT YOU ARE ENTITLED TO THE ART COLLECTION.

IF POSSIBLE, PLEASE PROVIDE INFORMATION AND COPIES OF ANY TESTAMENTARY DOCUMENTS THAT MIGHT SHOW THAT YOU ARE ENTITLED TO THE ART COLLECTION, SUCH AS:

- WILLS
- TESTAMENTARY OR PROBATE DOCUMENTS
- CERTIFICATES OF INHERITANCE
- OTHER, PLEASE SPECIFY :

OTHER SUPPORTING INFORMATION REGARDING YOUR ENTITLEMENT TO THE ART COLLECTION.

PART 8: FURTHER INFORMATION

DO ANY OF THE CLAIMED WORKS OF ART APPEAR ON A PUBLISHED LIST OF HOLOCAUST-ERA LOOTED ART (NK COLLECTION OF THE NETHERLANDS, MNR COLLECTION OF FRANCE, AUSTRIAN DATABASE OF LOOTED ART, ETC.)?

YES NO

IF YES, PLEASE INCLUDE THE INFORMATION ABOUT THE ART WORK AS DESCRIBED ON THE LIST?

WHAT IS THE BASIS FOR YOUR CLAIM ON THE ART COLLECTION?

PLEASE PROVIDE A SUMMARY FOR THE BASIS OF YOUR BELIEF THAT AN ART COLLECTION WAS LOST, LOOTED, STOLEN, SOLD UNDER DURESS BETWEEN JANUARY 1, 1933 AND MAY 9, 1945. DESCRIBE YOUR CONNECTION TO THIS ART COLLECTION AND WHY YOU FEEL YOU ARE ENTITLED TO RECOVER THE ARTWORKS. PLEASE BE AS DETAILED AS POSSIBLE.

PLEASE ADD ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL.

PART 10: ART CLAIM DECLARATION OF CONSENT

BY SIGNING BELOW, I HEREBY AUTHORIZE THE HOLOCAUST CLAIMS PROCESSING OFFICE OF THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES ("HCPO") TO CONSULT AND DISCUSS WITH ANY ORGANIZATION PROCESSING AND RESOLVING CLAIMS FOR HOLOCAUST-ERA LOOTED ART ALL ASPECTS RELATED TO MY CLAIM FOR WORKS OF ART REFERENCED IN MY CLAIM FORM. IN ADDITION, I PERMIT THE HCPO TO INCLUDE INFORMATION REGARDING THE MISSING ARTWORKS ON THE HCPO'S ONLINE PUBLICLY ACCESSIBLE DATABASE AS WELL AS PROVIDE SAID INFORMATION TO THIRD-PARTIES, INCLUDING BY NOT LIMITED TO, THE ART LOSS REGISTER AND LOST ART INTERNET DATABASE AND I UNDERSTAND THAT ANY INFORMATION ABOUT MY ART CLAIM THAT THE HCPO PROVIDES TO THESE ORGANIZATIONS MAY BE PUBLISHED ON THEIR WEBSITES AND/OR MAINTAINED ON THEIR PROPRIETARY DATABASES.

MOREOVER, I, THE UNDERSIGNED, HEREBY AUTHORIZE THE HCPO TO INVESTIGATE THE CLAIM DESCRIBED IN MY CLAIM FORM AND FURTHER AUTHORIZE THEM TO MAKE AND USE COPIES OF DOCUMENTS CONTAINING PERSONAL DATA AND TO USE SUCH DATA TO INVESTIGATE THE CLAIM. THE UNDERSIGNED ACKNOWLEDGES THAT IN ORDER TO CARRY OUT THESE INVESTIGATIONS, IT MAY BE NECESSARY FOR THE HCPO TO PROCESS PERSONAL DATA INCLUDING SENSITIVE PERSONAL DATA (AS DEFINED IN ARTICLE 6-A [PERSONAL PRIVACY PROTECTION LAW] OF NEW YORK STATE'S PUBLIC OFFICERS LAW – WHICH IS SUBSTANTIALLY SIMILAR TO EUROPEAN DIRECTIVE NO 95/46 AND THE DATA PROTECTION ACT 1998 OF THE UNITED KINGDOM) AND TO DISCLOSE SUCH DATA TO THIRD-PARTIES AND TO TRANSFER SUCH DATA, EVEN TO JURISDICTIONS THAT DO NOT PROVIDE THE SAME LEVEL OF PROTECTION FOR PERSONAL DATA AS EXISTS IN NEW YORK STATE, AND HEREBY CONSENT TO PROCESSING, DISCLOSURE, AND TRANSFER OF SUCH DATA.

THE UNDERSIGNED ALSO AUTHORIZES INVESTIGATION IN ALL RELEVANT GOVERNMENT AUTHORITIES, NON-GOVERNMENTAL ORGANIZATIONS AND RELEVANT ARCHIVES AND FOR SUCH AUTHORITIES/BODIES/ORGANIZATIONS TO GIVE ALL REQUESTED INFORMATION TO THE HCPO.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____ PLACE: _____

FAMILY TREE

