

**COMMISSION FOR THE COMPENSATION OF VICTIMS OF SPOLIATION  
RESULTING FROM THE ANTI-SEMITIC LEGISLATION  
IN FORCE DURING THE OCCUPATION**

(Decree 99-778 of September 10, 1999)

**Case Number :**  
(to remind in all mail)

**QUESTIONNAIRE**

**1 CIVIL STATUS**

- **Yours** (include a photocopy of identity card or passport)

Family Name .....

First .....

Date of birth [day.... mo ... year...]...... Place of birth .....

Address.....

.....

Telephone numbers:.....

Email:.....

**Important : The Commission is competent only for the compensation of victims of material and financial spoliations.**

To be returned to:

**Commission pour l'indemnisation des victimes de spoliations intervenues du fait  
des législations antisémites en vigueur pendant l'Occupation (CIVS)**

66, rue de Bellechasse 75007 PARIS- FRANCE

Téléphone: +33 (0) 1 42 75 68 32

Fax : +33 (0) 1 42 75 68 97

[renseignement@civs.gouv.fr](mailto:renseignement@civs.gouv.fr)

[www.civs.fr](http://www.civs.fr)

• **Civil status of the direct victims of the spoliation**  
**(IMPORTANT: include all photocopies of civil status papers in your possession, including the livret de famille [official record of marriage and children])**

Family name.....  
First Name.....  
Date of birth [day.... mo ... year...]...... Place of birth .....  
Date and place of death, if you know.....  
Last known address.....  
.....

Family name.....  
First Name.....  
Date of birth [day.... mo ... year...]...... Place of birth .....  
Date and place of death, if you know.....  
Last known address.....  
.....

• **CIVIL STATUS of the heirs of the victims of spoliation**

Family Name.....  
First.....  
Date of birth [day.... mo ... year...]...... Place of birth .....  
Address.....  
.....  
Telephone number.....  
Relation to the victims of the spoliations.....

Family Name.....  
First.....  
Date of birth [day.... mo ... year...]...... Place of birth .....  
Address.....  
.....  
Telephone number.....  
Relation to the victims of the spoliations.....

Family Name.....  
First.....  
Date of birth [day.... mo ... year...]...... Place of birth .....  
Address.....  
.....

Telephone number.....  
Relation to the victims of the spoliations.....  
  
Family Name.....  
First.....  
Date of birth [day.... mo ... year...]...... Place of birth .....

Address.....  
.....  
Telephone number.....  
Relation to the victims of the spoliations.....

**Are you also acting in the name of the other heirs? .....**

**If so, include a proxy in your name based on the form on page 10 of this questionnaire.**



- **What assets were involved?**

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- **Where were these assets located? (give as precise an address as possible)**

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- **What value would you attribute to these assets?**

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**3 - PREVIOUS CLAIMS**

- **Has a claim ever been submitted to the French authorities? For which possessions and/or assets?**

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- **Specify the name and address of the organism**

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- **Indicate the result of the claim**

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- **Has a claim ever been submitted to the German authorities? For which possessions and/or assets?**

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- **Specify the name and address of the organism**

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- **Indicate the result of the claim**

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**4 DOCUMENTS**

- **If you have any documents to submit to the Commission, in particular concerning the circumstances of the spoliation, the nature and the value of the possessions despoiled, please send them along with this questionnaire.**

Description of the documents

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

I attest on my honor that the comments made above are exact, and I give my word of honor that I and the other claimants I represent will take personal responsibility to share the compensation awarded us with all heirs who later make themselves known, and transfer their share of the award to them.

Signed at (place)..... on(date)

Signature

Please return the power-of-attorney on page 9 after it has been duly completed. If you are representing other heirs, return one proxy from each of them, based on the form on page 10.

The proxy allows you to act on their behalf. Do not forget to include a photocopy of your passport or identity card.



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**POWER OF ATTORNEY**

Case Number :

I, the undersigned (Name and First Name).....

Residing at.....

.....

.....

authorize the Commission for the Compensation of Victims of Spoliation Resulting from the anti-Semitic Legislation in Force During the Occupation to seek all information concerning the spoliation of material possessions of which I have been despoiled, or to which I am entitled as heir to a despoiled person. In particular, I authorize the Commission to ask the competent institutions for information in personal files constituted during past procedures, to consult the original files and to request copies.

Signed at (place)..... on(date)

Signature

To be returned to:

**Commission pour l'indemnisation des victimes de spoliations intervenues du fait  
des législations antisémites en vigueur pendant l'Occupation (CIVS)**

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**PROXY**

Case Number :

I the undersigned (Name).....(First name).....

born on .....at.....

and living (please write down your complete address).....

.....

Give my proxy (power of attorney) to (Name and First Name).....

.....

to represent me before the Commission for the Compensation of Victims of Spoliation Resulting from the anti-semitic legislation in Force during the Occupation (COMMISSION POUR L'INDEMNISATION DES VICTIMES DE SPOLIATIONS INTERVENUES DU FAIT DES LÉGISLATIONS ANTISÉMITES EN VIGUEUR PENDANT L'OCCUPATION).

Signed at (place)..... on(date)

Signature

To be returned to: **Commission pour l'indemnisation des victimes de spoliations intervenues du fait des législations antisémites en vigueur pendant l'Occupation (CIVS)**

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