



National Archives
of Canada

Archives nationales
du Canada

Historical Resources
Branch

Direction des
ressources historiques

395 Wellington Street
Ottawa, Ontario
K1A 0N3

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Ottawa (Ontario)
K1A 0N3

Your file Votre référence

Our file Notre référence

1025-9-8822

21 September 1988

Mr. Itsuro Tagami
7426 Gladstone Street
Vancouver, British Columbia
V5P 4H1

Dear Mr. Tagami:

This is in response to your request of 15 August 1988 made under the Access to Information Act (the Act) for information regarding the TAGAMI family. The National Archives received the request on 22 August 1988.

A search of the following Record Groups (RG) was undertaken and on the basis of the information provided the following records were located:

RG 117, Custodian of Enemy Property

TAGAMI, JIROSAKU (Mr.) Registration No. 09164
Paldi, B.C.
Reel No. C-9382, File 8408, 5 pages

TAGAMI, KIYOSHI (Mrs. Jirosaku) Registration No. 09163
Paldi, B.C.
Reel No. C- 9379, File 8042, 6 pages
Mother: Yamamoto, Kuana Not registered with RCMP
Father: Deceased

THE TAGAMI CHILDREN

TAGAMI, ITSURO (Son) Registration No. 09025
Mayo Lumber Co., Paldi, B.C.
Logger, Mayo Lumber Co., Paldi, B.C.
Reel No. C-9355, File 5342, 10 pages

TAGAMI, YOSHIRO (Son) Registration No. 15301
Paldi, B.C.
Lumber maker, Mayo Lumber Co., B.C.
Reel No. C-9401, File 10623, 3 pages

*J. A. Therton, Director General
Historical Resources
Canada Tom Tagami Collections Branch*

OTTAWA RALLY REGISTRATION FORM
 APR. 13-14 オタワ・ラリー/バス旅行参加申込書 4月 13-14

NAME 氏名 _____ AGE 年齢 _____

ADDRESS 住所 _____

POSTAL CODE 郵便番号 _____ PHONE NO. 電話番号 _____

EMERGENCY CONTACT (name & phone no.) 緊急時の連絡先 (名前と電話番号) _____

HEALTH RELATED CONCERNS (meals, medications, wheel chairs, etc.) 健康上の注意事項 (食事、医薬、車椅子の必要性、その他) _____

HEALTH INSURANCE NUMBER(S) 健康保険の番号 _____

PLEASE CHECK THE FOLLOWING ITEMS 次の事柄をチェックして下さい。 YES/ハイ

1) WILL BE TAKING THE BUS (MONTREAL→OTTAWA)/モントリオール→オタワ行……
 バスに乗せて戴きます (TORONTO→OTTAWA)/ トロント→オタワ行……
 (HAMILTON→OTTAWA)/ ハミルトン→オタワ行……
 (OTTAWA→MONTREAL)/オタワ→モントリオール行……
 (OTTAWA→TORONTO) /オタワ→トロント行……………
 (OTTAWA→HAMILTON)/オタワ→ハミルトン行……………

2) WILL BE RESPONSIBLE FOR OWN TRANSPORTATION /自分でオタワへ行く方法を見付けます _____

3) WILL BE RESPONSIBLE FOR OWN LODGING/オタワでの宿泊は自分で見付けます…………… _____

4) WOULD LIKE TO GO TO THE RIDEAU HALL (45 max)/カナダ総督官邸見学希望 (限定45人)
 14TH 8:45AM (first-come-first-serve basis) / 14日 午前8時45分(ハイエノ好!)

5) WOULD LIKE TO ATTEND QUESTION PERIOD (50 max) / 国会下院質疑応答見学希望 (限定50人)
 14TH 1:45PM (first-come-first-serve basis) / 14日 午後1時45分(ハイエノ好!)

YES, I WOULD LIKE TO PARTICIPATE IN THE OTTAWA RALLY EVENTS. AND, I HEREBY RELEASE THE ORGANIZERS OF THE EVENT AND THE ORGANIZING BODY FROM ALL RESPONSIBILITIES FOR ACCIDENTS OR HEALTH RELATED PROBLEMS WHICH MAY ARISE DURING THE OTTAWA RALLY EVENTS.
 SIGNATURE _____ DATE _____

上記のオタワ・ラリー/バス旅行に参加することを希望します。もしも、この企画中、事故にあたり、病気や他の健康に関する異変が我が身に起こったとしても、この企画に関係している人々並び企画団体には責任が無いことを承認します。

署名 _____ 日付 _____