# The Nationality & Civil Affairs
## Personal Certification Card.

I.D. No.:

First name (b)(6)

Second and Third name : (b)(6)

Surname :

Mother's name :

Gender : Male

Organized on :

Organized by :

Job : (b)(6)

Religion : Muslem

Birth date :

noted deformities (b)(6)

Status : married

Wife's name : (b)(6)

## Remarks

Eye color :

Hair color :

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Foreign Language Text

# Claims Form

To: United States Army Foreign Claims Commission

From: Name: _____

Address: _____ (b)(6)

I am:

a. A citizen and national of: _____

b. A permanent resident of: Iraq

c. Employed by: Iraq

d. Check one ( ) An insurer ( ) Not an insurer

e. Check one ( ) A subrogee ( ) Not a subrogee

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

_____

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.) _____

My claim arose at: _____

(Town) City Country

My claim arose on: _____

Month Day Year

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if needed.)

On 13/11/12 at 7:30 pm Coalition forces shot fires in Al Thebbat Quarter. This led to the death of my daughter, who was near our house. This is confirmed by death certificate issued from Ramadi Hospital.

Ask for complaint and compensation

(b)(6)

_____ Describe nature and extent of property damage or personal injury sustained as a result of the above incident.

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Foreign Language Text, (b)(6)

Mental and financial damages

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

| Item | Amount |
|---|---|
| | |

Total: $2500

I was insured to the following extent against the damage or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name) (Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

$ _____ local _____

(Signature of Claimant)

Subscribed before me this ____ day of ____

(b)(6)

(Print Name)

(Signature)



CENTCOM 011788