

(1) REGISTRATION NO.  

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**A.E.F. D.P. REGISTRATION RECORD**

For coding purposes  

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
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Original  Duplicate

M.  Single  Married   
 F.  Widowed  Divorced

(2) Family Name: Yojens Eugeniuss Other Given Names: Other Given Names (3) Sex: Male (4) Marital Status: Single (5) Claimed Nationality: U.S.A.  
 (6) Birthdate: 25.2.1909 Birthplace: Posow etowogrodsk Polka Province: Posow etowogrodsk Country: Polka (7) Religion (Optional):  (8) Number of Accompanying Family Members:   
 (9) Number of Dependents: 2 (10) Full Name of Father: Lejens Etik (11) Full Maiden Name of Mother: Aleksandra  
 (12) DESIRED DESTINATION: U.S.A. (13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938: Barenovien edowogrodsk Polka  
 City or Village:  Province:  Country:

(14) Usual Trade, Occupation of Profession: Stoker robnik kromak (15) Performed in What Kind of Establishment:  (16) Other Trades or Occupations:   
 (17) Languages Spoken in Order of Fluency: a. Polka b. Rosinska c. Amajiska (18) Do You Claim to be a Prisoner of War: Yes  No  (19) Amount and Kind of Currency in your Possession:   
 (20) Signature of Registrant: Yojens Date: 10.11.38 Assembly Center No. 77 D.P.A.C.S.  
 (21) Signature of Registrar: Yojens Date: 10.11.38 Assembly Center No. 77 D.P.A.C.S.  
 (22) Destination or Reception Center:

(23) Code for Issue: 

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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(24) REMARKS: source, 27 DPACs-Luebeck

MEDICAL CLEARANCE CERTIFICATE									
1st	2nd	1.	2.	3.	4.	5.	6.	7.	8.
(25) Dates of Disinfection		AL		S		K		OTHER	
(26) PHYSICAL CONDITION ON ARRIVAL		IMMUNIZATION RECORD							
L.	M.	C. D.	D.	T.	D.	S.	Vacc.	Revd.	Reaction
REMARKS				1.	2.	3.	1.	2.	3.
				1.	2.	3.	1.	2.	3.
Arrival Medical Inspection ---				Date		M.		R.	
(29) MOVEMENT AUTHORIZATION OR VISA				Date		M.		R.	
(30) MOVEMENT AUTHORIZATION RECORD				Date		M.		R.	

(31) SUPPLEMENTARY RECORD

Temporary Identity certificate issued---

Number      Date      Signature of Authority

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*[Handwritten Signature]*