(1) Registration No. 6 0 6 6 7 2 3 3 1

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

Original ☐ Duplicate ☑

For coding purposes: A. B. C. D. E. F. G. H. I. J.

M. ☐ Single ☑ Married ☐
F. ☑ Widowed ☐ Divorced ☐

(2) Family Name: Pracht
Other Given Names: Charlotte
(3) Sex
(4) Marital Status
(5) Claimed Nationality: Polska

(6) Birthdate: 25.6.1922
Birthplace: Niedobrzyce
Province: G. Śląsk
Country: Polska
(7) Religion (Optional): rz. kat.
(8) Number of Accompanying Family Members: 4

(9) Number of Dependents: ./.
(10) Full Name of Father: Pracht Franciszek
(11) Full Maiden Name of Mother: Kominek Janina

(12) Desired Destination
City or Village: Brzezinki
Province: G. Śląsk
Country: Polska

(13) Last Permanent Residence or Residence January 1, 1938.
City or Village: Niedobrzyce
Province: G. Śląsk
Country: Polska

(14) Usual Trade, Occupation or Profession: ./.
(15) Performed in What Kind of Establishment: ./.
(16) Other Trades or Occupations: ./.

a. Polish b. German c. ./.
(17) Languages Spoken in Order of Fluency
(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: Charlotte Pracht
(21) Signature of Registrar: Kolińska
Date: 1. 9. 45.
Assembly Center No. Engerodestr. 62

(22) Destination or Reception Center: Salzgitter

(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

Name or Number / City or Village / Province / Country

(24) Remarks

Matka Janina G. 06672332
siostra Hilda G. 06672330
brat Erich G. 06672329
" Józef G. 06672328

DP-2
16—39781-1

Copy of Doc. No. 68682806#1 (3.1.1.1/DP3219/0578)
in conformity with the ITS Archives

MEDICAL CLEARANCE CERTIFICATE

1st	2nd	1. D. D. T.	2. D. D. T.	1. AL. 53 M. K.[3]	2. AL. 53 M. K.[3]	1. HEAT.	2. HEAT.	1. OTHER	2. OTHER
(25) Dates of Disinfestation		Types							

(26) PHYSICAL CONDITION ON ARRIVAL

L.	M.	C. D.	D.

REMARKS

(27) IMMUNIZATION RECORD

Type	Dose	Date	Initials
T (Epid)	1.		
	2.		
	3.		
D.	1.		
	2.		
T. T. (Tab.)	1.		
	2.		
	3.		
O.			

S.	Date	Initials	Reaction		
			I.	V.	VA.
Vacc.					
Read.					

Arrival Medical Inspection —:

Date

Medical Examiner

(28) Final Medical Inspection —:

Date

M. R.

Medical Examiner

(29) MOVEMENT AUTHORIZATION OR VISA

(30) RECEPTION CENTER RECORD

(31) SUPPLEMENTARY RECORD

Temporary identity certificate issued—:

Number	Date	Signature of Authority

10—35781-1 U. S. GOVERNMENT PRINTING OFFICE

Copy of Doc. No. 6868280#2 (3.1.1.1/DP3219/0578)
In conformity with the ITS Archives