

**INTERNATIONAL REFUGEE ORGANIZATION
DISPLACED PERSONS' OPERATION, GERMANY, U. S. ZONE
AREA No. 3 ANSBACH**

Form No. _____ Transmittal No. _____
NOMINAL ROLL OF AUTHORIZED MOVEMENT OF DISPLACED PERSONS
 From: TB Hospital Amberg, NBO 461 to: Sanatorium, Schloss Elmau, Mittenwald Area 56 2nd August 1950
Area No. 3 camp A date

Cite Authority Movement:
 Clearance received by phone
 from Area Medical Office
 Munich on 31/7/50.-


 Registration Office

 Registration Chief
Signature and titles of IRO officers initiating movement

No.	Name	Nationality	Sex	Age	D. P. Ident. Card No.	Remarks
1.	CEPLITIS Hermanis	Latvian	M	4.1.23	649186	
2.	DREIERE Juzefa	"	F	25.8.23	784233	
3.	DEMCEUE Gaypa	Ukrainian	F	24.3.12	652963	832183
4.	SLAWA Alex	"	M	19.11.23	652963	

ENCLOSED: DP - 2 duplicates
 Clothing cards
 Medical records
 Food tickets
 Transport slip.-

Supplies with food until 2nd August 1950
 " " amenity supplies until the end of July 1950



- Notes:
- 1) Nationalities should be kept together.
 - 2) Family groups should be shown together.
 - 3) Not more than 25 names should be listed on one page.
 - 4) Prepare 5 copies of this form. Two copies to go with the party to the place of destination, 2 copies via the Field Supervisor to District Office (to be forwarded to Zone Tracing Bureau), 1 copy to be retained by Team Director.