

(1) REGISTRATION NO

905968103

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

Original Duplicate

For coding purposes

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

Young

J. Bachert

clathras

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

10.1.91 *Almanach* *Germany* *R. Nat.* *1*

(6) Birthdate Birthplace Province Country (7) Religion (Optional)

1 *Schuster* *America* *Amo* *Not*

(9) Number of Dependents: (10) Full Name of Father (11) Full Maiden Name of Mother

1 *America* *Almanach* *Young*

(12) DESIRED DESTINATION (13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.

Schuster *America* *Almanach* *Young*

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

a. Young b. germ. c. hung *Registration* *D.P. Center No. 95-351*

(17) Languages Spoken in Order of Fluency (18) Do You Claim to be a Prisoner of War

Bachert *Yes* *No* *(10) Amount and Kind of Currency in your Possession*

(20) Signature of Registrant: (21) Signature of Registrar: *SS Kasern* *Assembly Center No. 08 m 107*

(22) Destination or Reception Center: *MUNICH-REIMAN D.P. CENTER - 3.2 KASERN*

(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

Lived in Germany: 6.10.44
Does not return here *America*

MEDICAL CLEARANCE CERTIFICATE

(31) SUPPLEMENTARY RECORD

Temporary
identity
certificate
issued—:

Number _____ Date _____
Signature of Authority _____

1st _____ 2nd _____

(25) Dates of Disinfection

(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.			

(28) Final Medical Inspection —:

Vacc.	Read.	Date	Initials	Reaction
				L. V. VA.

Arrival Medical Inspection —: _____ Date _____

Medical Examiner _____ Date _____

(29) MOVEMENT AUTHORIZATION OR VISA

Medical Examiner _____ Date _____

(30) RECEPTION CENTER RECORD

M. R. _____