

015421  
 (1) REGISTRATION NO. 

|  |  |  |  |  |  |  |  |  |  |
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 New Id. Card Nr. 707631 issued on 17.2.48 *1st not in*  
 A.E.F. D.P. REGISTRATION RECORD *1st not in*

Original  Duplicate   
 M.  Single  Married   
 F.  Widowed  Divorced

**A B E R HEINZ**  
 (2) Family Name Other Given Names (3) Sex (4) Marital Status (5) Claimed Nationality  
**Deutscher Jude**

**9.8.1922**  
 (6) Birthdate (7) Religion (Optional) (8) Number of Accompanying Family Members:  
**Trebnitz Oberschles. mos. Emma Zwen**

**Aber Richard**  
 (9) Number of Dependents: (10) Full Name of Father (11) Full Maiden Name of Mother  
**U.S.A. Kattowitz**

(12) DESIRED DESTINATION  
**U.S.A.**

City or Village Province Country Province Country  
**Kraftfahrer u. Automechan.**

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

(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**  
**4.6.1948** Date: **Weilheim**

(20) Signature of Registrant: (21) Signature of Registrar:  
**Augen: blau Haare: blond**

(22) Destination or Reception Center:  
**175 63**

(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**

(24) **WEILHEIM** (25) **Abgemeldet: 27.10.1949 nach IRO-Hospital Schwabing**

**ABSCHEIDUNGS**  
 ABSCHIED  
 DP-2  
 16-4781-1

# 11 MEDICAL CLEARANCE CERTIFICATE

|                                   |  |   |  |   |   |
|-----------------------------------|--|---|--|---|---|
| 1st<br>(25) Dates of Disinfection | 2nd<br>(26) PHYSICAL CONDITION ON ARRIVAL<br>L. <input type="checkbox"/> M. <input type="checkbox"/> C. D. <input type="checkbox"/> D. <input type="checkbox"/><br>REMARKS | Types<br>1. <input type="checkbox"/> L. <input type="checkbox"/> L. <input type="checkbox"/> L. <input type="checkbox"/> L. <input type="checkbox"/> L.<br>D. D. T. AL. G. M. K. S. HEAT. OTHER | (27) IMMUNIZATION RECORD<br>Type Dose Date Initials<br>T. 1. <input type="checkbox"/> <input type="checkbox"/><br>(Epid) 2. <input type="checkbox"/> <input type="checkbox"/><br>3. <input type="checkbox"/> <input type="checkbox"/><br>D. 1. <input type="checkbox"/> <input type="checkbox"/><br>2. <input type="checkbox"/> <input type="checkbox"/><br>T. T. 1. <input type="checkbox"/> <input type="checkbox"/><br>(Tab.) 2. <input type="checkbox"/> <input type="checkbox"/><br>3. <input type="checkbox"/> <input type="checkbox"/><br>O. <input type="checkbox"/> <input type="checkbox"/><br>S. Date Initials Reaction<br>Vase. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Read. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (28) Final Medical Inspection ---<br>Date M. R. | (29) MOVEMENT AUTHORIZATION OR VISA<br>Medical Examiner<br>(30) RECEPTION CENTER RECORD |
|-----------------------------------|--|---|--|---|---|

### (31) SUPPLEMENTARY RECORD

Temporary identity certificate issued ---:

|        |      |                        |
|--------|------|------------------------|
| Number | Date | Signature of Authority |
|        |      |                        |