

UNITED NATIONS RELIEF AND REHABILITATION ASSOCIATION

Displaced Persons' Operation, Germany, U. S. Zone.

506

Böblingen

Team No. _____

Team Location _____

Nominal Roll of Authorized Movement of Displaced Persons

Echt. Labour Camp

Schorndorf

7th January 1947

from _____ to _____ on _____ 194

Cite Authority for Movement:

Transfer

CARDED / *[Signature]*
 Signature and title of UNRRA officers indicating movement.
[Signature] *[Signature]*

No.	Name	Nationality	Sex	Age	D. P. Identification Card No.	Remarks
1.	<i>Kobierski Wojciech</i>	<i>Polish</i>	<i>M</i>	<i>34</i>	<i>108830</i>	<i>(No. Scr. Sh.)</i>
2.	<i>Lakowski Stanislaw</i>	<i>"</i>	<i>M</i>	<i>30</i>	<i>142611</i>	
3.	<i>Stachurski Jan</i>	<i>"</i>	<i>M</i>	<i>26</i>	<i>142412</i>	
4.	<i>Szasmuk, Macław</i>	<i>"</i>	<i>M</i>	<i>16</i>	<i>190305</i>	<i>(No. Scr. Sh.)</i>

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.

SPS/2402