

19.10.45.
 (1) REGISTRATION NO
 G 99727919

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

Original Duplicate
 M. Single Married
 F. Widowed Divorced
 Pole .-

U.N.R.R.A. TEAM 75
 For coding purposes
 A. B. C. D. E. F. G. H. I. J.

(2) Family Name: **B a b i j , Tadeusz**
 Other Given Names: **23. 6. 34 - Swietoslaw. - Stryj Poland**
 (3) Sex: **YOM MALE.-**
 (4) Marital Status: **Anna Witz**
 (5) Claimed Nationality: **Poland.-**
 (6) Birthdate: **Eugeniusz, Babij.-**
 Province: **Staryj Poland**
 Country: **Poland**
 (7) Religion (Optional):
 (8) Number of Accompanying Family Members:
 (9) Number of Dependents:
 (10) Full Name of Father:
 (11) Full Maiden Name of Mother:

(12) DESIRED DESTINATION
 (13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.
Swietoslaw- Staryj Poland.-
 City or Village: Province: Country:

Wcczen
 City or Village: Province: Country:

(14) Usual Trade, Occupation or Profession: **polish b. German c.**
 (15) Performed in What Kind of Establishment: **X**
 (16) Other Trades or Occupations:
 (17) Languages Spoken in Order of Fluency: **Polish camp Gernlinden Fürstenfeldbruck, Germany.**
 (18) Do You Claim to be a Prisoner of War: **X**
 Yes No (19) Amount and Kind of Currency in your Possession:

(20) Signature of Registrant: **Jadewsz Babij**
 (21) Signature of Registrar: **by m au sea** Date: **19.10.45**
 Assembly Center No. **75**
 (22) Destination or Reception Center:

(23) Code for Issue: **Polish camp Gernlinden Fürstenfeldbruck, Germany.**
 Name or Number: City or Village: Province: Country:
 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) REMARKS

MEDICAL CLEARANCE CERTIFICATE											
1st (25) Dates of Disinfection on ARRIVAL L. <input type="checkbox"/> M. <input type="checkbox"/> C. D. <input type="checkbox"/> D. <input type="checkbox"/> REMARKS		2nd (26) PHYSICAL CONDITION ON ARRIVAL D. <input type="checkbox"/> REMARKS		Typus L. L. L. L. L. L. B. D. V. AL. IS M. R. F. HEAD. OTHER				(27) IMMUNIZATION RECORD Type Dose Date Initials			
				Arrival Medical Inspection —:		(28) Final Medical Inspection —:		Date		M. R.	
Arrival Medical Inspection —:		Date		Date		Medical Examiner (30) RECEPTION CENTER RECORD		(39) MOVEMENT AUTHORIZATION OR VISA			

(31) SUPPLEMENTARY RECORD

Temporary identity certificate issued —:

Number Date Signature of Authority

Inspector Babin