



# WWII: Draft Card (4<sup>th</sup> Registration)

REGISTRATION CARD--- (Men born on or after April 28, 1877 and on or before February 16, 1897)

|          |                         |              |
|----------|-------------------------|--------------|
| Serial # | 1. Name (Print)         | Order Number |
| U        |                         |              |
|          | (First) (Middle) (Last) |              |

Place of Residence (Print)

(Number and street) (Town, township, village, or city) (County) (State)  
 (THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMIN LOCAL BOARD JURISDICTION;  
 LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL)

3. Mailing Address

(Mailing address if other than place indicated on line 2. If same insert word same.)

|                     |                  |                    |
|---------------------|------------------|--------------------|
| 4. Telephone        | 5. Age in Years  | 6. Place of Birth  |
|                     | Date of Birth    | (Town or county)   |
| (Exchange) (Number) | (Mo.) (Day) (Yr) | (State or country) |

7. Name and Address of Person Who Will Always Know Your Address:

8. Employer: Name and Address:

9. Place of Employment or Business

(Number and street or R.F.D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

D.S.S. FORM 1 (Revised 4-1-42)

(over)

(Registrant's Signature)

This data collection sheet can be used in conjunction with the WWII Draft Registration Reference Report.

**REGISTRAR'S REPORT**

**DESCRIPTION OF REGISTRANT**

| RACE     | HEIGHT<br>(Approx.) | WEIGHT<br>(Approx.) | COMPLEXION  |  |
|----------|---------------------|---------------------|-------------|--|
|          |                     |                     | Sallow      |  |
| White    | EYES                | HAIR                | Light       |  |
| Negro    |                     |                     | Ruddy       |  |
| Oriental | Blue                | Blonde              | Dark        |  |
|          | Grey                | Red                 | Freckled    |  |
| Indian   | Hazel               | Brown               | Light Brown |  |
|          | Brown               | Black               | Dark Brown  |  |
| Filipino | Black               | Grey                | Black       |  |
|          |                     | Bald                |             |  |

Other obvious physical characteristics that will aid in identification:

\_\_\_\_\_

\_\_\_\_\_

I certify that my answers are true: that the person registered has read or has had read to him his own answers; That I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, Except as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of registrar)

Registrar for Local Board \_\_\_\_\_  
(Number) (City or county) (State)

Date of Registration \_\_\_\_\_

(The stamp of the Local Board Having jurisdiction of the registrant shall be placed in the above space.)