

(Front Side)

ALLIED EXPEDITIONARY FORCE.	
D.P. INDEX CARD	
(1) Registration Number	
(2) Family Name	Other Given Names
(3) Signature of Holder	
D.P. 1.	

2"

3"

(Reverse Side)

Keep this card at all times to assist your safe return home. The Registration Number and your name identify you and your Registration Record.

(Front Side)

(1) Registration Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		A.E.F. D.P. REGISTRATION RECORD		For coding purposes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																							
(2) Family Name <input type="text"/>		Other Given Names <input type="text"/>		Duplicate <input type="checkbox"/>																							
(3) Sex M. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> F. <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		(4) Marital Status <input type="text"/>		(5) Claimed Nationality <input type="text"/>																							
(6) Birthdate <input type="text"/>		Birthplace Province <input type="text"/> Country <input type="text"/>		(8) Number of Accompanying Family Members: <input type="text"/>																							
(9) Number of Dependents: <input type="text"/>		(10) Full Name of Father <input type="text"/>		(7) Religion (Optional) <input type="text"/>																							
(12) Desired Destination <input type="text"/>		(11) Full Maiden Name of Mother <input type="text"/>		(13) Last Permanent Residence or Residence January 1, 1938. <input type="text"/>																							
City or Village Province <input type="text"/> Country <input type="text"/>		City or Village Province <input type="text"/> Country <input type="text"/>																									
(14) Usual Trade, Occupation or Profession (15) Performed in What Kind of Establishment (16) Other Trades or Occupations																											
a. Languages spoken in order of fluency <input type="text"/>		b. <input type="text"/>		(18) Do you claim to be a Prisoner of War Yes <input type="checkbox"/> No <input type="checkbox"/>																							
(20) Signature of Registrant: <input type="text"/>		(21) Signature of Registrar: <input type="text"/>		(19) Amount and Kind of Currency in your Possession <input type="text"/>																							
(27) Destination or Reception Center: <input type="text"/>		Date: <input type="text"/>		Assembly Center Number: <input type="text"/>																							
(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
												City or Village		Province		Country											
(24) REMARKS <input type="text"/>																											

