

(1) REGISTRATION No

73 0 3 3 7

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

No. 6

For coding purposes

A. B. C. D. E. F. G. H. I. J.

Original Duplicate M. Single Married
F. Widowed Divorced

Polish-Jew

(2) Family Name RMAN Chaja		Other Given Names		(3) Sex Polska	(4) Marital Status jewish	(5) Claimed Nationality																							
12.IX.1911		Warsaw		Polska		(8) Number of Accompanying Family Members: 1																							
(6) Birthdate		Birthplace		Province		Country																							
(9) Number of Dependents:		Iszak		Frajda NSTEJN		(11) Full Maiden Name of Mother																							
(10) Full Name of Father				(13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.																									
(12) DESIRED DESTINATION Palestina				(13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938. Warsaw Poland																									
City or Village		Province		Country		City or Village																							
farmworker																													
(14) Usual Trade, Occupation or Profession			(15) Performed in What Kind of Establishment			(16) Other Trades or Occupations																							
a. b. c.			(18) Do You Claim to be a Prisoner of War			Yes No (19) Amount and Kind of Currency in your Possession																							
(17) Languages Spoken in Order of Fluency			X versteckt																										
(20) Signature of Registrant RMAN			(21) Signature of Registrar			Date: 3.9.46																							
(22) Destination or Reception Center:						Assembly Center No. 523																							
(23) Code for Issue		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																											
1941-45 Poland																													
1946 Deutschland		son: Israel 73 038																											

DP-9
16-36781-1.

MEDICAL CLEARANCE CERTIFICATE												(31) SUPPLEMENTARY RECORD											
1st 3.9.46		2nd 25.2.47		1. 2. 1. 2. 1. 2. 1. 2.		D. D. Y. AL. G. M. K. J. HEAT. OTHER		Temporary identity certificate issued—:															
(25) Dates of Disinfestation												Number Date Signature of Authority											
(26) PHYSICAL CONDITION ON ARRIVAL												(27) IMMUNIZATION RECORD											
L. <input checked="" type="checkbox"/> M. <input type="checkbox"/> C. D. <input type="checkbox"/> D. <input type="checkbox"/>				Type				Dose				Date				Initials							
REMARKS				T (Epid)				D.				T. T. (Tab.)				O.							
SWISS X R neg				1. 0.11.46				2. 15.11.46				1. 8.10.46				2. 18.12.							
dec. 1946				3.				3.				S. Date Inj. Reactions				Vacc. 28.2.47							
Arrival Medical Inspection: 3.9.46				Read.				(28) Final Medical Inspection: —:				M. R.											
Date				Date				Date				Date				Date							
Medical Examiner				Medical Examiner				Medical Examiner				Medical Examiner				Medical Examiner							
(29) MOVEMENT AUTHORIZATION OR VISA												(30) RECEPTION CENTER RECORD											

16-36781-1 U. S. GOVERNMENT PRINTING OFFICE

A.B. D. REGISTRATION RECORD

Table with 4 columns and 1 row, containing registration details.

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Main registration form with multiple sections for personal information, medical history, and examination results.

MEDICAL OPINION

Large section for medical opinion, including a table for symptoms and a detailed text area for the physician's assessment.