


# World War I Draft Registration Card A—(5 June 1917)

|                                                                     |                                                                                                                                              |                    |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Form 1                                                              | <b>REGISTRATION CARD</b>                                                                                                                     | No. _____          |
| <b>1</b>                                                            | Name in full _____<br><small>(Given name) (Family name)</small>                                                                              | Age in Years _____ |
| <b>2</b>                                                            | Home Address _____<br><small>(No.) (street) (city) (state)</small>                                                                           |                    |
| <b>3</b>                                                            | Date of birth _____<br><small>(month) (day) (year)</small>                                                                                   |                    |
| <b>4</b>                                                            | Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? _____  |                    |
| <b>5</b>                                                            | Where were you born? _____<br><small>(town) (state) (nation)</small>                                                                         |                    |
| <b>6</b>                                                            | If not a citizen, of what nation are you a citizen or subject? _____                                                                         |                    |
| <b>7</b>                                                            | What is your present trade, occupation, or office? _____                                                                                     |                    |
| <b>8</b>                                                            | By whom employed? _____<br>Where employed? _____                                                                                             |                    |
| <b>9</b>                                                            | Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? _____ |                    |
| <b>10</b>                                                           | Married or single (which)? _____ Race (specify which)? _____                                                                                 |                    |
| <b>11</b>                                                           | What military service have you had? Rank _____ branch _____<br>years _____ Nation or State _____                                             |                    |
| <b>12</b>                                                           | Do you claim exemption from draft (specify grounds)? _____                                                                                   |                    |
| I affirm that I have verified above answers and that they are true. |                                                                                                                                              |                    |
| _____<br>(Signature or Mark)                                        |                                                                                                                                              |                    |
| If person is of African descent, cut off this corner.               |                                                                                                                                              |                    |

|                                                                                                                                                                                                                 |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>REGISTRAR'S REPORT</b>                                                                                                                                                                                       |                                                                                                      |
| <b>1</b>                                                                                                                                                                                                        | Tall, medium, or short (specify which)? _____ Slender, medium, or stout (which)? _____               |
| <b>2</b>                                                                                                                                                                                                        | Color of eyes _____ Color of hair _____ Bald _____                                                   |
| <b>3</b>                                                                                                                                                                                                        | Has person lost arm, leg, hand, foot, eye, or both eyes or is he otherwise disabled (specify)? _____ |
| I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows |                                                                                                      |
|                                                                                                                                                                                                                 |                                                                                                      |
| _____<br>(Signature of Registrar)                                                                                                                                                                               |                                                                                                      |
| Precinct _____                                                                                                                                                                                                  |                                                                                                      |
| City or County _____                                                                                                                                                                                            |                                                                                                      |
| State _____                                                                                                                                                                                                     | _____<br>(Date of Registration)                                                                      |
|                                                                                                                            |                                                                                                      |