

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

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

(Signature or Mark)		

If person is of African descent, cut off this corner.

REGISTRAR'S REPORT	
1	Tall, medium, or short (specify which)? _____ Slender, medium, or stout (which)? _____
2	Color of eyes _____ Color of hair _____ Bald _____
3	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	

(Signature of Registrar)	
Precinct _____	
City or County _____	
State _____	_____
	(Date of Registration)

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World War I Draft Registration Card B—(5 July 1918)

Serial No. _____		Registration No. _____	
1	Name in full _____ <small>(Given name) (Family name)</small>	Age in Years _____	
2	Home Address _____ <small>(#) (street or R.F.D) (city or town) (state)</small>		
3	Date of birth _____ <small>(month) (day) (year)</small>		
4	Where were you born? _____ <small>(city or town) (state) (nation)</small>		
5	I am { 1. Native of the United States 2. Naturalized Citizen 3. Alien 4. Declared Intention 5. Noncitizen or citizen Indian <small>(strike out items or words not applicable)</small>		
6	If not a citizen, of what nation are you a citizen or subject? _____		
7	Father's birthplace _____ <small>(city or town) (state or province) (nation)</small>		
8	Name of employer _____ Place of employment _____ <small>(#) (street or R.F.D) (city or town) (state)</small>		
9	Name of nearest relative _____ Address of nearest relative _____ <small>(#) (street or R.F.D) (city or town) (state)</small>		
10	Race—White, Negro, Indian <small>(strike out items or words not applicable)</small>		
I affirm that I have verified above answers and that they are true.			
P.H.G.O Form 1 (blank)		_____ (Signature or Mark of Registrant)	
REGISTRATION CARD.			

If person is of African descent, cut off this corner.

REGISTRAR'S REPORT		
1	Tall _____ Medium _____ Short _____ <small>(Strike out words not applicable)</small>	Slender _____ Medium _____ Stout _____
2	Color of eyes _____ Color of hair _____	
3	Has person lost foot, arm, leg, hand, eye, or is he palpably physically disqualified (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		
_____ (Signature of Registrar)		
_____ (Date of Registration)		
_____ (Stamp of Local Board)		
(The stamp of the local board having jurisdiction of the area in which the registrant has his appointment shall be placed in this box)		



World War I Draft Registration Card C—(12 September 1918)

REGISTRATION CARD				
SERIAL NUMBER			ORDER NUMBER	
1				
First name		Middle name		Family name
2 PERMANENT HOME ADDRESS				
(No.)	(Street or R.F.D. number)	(City or town)	(County)	(State)
Age by Years 3	Date of Birth 4			
	(Month)	(Day)	(Year)	
RACE				
White	Negro	Oriental	Indian	
			Citizen	Non-Citizen
5	6	7	8	9
U.S. CITIZEN			ALIEN	
Native Born	Naturalized	Citizen by Father's Naturalization before Registrant's Majority	Declarant	Non-declarant
10	11	12	13	14
15 If not a citizen of the U.S., of what nation are you a citizen or subject? _____				
PRESENT OCCUPATION			EMPLOYER'S NAME	
16			17	
18 PLACE OF EMPLOYMENT OR BUSINESS				
(No.)	(Street or R.F.D. number)	(City or town)	(County)	(State)
NEAREST RELATIVE	Name	19		
	Address	20		
	(No.)	(Street or R.F.D. number)	(City or town)	(County) (State)
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.				
P.M.G.O.		_____		
Form No. 1		(Registrant's signature or mark)		

REGISTRAR'S REPORT							
DESCRIPTION OF REGISTRANT							
HEIGHT			BUILD			COLOR OF EYES	COLOR OF HAIR
Tall	Medium	Short	Slender	Medium	Stout		
21	22	23	24	25	26	27	28
29 Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (SPECIFY.)							
30 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	
Date of Registration _____							
(The stamp of the local board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box)							

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