

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

Form 1	REGISTRATION CARD	No. _____
<b>1</b>	Name in full _____ <small>(Given name) (Family name)</small>	Age in Years _____
<b>2</b>	Home Address _____ <small>(No.) (street) (city) (state)</small>	
<b>3</b>	Date of birth _____ <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? _____ <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? _____ 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 _____ 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.		
_____ (Signature or Mark)		

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

REGISTRAR'S REPORT	
<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	
_____ (Signature of Registrar)	
Precinct _____	
City or County _____	
State _____	_____ (Date of Registration)

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