

**Draft Registration Card used during the June 5, 1917 Registration – Page 1**  
**For all men between the ages of 21 and 31**

<b>REGISTRATION CARD</b>		
<b>1</b>	Name in full _____ (Given name) (Family name)	Age in Years
<b>2</b>	Home _____ Address (No) (Street) (City) (State)	
<b>3</b>	Date of Birth _____ (Month) (Day) (Year)	
<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? _____ (Town) (State) (Nation)	
<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)? _____	
<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		

**Draft Registration Card used during the June 5, 1917 Registration – Page 2**

<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)? _____ _____
<p>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:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>_____</p> <p align="center">(Signature of Registrar)</p> <p>Precinct _____</p> <p>City or County _____ (Date of Registration)</p> <p>State _____</p>	

**Draft Registration Card used during the June 5, 1918 Registration – Page 1**  
**For all men becoming 21 after June 5, 1918**

Serial No. _____		Registration No. _____
<b>1</b>	Name in full _____ (Given name) (Family name)	Age in Years
<b>2</b>	Home Address _____ (No) (Street or RFD) (City or Town) (State)	
<b>3</b>	Date of Birth _____ (Month) (Day) (Year)	
<b>4</b>	Where were you born? _____ (City or Town) (State) (Nation)	
<b>5</b>	1. Native of the United States 2. Naturalized Citizen 3. Alien 4. Declared Intention 5. Noncitizen or citizen Indian (Strike our items or words not applicable)	
<b>6</b>	If not a citizen, of what nation are you a citizen or subject? _____	
<b>7</b>	Father's Birth place _____ (City or Town) (State) (Nation)	
<b>8</b>	Name of employer _____  Place of employment _____ (No) (Street or RFD) (City or Town) (State)	
<b>9</b>	Name of nearest relative _____ Address of nearest relative _____ (No) (Street or RFD) (City or Town) (State)	
<b>10</b>	Race – White, Negro, Indian (Strike our items or words not applicable)	
<p align="center">I affirm that I have verified above answers and that they are true</p> <p align="center">P.M.G.O _____ (Signature or mark) Form 1</p> <p>If person is of African descent, cut off this corner</p> <p align="center"><b>REGISTRATION CARD</b></p>		

**Draft Registration Card used during the June 5, 1918 Registration – Page 2**

<b>REGISTRAR'S REPORT</b>		
<b>1</b>	Tall Medium Short  (Strike out words not applicable)	Slender Medium Stout
<b>2</b>	Color of eyes _____ Color of hair _____	
<b>3</b>	Has person lost arm, leg, hand, foot, 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: _____ _____ _____ _____		
_____  Registrar)		(Signature of
_____ Date of Registration)		
<div style="border: 1px solid black; width: 300px; height: 100px; margin: 0 auto;"></div>		
(The stamp of the local board having jurisdiction of the area in which the registrant has his appointment shall be placed in this box)		

**Draft Registration Card used during the September 12, 1918 Page 1  
For men aged 18 through 45 as of June 5, 1918**

REGISTRATION CARD				
SERIAL NUMBER			ORDER NUMBER	
1 _____ First name Middle name Family Name				
<b>2 PERMANENT HOME ADDRESS</b>				
(No)	(Street or RFD Number)	(City or town)	(County)	(State)
3. Age by Years	4 Date of Birth			
_____	_____			
	(Month)	(Day)	(Year)	
<b>RACE</b>				
White	Negro	Oriental	Indian	
			Citizen	Non-Citizen
5	6	7	8	9
<b>U.S. CITIZEN</b>			<b>ALIEN</b>	
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? _____				
<b>PRESENT OCCUPATION</b>			<b>EMPLOYER'S NAME</b>	
16			17	
18 Place of Employment or Business				
(No)	(Street or RFD Number)	(City or town)	(County)	(State)
<b>NEAREST RELATIVE</b>	NAME	19 _____		
	ADDRESS	20 _____ (No) (Street or RFD 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 Signature or Mark of Registrant				

**Draft Registration Card used during the September 12, 1918  
Registration – Page 2**

<b>REGISTRAR'S REPORT</b>							
<b>DESCRIPTION OF REGISTRANT</b>							
<b>HEIGHT</b>			<b>BUILD</b>			<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>
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 _____							
<div style="border: 1px solid black; width: 300px; height: 80px; margin: 0 auto;"></div>							
(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)							