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NAME	ROOM	STREET NUMBER	STATE	ZIP	CITY
Ward					

NAME	ROOM	SECTION NUMBER	GRADE	AGE	DOB
...

No change

Limited agent pers asgd in attach

unassigned Off 0 RM 3 Total 3

[illegible]

I CERTIFY THAT THIS MORNING REPORT IS CORRECT.

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SIGNATURE

GERARD T. ARNSTEIN

NAME TYPED OR PRINTED
 Captain Infantry

W. D. A. O. FORM NO. 1

W. B. COPY THREE MRU OR SCI

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