



# WWI Draft Registration Card A issued for June 5, 1917

The WWI Draft Registration Reference Report can be used in conjunction with this data sheet.

Form 1	REGISTRATION CARD	No. _____
1	Name in Full _____ (Given Name) (Family Name)	Age in Years _____
2	Home Address _____ (No.) (Street) (City) (State)	
3	Date of Birth _____ (Month) (Day) (Year)	
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? _____ (Town) (State) (Nation)	
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.		



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## 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 foot, arm, leg, hand, 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)