

(1) REGISTRATION No.

909292142

A.E.F. D.P. REGISTRATION RECORD

For coding purposes

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
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Original

Duplicate

R. 1434

ST. Dinsche 115

Rosenberg-Beckenheimer

M. Single Married
F. Widowed Divorced

(2) Family Name *Rosenberg-Beckenheimer* Other Given Names _____ (3) Sex _____ (4) Marital Status _____ (5) Claimed Nationality _____

(6) Birthdate *12-10-99* Birthplace *Roddenau* Province *D. Rhod.* Country _____

(9) Number of Dependents: _____

(10) Full Name of Father *David*

(11) Full Maiden Name of Mother *Kathleen Auguste*

(7) Religion (Optional) *Pres.* (8) Number of Accompanying Family Members: *3*

(12) DESIRED DESTINATION _____ (13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.

City or Village _____ Province _____ Country _____ City or Village *A'don* Province *Haarlem* Country *H.*

(14) Usual Trade, Occupation or Profession _____ (15) Performed in What Kind of Establishment _____ (16) Other Trades or Occupations _____

a. *Med.* b. *Duitsch* *Engelsch*

(18) Do You Claim to be a Prisoner of War Yes No

(17) Languages Spoken in Order of Fluency _____ (19) Amount and Kind of Currency in your Possession _____

(20) Signature of Registrant: *Ed. Rosenberg*

(21) Signature of Registrar: *[Signature]*

Date: *2-7-40* Assembly Center No. _____

(22) Destination or Reception Center: _____

(23) Code for Issue	Name or Number										City or Village								Province				Country					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

(24) REMARKS

27-7-45 afgevoerd door V.K. Mamelis naar Woodplaats. D. Ham J. L.

MEDICAL CLEARANCE CERTIFICATE

1st 1-7-45 2nd

1. <input checked="" type="checkbox"/> 2.	1. 2.	1. 2.	1. 2.
D. D. T.	AL. 63 M. K. ³	HEAT.	OTHER

(25) Dates of Disinfestation Types

(26) PHYSICAL CONDITION ON ARRIVAL

L. M. C. D. D.

REMARKS

(27) IMMUNIZATION RECORD

Type	Dose	Date	Initials
T (Epid)	1.		
	2.		
	3.		
D.	1.		
	2.		
	3.		
T. T. (Tab.)	1.		
	2.		
	3.		
O.			
S.	Date	Initials	Reaction
Vacc.			t. v. VA.
Read.			

Arrival Medical Inspection —: 1-7-45

Date

[Signature]

Medical Examiner

(28) Final Medical Inspection —: 1-7-45

Date

[Signature]

M. R.

Medical Examiner

(29) MOVEMENT AUTHORIZATION OR VISA



(30) RECEPTION CENTER RECORD

(31) SUPPLEMENTARY RECORD

Temporary identity certificate issued—:

Number Date Signature of Authority

CREDI

6/12 K.

DOORLICHTING
O.C. 6/12 K.

1-7-45

Bureau van Politie
Verdelingsdienst
AMSTERDAM

DISTRIBUTIE ANTFOOR
AMSTERDAM