

(1) REGISTRATION NO.

509292080

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

R114

For coding purposes

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

M. Single Married
 F. Widowed Divorced

ST. Dimples

Rosenburg August

(2) Family Name Other Given Names (3) Sex (4) Marital Status (5) Claimed Nationality

22-5-94 Göttingen D. Land

(6) Birthdate Birthplace Province Country (7) Religion (Optional)

(8) Number of Accompanying Family Members: *3*

(9) Number of Dependents: *4*

(10) Full Name of Father *Herman*

(11) Full Maiden Name of Mother *Rosa*

(12) DESIRED DESTINATION

(13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.

City or Village Province Country

City or Village Province Country

Pontbeduin

Flaquants 19th D. Adam

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

a. *Red.* b. *Duisel.*

(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: *August Rosenberg*

(21) Signature of Registrar: *UK* Date: *2-7-45*

Assembly Center No.

(22) Destination or Reception Center: *O. C. MAASTRICHT*

(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

Bergen Bergen.
27.4.45 in v.d.
11.7.45 afgevoerd door V.M. Mamelis naar Wookplaats d'Ham G.C.P.

MEDICAL CLEARANCE CERTIFICATE

1st 1/15 2nd _____

1. 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.		
T. T. (Tab.)	1.		
	2.		
	3.		
O.			
S.	Date	Initials	Reaction
Vacc.			I. V. VA.
Read.			

Arrival Medical Inspection —: 1/15

Date _____
 Medical Examiner [Signature]

(28) Final Medical Inspection —: 4/24

Date _____
 Medical Examiner [Signature] M. R.

(29) MOVEMENT AUTHORIZATION OR VISA



(30) RECEPTION CENTER RECORD

(31) SUPPLEMENTARY RECORD

Temporary identity certificate issued—:

Number _____ Date _____ Signature of Authority _____

CREDIT

0/12 K.

Remitted 41

up 26-00-48, B

Vreemdealingendienst

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