

P. 420.2 - Registration



SHAM-WALKER
#9203R Third Cut

subject file
24 Registration
P. 420.2

STATEMENT ON TARGETS

(German, Austrian and Middle East Displaced Persons)
Operations

Registration of Displaced Persons

Period: phase I. i.e. to Spring 1946

I. Background Information

- (1) Obligation for U.N.R.R.A. to maintain records of D.P.'s. found in areas under the control of the United Nations (Resolution 1, part II, para.2.)
- (2) Military authorities (S.C.A.E.F.: S.A.C.(M.F.)) had given instructions for the registration of D.P.'s., uncovered by the advance of their armies; the individual registration documents used in SHAEF areas were the D.P.1., D.P.2., and D.P.3., cards, these documents are also in use in the Middle East.
- (3) Where this has not already been done by the Military authorities, U.N.R.R.A. registering D.P.'s in the Administration's camps, or D.P.'s living scattered but calling on the Administration for assistance.
- (4) Beyond this, the administration has no power to order all D.P.'s living in an Area to register with it, but generally, civilian or military government require D.P.'s., or more generally foreigners in the countries concerned to register with their agents; this registration which is not an UNRRA responsibility, must be distinguished from registration of D.P.'s under UNRRA's care, carried out by UNRRA.
- (5) Supplementary information, and consequently records, will probably be necessary for certain groups of D.P.'s; e.g. Unaccompanied children - D.P.'s likely to require resettlement.

II. TARGETS.

- (1A) Information: to be obtained respectively from Central Headquarters for Germany and Central Headquarters for Austria regarding the progress of the general registration of D.P.'s., under UNRRA's care, particularly on the following points: (For the M.E., information already exists at the E.R.O.)
 - (a) Number of D.P.'s registered out of the estimated number of D.P.'s under the care of U.N.R.R.A., it would be valuable to have the information broken down by Zone of occupation, nationality of D.P.'s, Sex and age categories, and to distinguish D.P.'s living in camps and D.P.'s living outside camps.
 - (b) Types of documents used for the registration: it is believed, that special documents supplementing D.P.1, D.P.2 and D.P.3 are used at least in certain Zones in Germany, for certain groups of D.P.'s, e.g. unaccompanied children, D.P.'s likely to need resettlement.
 - (c) Procedure followed for registration, with relevant specific details for each Zone of occupation if the procedures are not uniform within Germany and Austria respectively:
 - i) Where does registration take place ?
 - ii) Who are the registrars who fill in the forms ?
How are they paid ?
 - iii) How is the work of the registrars who are D.P.'s themselves supervised by full-time officials of the Administration;
who are the supervising officials ?

iv) How many copies of each registration card is made out? What is done with each copy? Where and how is each set of forms filed.

- (d) Use of UNRRA registration documents (cards) to facilitate the tracing of the D.P's registered on them.
- (e) Use of registration documents by the various branches of the Administration at field Headquarters level and at lower levels.
- (f) Suggestions from Central Headquarters Germany and Central Headquarters Austria.

(1B) Information: It would be desirable to obtain similar information for all the countries, within the jurisdiction of the E.R.O., in which U.N.R.R.A. has undertaken to care for D.P's.

(1C) The point under II, 1A (e), above, involving problems of general administrative coordination, the advice and suggestions of various Divisions in the E.R.O. might be sought, in particular of the Division of organisation, of health, of accounts, and of the central reports branch.

(2) Directive on General registration of D.P's under U.N.R.R.A. care. - On the basis of the information received, a Directive should be issued from the E.R.O. laying down the minimum uniform standards (1) to which field Headquarters (and mission, where applicable) should conform as:

- (a) The registration of all D.P's under U.N.R.R.A. care in their respective territories;
- (b) on the preservation of the registration documents (cards),
- (c) on the use of the registration documents (cards) to facilitate eventually the tracing of the D.P's registered on them.
- (d) on the use of the registration documents by the various branches of the Administration, at field Headquarters (or mission, where applicable) level and at lower levels, in order to make counter-checks possible to achieve economy by avoiding a multiplicity of indexes and records covering partly the same ground and to promote coordination between the various branches of the Administration.

(3) Supplementary registration or census of particular groups of D.P's.

(a) Unaccompanied children

- i) Comparison of methods followed and results achieved in the different areas where such registration has taken place;
- ii) Examination of the need for a supplementary registration
- iii) Eventually, issue of a directive on minimum uniform standards.

(b) D.P's likely to need resettlement.

(Professional registration, or census)-

- i) Investigation of the problem in consultation with the I.G.C.R. (or U.N. Organisation replacing the I.G.C.R.)
- ii) Eventually issue of a Directive on a special registration, or census for these D.P's.

Footnote:

Minimum: because it will certainly be necessary to let the field headquarters and missions concerned apply more elaborate or complete scheme than the minimum, either in view of special needs or simply because these systems will exist; Uniform: i.e. as between the respective countries concerned.

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

For coding purposes

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. |
|----|----|----|----|----|----|----|----|----|----|

Original ☐ Duplicate ☐

M. ☐ Single ☐ Married ☐

F. ☐ Widowed ☐ Divorced ☐

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

| | | | | | |
|---------------|------------|----------|---------|-------------------------|------------------------------|
| (6) Birthdate | Birthplace | Province | Country | (7) Religion (Optional) | Religious Community Members: |
|---------------|------------|----------|---------|-------------------------|------------------------------|

(9) Number of Dependents:

(10) Full Name of Father

(11) Full Maiden Name of Mother

(12) DESIRED DESTINATION

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

City or Village

Province

Country

City or Village

Province

Country

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

| a. | b. | c. | to be a Prisoner of War |
|----|----|----|-------------------------|
| | | | |

(18) Do You Claim
to be a Pris-
oner of War

| Yes | No |
|-----|----|
|-----|----|

(19) Amount and Kind of Currency in your Possession

(17) Languages Spoken in Order of Fluency

(20) Signature
of Registrant:

(21) Signature
of Registrar:

Date: _____

Assembly
Center No.

(22) Destination or Reception Center:

Name or Number

City or Village

Province

Country

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| (23) Code for Issue | 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

MEDICAL CLEARANCE CERTIFICATE

1st

2nd

| | | | | | | | |
|----------|----|---------------------------|----|-------|----|-------|----|
| 1. | 2. | 1. | 2. | 1. | 2. | 1. | 2. |
| D. D. T. | | AL. 63 M. K. ² | | HEAT. | | OTHER | |

(25) Dates of Disinfestation

Types

(26) PHYSICAL CONDITION ON
ARRIVAL

(27) IMMUNIZATION RECORD

L. ☐ M. ☐ C. D. ☐ D. ☐

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 —:

(28) Final Medical
Inspection —:

Date

Date

M. R.

Medical Examiner

Medical Examiner

(29) MOVEMENT AUTHORIZATION
OR VISA

(30) RECEPTION CENTER
RECORD

(31) SUPPLEMENTARY RECORD

Temporary
identity
certificate
issued—:

Number

Date

Signature of Authority

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DISPLACED PERSONS REGISTRATION INSTRUCTIONS

SECTION I.

REGISTRATION IN GENERAL

1. GENERAL PURPOSE OF REGISTRATION. These instructions are an integral part of a co-operative program for the handling of displaced persons. The instructions have been developed and approved for use by the military authorities, the United Nations Relief and Rehabilitation Administration and the Allied Governments of Europe.
2. FORMS. Three registration forms are basic to this program. These forms will provide information required for: an orderly return of displaced persons; securing temporary employment for displaced persons willing to work until final arrangements can be made for their home return; planning permanent re-employment of displaced persons returned to their homes, and assisting in re-establishing contact between displaced persons and relatives from whom they have been separated.

These forms are:-

- a. A.E.F. D.P. Index Card
- b. A.E.F. D.P. Registration Record
- c. A.E.F. D.P. Assembly Center Registration Card

3. GENERAL RESPONSIBILITY

- a. The Director of an Assembly Center, hereinafter referred to as the Center Director, is responsible for the overall supervision of the registration procedure and the administrative control of medical activities.
- b. The Registrar of an Assembly Center hereinafter referred to as the Center Registrar is, in accordance with administrative orders of competent authority, charged under the Center Director with the general supervision and performance of the registration of all displaced persons.
- c. The Assembly Center Medical Supervisor, hereinafter referred to as the Center Medical Supervisor, is in accordance with administrative orders of competent authority charged under the Center Director with the general supervision and performance of medical activities.

4. GENERAL INSTRUCTIONS TO CENTER REGISTRAR AND CENTER MEDICAL SUPERVISOR

- a. The Center Registrar shall prepare in the case of each displaced person the three forms referred to in Paragraph 2 of these instructions:-
 - (1) A.E.F. D.P. Index Card (prepare one only)
 - (2) A.E.F. D.P. Registration Record (prepare in duplicate covering entries 1-22 inclusive and 24)
 - (3) A.E.F. D.P. Assembly Center Registration Card (prepare one only - entries must be made in English)
- b. The Center Registrar shall be held responsible for the completeness and legibility of all entries which are made on the registration forms.
- c. All entries must be made with pen and ink, or by typewriter.
- d. The Center Medical Supervisor shall be held responsible for:
 - (1) The entries made in A.E.F. D.P. Registration Record-Items (25), (26), (27) and (28) (Medical Clearance Certificate).
 - (2) For such supplementary summary medical records as may be required for each Registrant. (The term Registrant refers to the individual displaced person being registered).

SECTION II

INSTRUCTIONS IN DETAIL

5. A.E.F. D.P. INDEX CARD

- a. Index cards will be assigned by higher authority to the Center Director in blocks of numbers. One card only will be prepared and given to each Registrant. The cards of children will be given to parents or guardians.
- b. Each Center Registrar shall maintain an accurate record of all numbers assigned. All Index cards accidentally mutilated or otherwise rendered unfit for use shall be returned to the Center Director, who will cancel them and retain them subject to recall.

- c. The Registrar shall explain to the Registrant the importance of keeping the Index Card at all times; that the card links the individual Registrant with all of his or her registration records; and that should the Registrant become lost en route to his or her destination, military police or other military personnel will render assistance upon presentation of the card.
- d. The Registrar shall explain to the Registrant that the Index Card is "Not a Pass", as stated by the overprint, and that the card cannot be used as a passport or as a substitute for a National Identity Certificate.
- e. It is important that family groups be registered in consecutive order.
- f. Specific Instructions

Item (1) - Registration Number

The capital letter of the registration number identifies the country in which the registration took place. The next eight digits provide the number identifying the Registrant.

Item (2) - Family Name, Other Given Names

The Registrar must print the full name of the Registrant in English BLOCK letters in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Signature of the Holder

The Registrant must affix his or her signature in his or her own language to the card in the presence of the Registrar. If the Registrant cannot execute a signature, an identifying mark will be substituted, which mark shall be initialed by the Registrar. In the case of a child, the parent or guardian will sign and indicate their relationship to the child.

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

- a. The A.E.F. D.P. Registration Record will be prepared by the Registrar during a personal interview with the Registrant. A duplicate copy will also be prepared but not usually completed

at the time of the interview. Its preparation at a later time shall be the responsibility of the Registrar who prepared the original copy. Both copies of the record will be prepared in the language of the Registrant, except that Item (17) will be entered in English as indicated.

b. Specific Instructions

Item (1) - Registration Number

The Registrar must make an exact copy in this space of the pre-printed registration number given on the A.E.F. D.P. Index Card. This registration number must also be entered on the duplicate copy of the record.

Item (2) - Family Name, Other Given Names

The Registrar must enter the full name of the Registrant in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Sex

The Registrar shall place a check mark (✓) within the box opposite M. if the Registrant is a male and within the box opposite F. if the Registrant is a female.

Item (4) - Marital Status

The Registrar must ask the Registrant whether he or she is single, married, widowed or divorced, and place a check mark (✓) within the appropriate box.

Item (5) - Claimed Nationality

The Registrar shall enter the nationality claimed by the Registrant in this space. The Registrar will assist the Registrant in the event of indecision regarding nationality but the nationality finally entered in this space will be that claimed by the Registrant. Any questions or reservations which the Registrar may have concerning the nationality claimed by the Registrant, will be entered in the space provided under Item (24) REMARKS.

The Registrar shall make it clear to the Registrant that even though he or she may claim a certain nationality, the claim will require final acceptance by the National Authority concerned before the rights of citizenship will be established.

Item (6) - Birthdate, Birthplace, Province, Country

The Registrar will enter in this space the exact birthdate of the Registrant, if known, giving the day, month and year; the birthplace (city or village) the province and country where the Registrant was born. The birthplace, province and country will be given as it existed at the date of the birth.

Item (7) - Religion (Optional)

The Registrar will enter the religion of the Registrant in this space. If the Registrant has any objection to stating his or her religion, the Registrar will explain that the response to this question is optional and that the space may be left blank.

Item (8) - Number of Accompanying Family Members

The Registrar will enter in this space the number of family members who are accompanying the Registrant at the Assembly Center. When a number is entered in this space, the full name, relationship and registration number of each accompanying family member will be entered in Item (24) under REMARKS. To expedite securing the information required, it is important that family groups be registered in consecutive order.

Item (9) - Number of Dependents

The Registrar will enter in this space the number of dependents claimed by the Registrant. The number of dependents may include family members accompanying the Registrant or dependents residing elsewhere. If the Registrant has no dependents, this space will be left blank.

Item (10) - Full Name of Father

The Registrar will enter the full name of the father of the Registrant in this space.

Item (11) - Full Maiden Name of Mother

The Registrar will enter the full maiden name of the mother of the Registrant in this space.

Item (12) - Desired Destination

The Registrar will enter the desired destination of the Registrant in this space indicating the city or village, province and country. The Registrar will explain to the Registrant that careful consideration should be given to the selection of the desired destination, so that the destination selected will be the one at which the Registrant desires to reside permanently. In the case of children the desired destination should be stated by their parents or guardians.

Item (13) - Last Permanent Residence or Residence as of January 1, 1938

The Registrar will enter in this space the city or village, the province and country of the Registrant's last permanent residence prior to displacement. If the Registrant is unable to give such a permanent residence, then the Registrant's residence as of January 1, 1938, will be entered in this space. In the case of children born since January 1, 1938, this space will be left blank.

Item (14) - Usual Trade, Occupation or Profession

The Registrar will enter in this space the usual trade, occupation or profession as stated by the Registrant. The Registrar will explain that the usual trade, occupation or profession should be that which the Registrant considers himself best qualified to perform. In the case of young children, housewives or persons obviously unable to work, the Registrar shall make an appropriate entry in this space.

Item (15) - Performed in What Kind of Establishment

The Registrar will enter in this space the kind of factory, farm or establishment in which the Registrant states that he performed his usual trade, occupation or profession. Examples of the kinds of entries to be made here are: cotton textile factory, shipyard, coal mine, dairy farm or retail store. If this question does not apply to the Registrant, this space should be left blank.

Item (16) - Other Trades and Occupations

The Registrar will enter in this space the other trades or occupations which the Registrant states he or she is qualified to perform. These other trades or occupations are to be entered in the order of preference as expressed by the Registrant.

Item (17) - Languages spoken in order of fluency

The Registrar will enter in this space those languages which the Registrant can speak and in the order of fluency. The entries must be written in English. If the Registrant speaks only one language, this language shall be entered in space a. and spaces b. and c. shall be left blank.

Item (18) - Do you Claim to be a Prisoner of War? Yes or No.

The Registrar will ask the Registrant whether he or she claims to be a prisoner of war. The response will be entered by a check mark (✓) in the appropriate box. If the Registrant does not know the answer to this question or when the question clearly does not apply, as in the case of a child, the Registrar will check the space above the word NO.

Item (19) - Amount and Kind of Currency in your Possession

The Registrar will enter in this space the amount of and each kind of currency in the possession of the Registrant. Appropriate symbols will be used to indicate the kinds of currency listed.

Item (20) - Signature of Registrant

After the Registrant has prepared the record, Items (1) to (19) inclusive, with appropriate entries in Item (24) the Registrant will be asked to read the record and indicate approval by affixing his or her signature in the space provided. If the Registrant cannot execute a signature, he or she should make an identifying mark which must be initialled by the Registrar. In the case of children, the parent or guardian shall sign in this space and indicate his or her relationship to the child.

Item (21) - Signature of the Registrar - Date,
Assembly Center, Number

The Registrar will sign his or her name in this space, adding the date when the registration took place, and the number of the Assembly Center.

Item (22) - Destination or Reception Center

The Registrar will make no entries in this space.

Item (23) - Code for Issue

The Registrar will make no entries in this space.
(See Appendix II).

Item (24) - Remarks

The Registrar will enter in this space all supplementary information about the Registrant having a bearing on the case. Particularly the following information will be given: name, relationship and registration number of accompanying family members; an explanation of differences which may exist between the desired destination and the last permanent residence; or differences between the desired destination and the claimed nationality. (See Appendix I for special procedure in case of death).

Item (25) - Dates of Disinfestation, Types

(a) All displaced persons, including their clothing, bedding, baggage and other personal articles, when first entering an Assembly Center, will, depending upon availability of supplies, be subject to disinfestation.

1. Specific instructions and statement of policy covering disinfestation will be issued at a later date.

(b) A record of disinfestation, including dates and types will be entered in the Medical Clearance Certificate, Item (25). Types will be indicated by a check mark (✓) in the appropriate box.

Item (26) - Physical Condition on Arrival

(a) All displaced persons will, when first entering an Assembly Center, receive a medical inspection and physical classification.

(b) A record of medical inspection and physical classification will be established by check marks in the appropriate boxes of the Medical Clearance Certificate, Item (26).

1. Code Letters in the boxes of Item (26) refer to persons:

L. - (Fit for manual labour)

M. - (Fit for movement by train, truck or other modes of transportation)

CD - (Having an acute infectious communicable disease dangerous to the public health of the Center)

D - (Having a disease or physical condition of disability which prevents performance of manual labour)

2. In all cases where the box CD is checked, an appropriate statement will be entered under REMARKS.
3. In all cases where the box D. is checked a brief explanatory statement, including reference to fitness for movement, (Box M) will be entered under REMARKS.
4. The record will be examined, and, if approved, dated and signed by the Center Medical Supervisor.

Item (27) - Immunization Record

(a) Displaced persons at an Assembly Center may be subject to certain immunization and vaccination procedures.

1. Typhus vaccine is mandatory, for preventative routine immunization of selected individuals such as registrars, doctors, nurses and others, whose duties require that they be constantly exposed to cases of epidemic louse-borne typhus fever, and for persons, depending upon the availability of supplies, being repatriated to areas where typhus fever is known to exist.

(b) In emergencies, when the public health of a Center is endangered, immunizations and vaccinations will be performed in every case where, in the judgment of the Center Medical Supervisor, it is required.

(c) A record of immunization and vaccination will be entered in the Medical Clearance Certificate, Item (27). Entries will be dated and authenticated by the initials of a Medical Examiner.

(d) In the case of smallpox, the results will be recorded as Vaccina, Vaccinoid, or Immune reaction. If there is no reaction, or if the reaction fails to conform to one of these three types, vaccination will be repeated. The term "unsuccessful vaccination" will not be used in the record.

(e) Code letters in the boxes of Item (27) referred to:

T-EPID. (Typhus)
D. (Diphtheria)
TT-TAB. (Triple Typhoid)
O (Others - must specify)
S (Smallpox)

Item (28) - Final Medical Inspection

(a) All displaced persons will, approximately within 24 hours prior to final departure from an Assembly Center, receive a final medical inspection.

(b) At the time of the final medical inspection, individuals acutely ill with an infectious disease, as demonstrated by fever and/or skin eruptions, will not be allowed to depart and Item (28) of the record will not be signed.

(c) Detailed instructions will be issued later concerning the movement of individuals or groups from Centers across international boundaries.

(d) The Center Medical Supervisor shall date and sign the record, Item (28) of each person who satisfactorily passes the final medical inspection.

(e) Where medical records other than Items (25), (26), (27) and (28) are concerned, a supplementary summary medical record will be attached to the A.E.F. D.P. Registration Record and the box MR of Item (28) checked to indicate this fact.

Item (29) - Movement Authorization or Visa

The Registrar will make no entries in this space.

Item (30) - Reception Center Record

The Registrar will make no entries in this space.

Item (31) - Supplementary Record

The Registrar will make no entries in this space.

7. A.E.F. D.P. ASSEMBLY CENTER REGISTRATION CARD

A card covering the items indicated shall be filled out in English for each Registrant. These cards will be prepared by the Registrar based upon the information contained in the A.E.F. D.P. Registration Records of the Registrants. Clothing and other articles issued will be recorded in the boxes provided on the reverse side of this card.

APPENDIX I

Supplementary Instructions

Procedure in case of death

1. Administrative responsibility for refugees or displaced persons who die at or en route to an Assembly Center rests with the Center Director.

2. Deaths of refugees or displaced persons will be recorded on the A.E.F. D.P. Registration Record in the following manner:

- a. Each person who was registered before death will have the cause of death if ascertainable, recorded in the space for REMARKS Item (24).
- b. The word "died" followed by the date of death will be recorded in the Medical Clearance Certificate Item (28) and the record signed by the Center Medical Supervisor.
- c. Personal effects of the dead person will be itemized in the space for REMARKS Item (24), and if necessary, continued in the blank space on the reverse side of the card.
- d. Disposition of the body will be recorded in the space provided for Destination or Reception Center Item (22), giving name of the burial ground, the city or village, province and country.

3. A third copy of the A.E.F. D.P. Registration Record will be prepared and transmitted at the time of burial to the local civilian registrar of vital statistics.

4. The A.E.F. D.P. Registration Record when completed, as specified in paragraph 2, plus attached supplementary summary medical record if any, will be forwarded at designated intervals through channels to the D.P. Executive at Army Headquarters.

5. The A.E.F. D.P. Assembly Center Registration Card, to be retained at the Assembly Center, will be completed to indicate the cause of death and the disposition of the body, the personal effects of the deceased and his or her medical records.

6. In the case of the death of an unregistered person:

- a. A registration number will be assigned and an original and duplicate copy of the A.E.F. D.P. Registration Record prepared as completely as possible from information contained in the deceased person's identification documents, or through interview with accompanying family members or friends. Aside from this change in the means for obtaining information about the individual, the procedure indicated in paragraphs 2, 4 and 5 above, will be followed.
- b. The duplicate A.E.F. D.P. Registration Record will be transmitted at the time of burial to the local civilian registrar of vital statistics.

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Supplementary Instructions

Issue of Clothing and other Articles

1. Administrative responsibility for the control of clothing and other items issued to displaced persons rests with the Center Director.

2. Individual clothing and other items will be issued only to meet emergency requirements of displaced persons.

3. A record of each article of clothing and other items issued to displaced persons must be made on the A.E.F. D.P. Registration Record in Item (23) "Code for Issue", and in the boxes provided on the reverse side of the A.E.F. D.P. Assembly Center Registration Card. Thus, for example, if two undershirts are issued to a displaced person, a number "2" will be inserted in code box 10.

4. Code numbers 1 - 26 inclusive, and the items of issue to which these code numbers refer are as follows:-

1. Shoes or boots (pairs)
2. Shirt
3. Trousers
4. Skirt
5. Jacket
6. Sweater
7. Wool dress
8. Other dress
9. Underpants or undershorts
10. Undervest or undershirt
11. Socks or stockings (pairs)
12. Petticoat or slip
13. Corset or suspender belt
14. Gloves or mittens (pairs)
15. Hat, cap or other head covering
16. Overcoat
17. Towel
18. Layette
19. Sleeping garments
20. Wool blankets
21. ~~Blanket~~ Blanket
22. ~~Blanket~~ Blanket (meter length)
23. Wool cloth (meter length)
24. Rayon cloth (meter length)
25. Knitting wool
26. Eating utensils

DIRECTIVE TO WELFARE OFFICERS ON:

A.E.F. D.P. REGISTRATION RECORD SUPPLEMENTARY CARD DR-2/S and DR-2/S/F:

PURPOSE: A Supplementary Record card is to be made out for all unaccompanied displaced children in Assembly Centres whose identity has to be traced, established or verified; and/or whose parents or relatives have to be traced; and any other special groups who are not capable of acting for themselves (i.e. people suffering from loss of memory; etc.) whose identity has to be established and/or relatives traced.

GENERAL INSTRUCTION: These Supplementary Record Cards are to be made out in duplicate, the original to be retained in the Assembly Centre, as long as registrant is there; and the duplicate shall be sent to the Central Registration file. This record should be used for continuously recording all information that is obtained relating to the registrant and pertinent to his identification and the location of his family or relatives. Additional information should be forwarded to the Central Registration File on a DP-2/S/F form to be added to the DR-2/S form of the registrant. Notes of guidance how to obtain relevant information is given in full in paper D.G.2. headed "Welfare Services in Assembly Centres - The Registration and Identification of Displaced Unaccompanied Children in Enemy Territory."

DETAILED INSTRUCTION ON COMPLETING DR-2/S:

- Item 1: Registration Number. This shall be the same as on the DR 2 for registrant.
- Items 2 and 3: The names by which registrant is called should be filled in and the identified names only written in when this information is fully established.
- Items 5, 6 and 7: As in items 2 and 3 only when the birthplace, date of birth and nationality is fully established should it be filled in in the "Identified Section".
- Item 9: The Medical Officer will make out this Record Card and the Welfare Officer should see this form is prepared, three copies being made, one to put in the DP 2/S retained at the Assembly Centre, and two forwarded to the Central Registration File from where, in turn, one will be forwarded to the International Red Cross Tracing Bureau.
- Item 12: A record description of clothes and possessions should be given and ~~any such articles that are taken from the registrant at the Assembly Centre should be retained and marked with the same reference number~~ and name as on the DR-2.
- Item 13: A careful record of all documents, papers and letters should be made and all relevant documents put in the dossier of the original DR 2/S; and this dossier with all documents, in turn, will be forwarded to the Reception Centre when the registrant leaves the Assembly Centre. Where possible duplicates of all documents should be obtained and forwarded to the Central Registration File.
- Item 14: A new photograph of registrant should be obtained as soon as possible and any old photograph should be obtained and filed in the DR-2/S dossier; and where possible duplicates sent to the Central Registration File.

- Item 15: The names of all persons mentioned by registrant should be noted as this information can be of great value in tracing back.
- Item 16: A Record should be made of any addresses at which it is ascertained registrant lived.
- Item 17: Route and conveyance, e.g. note if registrant came by train and where from, etc.
- Item 18: Note any persons who may have brought registrant to Centre or if he came with a group and what group.
- Item 19:
- Item 20:
- Item 21: A note should be made as simply and clearly as possible of any information gathered each day in the course of personal contact with registrant or other persons in Centre. When this information is checked and proved and if it falls into any of the items 1 - 20 this information should be added to the appropriate section. Notes should also be made from time to time of the progress of identifying and/or tracing. It should be borne in mind this record should be kept on a current and continuing basis. In accordance with instructions issued a duplicate of the Supplementary Record Card together with DR-2 shall be forwarded to the Central Registration File as soon as possible. Additional information that is gathered and is pertinent to registrants identification or the location of his family should be forwarded to the Central Registration File on Form DR-2/S/F.

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

DR-2/S

| | | | | | | | | | | | | |
|-------------------------------------|--------------------------------------|------------------------------|--|--|--|--|--|--|--|--|--|--|
| (1) <u>Registration No.</u> | Original <u> </u> | <u>For coding purposes</u> | | | | | | | | | | |
| <u> </u> | Duplicate <u> </u> | <u>A B C D E F G H I J K</u> | | | | | | | | | | |
| (2) <u>Family name (identified)</u> | (3) <u>Other names (Identified)</u> | (4) <u>Sex</u> | | | | | | | | | | |
| " " (called by) | " " (called by) | F | | | | | | | | | | |
| (5) <u>Birthplace (identified)</u> | (6) <u>Birthdate (identified)</u> | | | | | | | | | | | |
| " (claimed) | " (claimed) | | | | | | | | | | | |
| (7) <u>Nationality (identified)</u> | (8) <u>Parents or Legal Guardian</u> | | | | | | | | | | | |
| " (claimed) | Identified | Traced | | | | | | | | | | |

Signature.

Date.

Assembly Centre No.

- (9) Physical Characteristics (Medical Record of): Date Rec: Comments: /
-
- (10) Language Spoken: (11) Other Languages Spoken:
(odd words)
-
- (12) Record and Description of Clothing and Possessions:
-
- (13) Records of Documents and Papers (especially Birth Certificate):
-
- (14) Record of New and Old Photographs:
-
- (15) Record of Relatives, Teachers, Friends and Persons connected with Registrants
past experience:
-
- (16) All known previous addresses with Relevant dates:
-
- (17) Route and Conveyance by which Registrant came to Centre:
-
- (18) Record of Persons or Groups accompanying Registrant to Centre:
-
- (19) Any other Information that might lead to Identification of Registrant: or
location of relations:
-
- (20) Notation of Plans suggested for Registrant; names of interested persons in
Assembly Centres and elsewhere.
-

- (21) Fill in below (clip on continuation cards if necessary) day to day information that is collected about registrant and report as often as necessary progress of identifying and tracing. Transfer any proved information that applies to 1 - 20 above. Place all relevant documents inside pocket of original DR-2/S. If duplicate has already gone to Central Registration File a summary of new information should be forwarded on DR-2/S/F together with copies of relevant documents.

Date

Comments

Signature

A.E.F. D.P. REGISTRATION SUPPLEMENTARY
RECORD
(CONTINUATION CARD)

DR-2/S

DATE

COMMENT

SIGNATURE

455063

A.E.F. D.P. REGISTRATION SUPPLEMENTARYRECORDAdditional information to add to duplicate DR-2/S

- (1) Registration No. For coding purposes
-
- | (2) Family Name (Identified) | (3) Other Names (Identified) | (4) Sex |
|------------------------------|------------------------------|---------|
| " " (Called by) | " " (Called by) | M |
| | | F |
- (4) Since sending duplicate DR-2/S or last DR-2/S/F the following additional information and/or documents has/have been obtained and should be added:

Signature

Date

Assembly Centre No.....

(1) REGISTRATION
NUMBER

(2) FAMILY NAME

(3) FIRST & SECOND NAMES

UNRRA REGISTRATION CARD

(FORM DIS-23 REV. 1-5-46)

ORIGINAL ()

DUPLICATE ()

(4) WOMAN'S MAIDEN NAME

(5) NATIONALITY:

(6) STATELESS: YES () ; NO ()

(7) PRESENT ADDRESS:

(8) FAMILY HEAD: (9)

YES ()

MALE ()

NO ()

FEMALE ()

(10) SINGLE ()

MARRIED ()

WIDOWED ()

DIVORCED ()

(11) BIRTH DATE:

MONTH _____ DAY _____ YEAR _____

(12) BIRTH PLACE:

COUNTRY: _____

TOWN: _____

(13) RELATIVES WITH YOU:

NO. OF. () ; REG. NO. OF. ()

A.

D.

B.

E.

C.

F.

(14) OCCUPATION; TRADE OR PROFESSION:

(15) LAST PERMANENT ADDRESS DISPLACEMENT

COUNTRY: _____ TOWN: _____

STREET NO. _____

(16) ARRIVAL IN CHINA:

MONTH _____ YEAR _____

POINT OF ENTRY: _____

(17) DESIRE REPATRIATION TO: COUNTRY: _____

TOWN: _____

STREET: _____

(18) REASON FOR DISPLACEMENT:

(19) PASSAGE:

CAN YOU PAY YOUR PASSAGE: YES () ; NO () ; WHAT PERCENT CAN YOU PAY: _____

(20) ADDRESS OF RELATIVES OR FRIENDS:

NAME

TOWN

STREET NO.

DATE
AS OF:

CITIZEN OF.

SIGNATURE OF REGISTRANT: _____

IDENTIFYING DOCUMENTS

| (21) KIND OF DOCUMENT | (22) NUMBER OF DOCUMENT | (23) DATE OF ISSUE | (24) PLACE OF ISSUE | (25) ISSUING AUTHORITY | (26) EXPIRES |
|-----------------------|-------------------------|--------------------|---------------------|------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

(27) MEDICAL REMARKS:

(28) GENERAL REMARKS:

(29) ELIGIBLE FOR REPATRIATION TO: _____

ELIGIBLE FOR ASSISTANCE ONLY: _____

APPROVED BY: _____

DATE: _____

(30) SIGNATURE OF REGISTRAR: _____

DATE: _____

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c. 2

Displaced persons
P420.2
Registration

DISPLACED PERSONS REGISTRATION INSTRUCTIONS

SECTION I.

REGISTRATION IN GENERAL

1. GENERAL PURPOSE OF REGISTRATION. These instructions are an integral part of a co-operative program for the handling of displaced persons. The instructions have been developed and approved for use by the military authorities, the United Nations Relief and Rehabilitation Administration and the Allied Governments of Europe.
2. FORMS. Three registration forms are basic to this program. These forms will provide information required for: an orderly return of displaced persons; securing temporary employment for displaced persons willing to work until final arrangements can be made for their home return; planning permanent re-employment of displaced persons returned to their homes, and assisting in re-establishing contact between displaced persons and relatives from whom they have been separated.

These forms are:-

- a. A.E.F. D.P. Index Card
- b. A.E.F. D.P. Registration Record
- c. A.E.F. D.P. Assembly Center Registration Card

3. GENERAL RESPONSIBILITY

- a. The Director of an Assembly Center, hereinafter referred to as the Center Director, is responsible for the overall supervision of the registration procedure and the administrative control of medical activities.
- b. The Registrar of an Assembly Center hereinafter referred to as the Center Registrar is, in accordance with administrative orders of competent authority, charged under the Center Director with the general supervision and performance of the registration of all displaced persons.
- c. The Assembly Center Medical Supervisor, hereinafter referred to as the Center Medical Supervisor, is in accordance with administrative orders of competent authority charged under the Center Director with the general supervision and performance of medical activities.

4. GENERAL INSTRUCTIONS TO CENTER REGISTRAR AND CENTER MEDICAL SUPERVISOR

- a. The Center Registrar shall prepare in the case of each displaced person the three forms referred to in Paragraph 2 of these instructions:-
 - (1) A.E.F. D.P. Index Card (prepare one only)
 - (2) A.E.F. D.P. Registration Record (prepare in duplicate covering entries 1-23 inclusive and 24)
 - (3) A.E.F. D.P. Assembly Center Registration Card (prepare one only - entries must be made in English)
- b. The Center Registrar shall be held responsible for the completeness and legibility of all entries which are made on the registration forms.
- c. All entries must be made with pen and ink, or by typewriter.
- d. The Center Medical Supervisor shall be held responsible for:
 - (1) The entries made in A.E.F. D.P. Registration Record-Items (25), (26), (27) and (28) (Medical Clearance Certificate).
 - (2) For such supplementary summary medical records as may be required for each Registrant. (The term Registrant refers to the individual displaced person being registered).

SECTION II

INSTRUCTIONS IN DETAIL

5. A.E.F. D.P. INDEX CARD

- a. Index cards will be assigned by higher authority to the Center Director in blocks of numbers. One card only will be prepared and given to each Registrant. The cards of children will be given to parents or guardians.
- b. Each Center Registrar shall maintain an accurate record of all numbers assigned. All index cards accidentally mutilated or otherwise rendered unfit for use shall be returned to the Center Director, who will cancel them and retain them subject to recall.

- c. The Registrar shall explain to the Registrant the importance of keeping the Index Card at all times; that the card links the individual Registrant with all of his or her registration records; and that should the Registrant become lost en route to his or her destination, military police or other military personnel will render assistance upon presentation of the card.
- d. The Registrar shall explain to the Registrant that the Index Card is "Not a Pass", as stated by the overprint, and that the card cannot be used as a passport or as a substitute for a National Identity Certificate.
- e. It is important that family groups be registered in consecutive order.
- f. Specific Instructions

Item (1) - Registration Number

The capital letter of the registration number identifies the country in which the registration took place. The next eight digits provide the number identifying the Registrant.

Item (2) - Family Name, Other Given Names

The Registrar must print the full name of the Registrant in English BLOCK letters in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Signature of the Holder

The Registrant must affix his or her signature in his or her own language to the card in the presence of the Registrar. If the Registrant cannot execute a signature, an identifying mark will be substituted, which mark shall be initialled by the Registrar. In the case of a child, the parent or guardian will sign and indicate their relationship to the child.

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

- a. The A.E.F. D.P. Registration Record will be prepared by the Registrar during a personal interview with the Registrant. A duplicate copy will also be prepared but not usually completed

at the time of the interview. Its preparation at a later time shall be the responsibility of the Registrar who prepared the original copy. Both copies of the record will be prepared in the language of the Registrant, except that Item (17) will be entered in English as indicated.

b. Specific Instructions

Item (1) - Registration Number

The Registrar must make an exact copy in this space of the pre-printed registration number given on the A.E.F. D.P. Index Card. This registration number must also be entered on the duplicate copy of the record.

Item (2) - Family Name, Other Given Names

The Registrar must enter the full name of the Registrant in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Sex

The Registrar shall place a check mark (✓) within the box opposite M. if the Registrant is a male and within the box opposite F. if the Registrant is a female.

Item (4) - Marital Status

The Registrar must ask the Registrant whether he or she is single, married, widowed or divorced, and place a check mark (✓) within the appropriate box.

Item (5) - Claimed Nationality

The Registrar shall enter the nationality claimed by the Registrant in this space. The Registrar will assist the Registrant in the event of indecision regarding nationality but the nationality finally entered in this space will be that claimed by the Registrant. Any questions or reservations which the Registrar may have concerning the nationality claimed by the Registrant, will be entered in the space provided under Item (24) REMARKS.

The Registrar shall make it clear to the Registrant that even though he or she may claim a certain nationality, the claim will require final acceptance by the National Authority concerned before the rights of citizenship will be established.

Item (6) - Birthdate, Birthplace, Province, Country

The Registrar will enter in this space the exact birthdate of the Registrant, if known, giving the day, month and year; the birthplace (city or village) the province and country where the Registrant was born. The birthplace, province and country will be given as it existed at the date of the birth.

Item (7) - Religion (Optional)

The Registrar will enter the religion of the Registrant in this space. If the Registrant has any objection to stating his or her religion, the Registrar will explain that the response to this question is optional and that the space may be left blank.

Item (8) - Number of Accompanying Family Members

The Registrar will enter in this space the number of family members who are accompanying the Registrant at the Assembly Center. When a number is entered in this space, the full name, relationship and registration number of each accompanying family member will be entered in Item (24) under REMARKS. To expedite securing the information required, it is important that family groups be registered in consecutive order.

Item (9) - Number of Dependents

The Registrar will enter in this space the number of dependants claimed by the Registrant. The number of dependants may include family members accompanying the Registrant or dependants residing elsewhere. If the Registrant has no dependants, this space will be left blank.

Item (10) - Full Name of Father

The Registrar will enter the full name of the father of the Registrant in this space.

Item (11) - Full Maiden Name of Mother

The Registrar will enter the full maiden name of the mother of the Registrant in this space.

Item (12) - Desired Destination

The Registrar will enter the desired destination of the Registrant in this space indicating the city or village, provinces and country. The Registrar will explain to the Registrant that careful consideration should be given to the selection of the desired destination, so that the destination selected will be the one at which the Registrant desires to reside permanently. In the case of children the desired destination should be stated by their parents or guardians.

Item (13) - Last Permanent Residence or Residence as of January 1, 1938

The Registrar will enter in this space the city or village, the province and country of the Registrant's last permanent residence prior to displacement. If the Registrant is unable to give such a permanent residence, then the Registrant's residence as of January 1, 1938, will be entered in this space. In the case of children born since January 1, 1938, this space will be left blank.

Item (14) - Usual Trade, Occupation or Profession

The Registrar will enter in this space the usual trade, occupation or profession as stated by the Registrant. The Registrar will explain that the usual trade, occupation or profession should be that which the Registrant considers himself best qualified to perform. In the case of young children, housewives or persons obviously unable to work, the Registrar shall make an appropriate entry in this space.

Item (15) - Performed in What Kind of Establishment

The Registrar will enter in this space the kind of factory, farm or establishment in which the Registrant states that he performed his usual trade, occupation or profession. Examples of the kinds of entries to be made here are: cotton textile factory, shipyard, coal mine, dairy farm or retail store. If this question does not apply to the Registrant, this space should be left blank.

Item (16) - Other Trades and Occupations

The Registrar will enter in this space the other trades or occupations which the Registrant states he or she is qualified to perform. These other trades or occupations are to be entered in the order of preference as expressed by the Registrant.

Item (17) - Languages spoken in order of fluency

The Registrar will enter in this space those languages which the Registrant can speak and in the order of fluency. The entries must be written in English. If the Registrant speaks only one language, this language shall be entered in space a. and spaces b. and c. shall be left blank.

Item (18) - Do you Claim to be a Prisoner of War? Yes or No.

The Registrar will ask the Registrant whether he or she claims to be a prisoner of war. The response will be entered by a check mark (✓) in the appropriate box. If the Registrant does not know the answer to this question or when the question clearly does not apply, as in the case of a child, the Registrar will check the space above the word NO.

Item (19) - Amount and Kind of Currency in your Possession

The Registrar will enter in this space the amount of and each kind of currency in the possession of the Registrant. Appropriate symbols will be used to indicate the kinds of currency listed.

Item (20) - Signature of Registrant

After the Registrant has prepared the record, Items (1) to (19) inclusive, with appropriate entries in Item (24) the Registrant will be asked to read the record and indicate approval by affixing his or her signature in the space provided. If the Registrant cannot execute a signature, he or she should make an identifying mark which must be initialled by the Registrar. In the case of children, the parent or guardian shall sign in this space and indicate his or her relationship to the child.

Item (21) - Signature of the Registrar - Date,
Assembly Center, Number

The Registrar will sign his or her name in this space, adding the date when the registration took place, and the number of the Assembly Center.

Item (22) - Destination or Reception Center

The Registrar will make no entries in this space.

Item (23) - Code for Issue

The Registrar will make no entries in this space.
(See Appendix II).

Item (24) - Remarks

The Registrar will enter in this space all supplementary information about the Registrant having a bearing on the case. Particularly the following information will be given: name, relationship and registration number of accompanying family members; an explanation of differences which may exist between the desired destination and the last permanent residence; or differences between the desired destination and the claimed nationality. (See Appendix I for special procedure in case of death).

Item (25) - Dates of Disinfestation, Types

(a) All displaced persons, including their clothing, bedding, baggage and other personal articles, when first entering an Assembly Center, will, depending upon availability of supplies, be subject to disinfestation.

1. Specific instructions and statement of policy covering disinfestation will be issued at a later date.

(b) A record of disinfestation, including dates and types will be entered in the Medical Clearance Certificate, Item (25). Types will be indicated by a check mark (✓) in the appropriate box.

Item (26) - Physical Condition on Arrival

(a) All displaced persons will, when first entering an Assembly Center, receive a medical inspection and physical classification.

(b) A record of medical inspection and physical classification will be established by check marks in the appropriate boxes of the Medical Clearance Certificate, Item (26).

1. Code Letters in the boxes of Item (26) refer to persons:
 - L. - (Fit for manual labour)
 - M. - (Fit for movement by train, truck or other modes of transportation)
 - CB - (Having an acute infectious communicable disease dangerous to the public health of the Center)
 - D - (Having a disease or physical condition of disability which prevents performance of manual labour)
2. In all cases where the box CB is checked, an appropriate statement will be entered under REMARKS.
3. In all cases where the box D. is checked a brief explanatory statement, including reference to fitness for movement, (Box M) will be entered under REMARKS.
4. The record will be examined, and, if approved, dated and signed by the Center Medical Supervisor.

Item (27) - Immunization Record

(a) Displaced persons at an Assembly Center may be subject to certain immunization and vaccination procedures.

1. Typhus vaccine is mandatory, for preventative routine immunization of selected individuals such as registrars, doctors, nurses and others, whose duties require that they be constantly exposed to cases of epidemic louse-borne typhus fever, and for persons, depending upon the availability of supplies, being repatriated to areas where typhus fever is known to exist.

(b) In emergencies, when the public health of a Center is endangered, immunizations and vaccinations will be performed in every case where, in the judgment of the Center Medical Supervisor, it is required.

(c) A record of immunization and vaccination will be entered in the Medical Clearance Certificate, Item (27). Entries will be dated and authenticated by the initials of a Medical Examiner.

(d) In the case of smallpox, the results will be recorded as Vaccina, Vaccinoid, or Immune reaction. If there is no reaction, or if the reaction fails to conform to one of these three types, vaccination will be repeated. The term "unsuccessful vaccination" will not be used in the record.

(e) Code letters in the boxes of Item (27) referred to:

T-EPID. (Typhus)
D. (Diphtheria)
TT-TLB. (Triple Typhoid)
O (Others - must specify)
S (Smallpox)

Item (28) - Final Medical Inspection

(a) All displaced persons will, approximately within 24 hours prior to final departure from an Assembly Center, receive a final medical inspection.

(b) At the time of the final medical inspection, individuals acutely ill with an infectious disease, as demonstrated by fever and/or skin eruptions, will not be allowed to depart and Item (28) of the record will not be signed.

(c) Detailed instructions will be issued later concerning the movement of individuals or groups from Centers across international boundaries.

(d) The Center Medical Supervisor shall date and sign the record, Item (28) of each person who satisfactorily passes the final medical inspection.

(e) Where medical records other than Items (25), (26), (27) and (28) are concerned, a supplementary summary medical record will be attached to the A.E.F. D.P. Registration Record and the box MR of Item (28) checked to indicate this fact.

Item (29) - Movement Authorization or Visa

The Registrar will make no entries in this space.

Item (30) - Reception Center Record

The Registrar will make no entries in this space.

Item (31) - Supplementary Record

The Registrar will make no entries in this space.

7. A.E.F. D.P. ASSEMBLY CENTER REGISTRATION CARD

A card covering the items indicated shall be filled out in English for each Registrant. These cards will be prepared by the Registrar based upon the information contained in the A.E.F. D.P. Registration Records of the Registrants. Clothing and other articles issued will be recorded in the boxes provided on the reverse side of this card.

APPENDIX I

Supplementary Instructions

Procedure in case of death

1. Administrative responsibility for refugees or displaced persons who die at or en route to an Assembly Center rests with the Center Director.
2. Deaths of refugees or displaced persons will be recorded on the A.E.F. D.P. Registration Record in the following manner:
 - a. Each person who was registered before death will have the cause of death if ascertainable, recorded in the space for REMARKS Item (24).
 - b. The word "died" followed by the date of death will be recorded in the Medical Clearance Certificate Item (28) and the record signed by the Center Medical Supervisor.
 - c. Personal effects of the dead person will be itemized in the space for REMARKS Item (24), and if necessary, continued in the blank space on the reverse side of the card.
 - d. Disposition of the body will be recorded in the space provided for Destination or Reception Center Item (22), giving name of the burial ground, the city or village, province and country.
3. A third copy of the A.E.F. D.P. Registration Record will be prepared and transmitted at the time of burial to the local civilian registrar of vital statistics.
4. The A.E.F. D.P. Registration Record when completed, as specified in paragraph 2, plus attached supplementary summary medical record if any, will be forwarded at designated intervals through channels to the D.P. Executive at Army Headquarters.
5. The A.E.F. D.P. Assembly Center Registration Card, to be retained at the Assembly Center, will be completed to indicate the cause of death and the disposition of the body, the personal effects of the deceased and his or her medical records.
6. In the case of the death of an unregistered person:

- a. A registration number will be assigned and an original and duplicate copy of the A.E.F. D.P. Registration Record prepared as completely as possible from information contained in the deceased person's identification documents, or through interview with accompanying family members or friends. Aside from this change in the means for obtaining information about the individual, the procedure indicated in paragraphs 2, 4 and 5 above, will be followed.
- b. The duplicate A.E.F. D.P. Registration Record will be transmitted at the time of burial to the local civilian registrar of vital statistics.

APPENDIX II

Supplementary Instructions

Issue of Clothing and other Articles

1. Administrative responsibility for the control of clothing and other items issued to displaced persons rests with the Center Director.
2. Individual clothing and other items will be issued only to meet emergency requirements of displaced persons.
3. A record of each article of clothing and other items issued to displaced persons must be made on the A.E.F. D.P. Registration Record in Item (23) "Code for Issue", and in the boxes provided on the reverse side of the A.E.F. D.P. Assembly Center Registration Card. Thus, for example, if two undershirts are issued to a displaced person a number "2" will be inserted in code box 10.
4. Code numbers 1 - 26 inclusive, and the items of issue to which these code numbers refer are as follows:-

1. Shoes or boots (pairs)
2. Shirt
3. Trousers
4. Skirt
5. Jacket
6. Sweater
7. Wool dress
8. Other dress
9. Underpants or undershorts
10. Undervest or undershirt
11. Socks or stockings (pairs)
12. Petticoat or slip
13. Corset or suspender belt
14. Gloves or mittens (pairs)
15. Hat, cap or other head covering
16. Overcoat
17. Towel
18. Layette
19. Sleeping garments
20. Wool blankets
21. Cotton blanket
22. Cotton cloth (meter length)
23. Wool cloth (meter length)
24. Rayon cloth (meter length)
25. Knitting wool
26. Eating utensils

For Coding Purposes

```

:A :B :C :D :E :F :G :H :I :J :
:  :  :  :  :  :  :  :  :  :

```

Y 420.2
(registration)

M. — Single — Married —
F. — Widowed — Divorced —

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

(6) Birthdate Birthplace Province Country (7) Religion (8) Number of
: (optional) accompanying
Family Members

(9) Number of Dependents: :

: (10) Full name of Father: (11) Full maiden name of Mother
(12) Desired Destination : (13) Last Permanent Residence or Residence
: January 1, 1938

| City or Village | Province | Country | City or Village | Province | Country |
|--------------------|----------|---------|--------------------|----------|---------|
|--------------------|----------|---------|--------------------|----------|---------|

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

(17) Languages Spoken in Order of Fluency : (18) Do you claim to be a Prisoner of War. Yes . No

a. b. c. d.

(19) Amount and kind of Currency in : (20) Signature of Registrant:
your Possession. :

(21) Signature of Registrar: Date: Assembly Center No.

(22) Destination or Reception Center:

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

(24) Remarks

MEDICAL CLEARANCE CERTIFICATE

| | | | | | | | | | | | | |
|-----|-----|--|---|---|---|---|---|-------|---|---|---|---|
| | | 1 : 2 | : | 1 | : | 2 | : | 1 : 2 | : | 1 | : | 2 |
| 1st | 2nd | | | | | | | | | | | |
| | | : 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: _____

Arrival Medical Inspection:
Date

Medical Examiner:

M.R.:
:

(27) Immunization Record

| Type | : | Dose | : | Date | : | Initials |
|--------|---|------|---|----------|---|-----------|
| T | : | 1. | : | | : | |
| (Epid) | : | 2. | : | | : | |
| | : | 3. | : | | : | |
| D. | : | 1. | : | | : | |
| | : | 2. | : | | : | |
| T. T. | : | 1. | : | | : | |
| (Tab.) | : | 2. | : | | : | |
| | : | 3. | : | | : | |
| O. | : | | : | | : | |
| | : | | : | | : | |
| S. | : | Date | : | Initials | : | Reaction |
| Vacc. | : | | : | | : | I. V. VA. |
| Read | : | | : | | : | |

(28) Final Medical Inspection-:

Date: _____ 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 _____

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

P 420.2
registrations

: : : : : : : : : :
: : : : : : : : : :

1. Registration Number) 2. (Family name) (Other given names)

M. _____

F. _____

6. Date

3. (Claimed Nationality) 4. (Sex) 5. (Age) (Arrival) (Departure)

7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

(Name or number) (City or village) (Province) (Country)

9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(Reverse side)

9. REMARKS

: 1 : 2 : 3 : 4 : 5 : 6 : 7 : 8 : 9 : 10 : 11 : 12 :
10. Code for Issue : : : : : : : : : : : : : : : :
13 : 14 : 15 : 16 : 17 : 18 : 19 : 20 : 21 : 22 : 23 : 24 : 25 : 26 : 27 : 28 :
: : : : : : : : : : : : : : : :

U.S. Government Printing
Office 16-39724-1

(Actual size
2" x 3")

ALLIED EXPEDITIONARY FORCE
E.P. INDEX CARD

1. _____
(Registration number)
2. _____
(Family name) (Other given names)
3. _____
(Signature of holder)

D.P.1

~~Article~~

~~Please make~~

~~8 or 10~~

~~copy of~~
~~this~~

Page 2 (Registration)

Keep this card at all times to assist
your safe return home. The Regis-
tration Number and your name iden-
tify you and your Registration Record.

453052

(Actual size 5" x 8")

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

(1) Registration No.

Original ___ Duplicate ___

For coding purposes

A B C D E F G H I J

M ___ Single ___ Married ___
F ___ Widowed ___ Divorced ___

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

(6) Birthdate Birthplace Province Country (7) Religion(Optional) (8) Number of Accompanying Family Members

(9) Number of Dependents: (10) Full Name of Father (11) Full Maiden Name of Mother
(12) Desired Destination (13) Last Permanent Residence or Residence January 1, 1938.

City or village Province Country City or village Province Country

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

(17) Languages Spoken in Order of Fluency (18) Do You Claim to be a Prisoner of War Yes No (19) Amount and Kind of Currency in your Possession

(20) Signature of Registrant: (21) Signature of Registrar: Date: Assembly Center No.

(22) Destination or Reception Center:

(23) Code for 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
Issue

(24) REMARKS

DP-2

453053

MEDICAL CLEARANCE CERTIFICATE

(31) Supplementary Record

| | | | | | |
|------------------------------|-----|--------|-------------|-------|-------|
| 1st | 2nd | 1. 2. | 1. 2. | 1. 2. | 1. 2. |
| (25) Dates of Disinfestation | | D.D.T. | AL.63 M.K.3 | HEAT. | OTHER |
| (26) Physical Condition on | | Types | | | |

| | | | |
|---------|----|------|----|
| Arrival | | | |
| L. | M. | C.D. | D. |

REMARKS

(27) Immunization Record

| Type | Dose | Date | Initials |
|------|------|------|----------|
|------|------|------|----------|

| | | | |
|---|----|--|--|
| T | 1. | | |
|---|----|--|--|

| | | | |
|--------|----|--|--|
| (Epid) | 2. | | |
|--------|----|--|--|

| | | | |
|--|----|--|--|
| | 3. | | |
|--|----|--|--|

| | | | |
|---|----|--|--|
| D | 1. | | |
|---|----|--|--|

| | | | |
|--|----|--|--|
| | 2. | | |
|--|----|--|--|

| | | | |
|------|----|--|--|
| T.T. | 1. | | |
|------|----|--|--|

| | | | |
|-------|----|--|--|
| (Tab) | 2. | | |
|-------|----|--|--|

| | | | |
|--|----|--|--|
| | 3. | | |
|--|----|--|--|

| | | | |
|----|--|--|--|
| O. | | | |
|----|--|--|--|

| | | | |
|----|------|----------|----------|
| S. | Date | Initials | Reaction |
|----|------|----------|----------|

| | | | |
|-------|--|--|-----------|
| Vacc. | | | I. V. VA. |
|-------|--|--|-----------|

| | | | |
|-------|--|--|--|
| Read. | | | |
|-------|--|--|--|

Arrival Medical
Inspection -:

Date

(28) Final Medical
Inspection -:

Date

M.R.

Medical Examiner

(29) MOVEMENT AUTHORIZATION
OR VISA

Medical Examiner

(30) RECEPTION CENTER
RECORD

Temporary
identity
certificate
issued-:

| Number | Date | Signature of Authority |
|--------|------|---------------------------|
|--------|------|---------------------------|

(Actual size
3" x 5")

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

| | | |
|--|-------------------|-----------------------|
| 1. (Registration number) | 2. (Family name) | (Other given names) |
| M. _____ | | |
| F. _____ | | |
| 3. (Claimed nationality) | 4. (Sex) | 5. (Age) |
| | | 6. Date: |
| | | (Arrival) (Departure) |
| 7. (Assigned billet number or address) | | |
| 8. DESTINATION OR RECEPTION CENTER | | |
| (Name or number) | (City or village) | (Province) (Country) |
| 9. REMARKS | | |

(Use reverse side for additional remarks)

9. REMARKS

| 10. Code for Issue | | | | 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 |

P320.71 Registration

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

D.P. 3

: : : : : : : : : :
: : : : : : : : : :

1. Registration Number) 2. (Family name) (Other given names)

M. _____

F. _____

6. Date

3. (Claimed Nationality) 4. (Sex) 5. (Age) (Arrival) (Departure)

7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

(Name or number) (City or village) (Province) (Country)

9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(Reverse side)

9. REMARKS

Reverse side
D.P. 3

: 1 : 2 : 3 : 4 : 5 : 6 : 7 : 8 : 9 : 10 : 11 : 12 :
10. Code for Issue : : : : : : : : : : : : : : : :
13 : 14 : 15 : 16 : 17 : 18 : 19 : 20 : 21 : 22 : 23 : 24 : 25 : 26 : 27 : 28 :
: : : : : : : : : : : : : : : :

U.S. Government Printing
Office 16-39724-1

(Actual size
2" x 3")

ALLIED EXPEDITIONARY FORCE
E.P. INDEX CARD

1. _____
(Registration number)

2. _____
(Family name) (Other given names)

3. _____
(Signature of holder)

D.P.1

Keep this card at all times to assist
your safe return home. The Regis-
tration Number and your name iden-
tify you and your Registration Record.

453052

(Actual size
3" x 5")

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

| | | | |
|--|-------------------|---------------------|-----------------------|
| 1. (Registration number) | 2. (Family name) | (Other given names) | |
| M. _ | | | |
| F. _ | | 6. Date: | |
| 3. (Claimed nationality) | 4. (Sex) | 5. (Age) | (Arrival) (Departure) |
| 7. (Assigned billet number or address) | | | |
| 8. DESTINATION OR RECEPTION CENTER | | | |
| (Name or number) | (City or village) | (Province) | (Country) |
| 9. REMARKS | | | |

(Use reverse side for additional remarks)

9. REMARKS

10. Code for Issue

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

(1) Registration No.

For Coding Purposes

: : : : : : : : : :
: : : : : : : : : :

A : B : C : D : E : F : G : H : I : J :
: : : : : : : : : :

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

Original

Duplicate

M.

Single

Married

F.

Widowed

Divorced

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

(6) Birthdate Birthplace Province Country (7) Religion (optional) (8) Number of accompanying Family Members

(9) Number of Dependents:

(10) Full name of Father : (11) Full maiden name of Mother

(12) Desired Destination : (13) Last Permanent Residence or Residence January 1, 1938

City or Province Country : City or Province Country
Village : Village

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

(17) Languages Spoken in Order of Fluency : (18) Do you claim to be a Prisoner of War. Yes No

a. b. c. :

(19) Amount and kind of Currency in your Possession. : (20) Signature of Registrant:

(21) Signature of Registrar: Date: Assembly Center No.

(22) Destination or Reception Center:

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

(24) Remarks

MEDICAL CLEARANCE CERTIFICATE

| | | | | | | | | | | | | |
|-----|-----|--|---|---|---|---|---|-------|---|---|---|---|
| | | 1 : 2 | : | 1 | : | 2 | : | 1 : 2 | : | 1 | : | 2 |
| 1st | 2nd | : 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: _____

| | | |
|-----------------------------|-------------------|-------|
| Arrival Medical Inspection: | Medical Examiner: | M.R.: |
| Date | | : |

(27) Immunization Record

| Type | : | Dose | : | Date | : | Initials |
|--------|---|------|---|----------|---|-----------|
| T | : | 1. | : | | : | |
| (Epid) | : | 2. | : | | : | |
| | : | 3. | : | | : | |
| D. | : | 1. | : | | : | |
| | : | 2. | : | | : | |
| T. T. | : | 1. | : | | : | |
| (Tab.) | : | 2. | : | | : | |
| | : | 3. | : | | : | |
| O. | : | | : | | : | |
| S. | : | Date | : | Initials | : | Reaction |
| Vacc. | : | | : | | : | I. V. VA. |
| Read | : | | : | | : | |

(28) Final Medical Inspection-:

Date: _____ 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 |
|--------|------|------------------------|

16-39781-1

U.S. Government
Printing Office

Return to Rec 310

25-

(Actual size
2" x 3")

ALLIED EXPEDITIONARY FORCE
D.P. INDEX CARD

1. _____
(Registration number)

2. _____
(Family name) (Other given names)

3. _____
(Signature of holder)

D.P.1

Keep this card at all times to assist
your safe return home. The Regis-
tration Number and your name iden-
tify you and your Registration Record.

453052

(Actual size
2" x 3")

ALLIED EXPEDITIONARY FORCE
D.P. INDEX CARD

1. _____
(Registration number)
2. _____ (Family name) _____ (Other given names)
3. _____
(Signature of holder)

D.P. 1

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

M.

F.

6. Date:

7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER.

9. REMARKS

D.P.3

9. REMARKS

| 10. Code for Issue | | | | 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 |

For Coding Purposes

```

:A :B :C :D :E :F :G :H :I :J :
:  :  :  :  :  :  :  :  :  :

```

2456

Duplicate

Married

F. Widowed Divorced

Nationality

Family Members

Dependents:

: (10) Full name of Father : (11) Full maiden name of Mother

(12) Desired Destination : (13) Last Permanent Residence or Residence

| | | | | | | |
|---------|----------|---------|--|---------|----------|---------|
| City or | Province | Country | | City or | Province | Country |
|---------|----------|---------|--|---------|----------|---------|

(14) Usual Trade, Occupation : (15) Performed in What Kind: (16) Other Trades

(17) Languages Spoken in Order of : (18) Do you claim to be a Prisoner

a. b. c.

(19) Amount and kind of Currency in : (20) Signature of Registrant:

(21) Signature of Registrar: _____ Date: _____ Assembly Center No.: _____

(22) Destination or

| 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 | ... | ... | ... |
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| 32 | ... | ... | ... |
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| 87 | ... | ... | ... |
| 88 | ... | ... | ... |
| 89 | ... | ... | ... |
| 90 | ... | ... | ... |
| 91 | ... | ... | ... |
| 92 | ... | ... | ... |
| 93 | ... | ... | ... |
| 94 | ... | ... | ... |
| 95 | ... | ... | ... |
| 96 | ... | ... | ... |
| 97 | ... | ... | ... |
| 98 | ... | ... | ... |
| 99 | ... | ... | ... |
| 100 | ... | ... | ... |

(23) Code : 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

(Reverse Side)

MEDICAL CLEARANCE CERTIFICATE

1st _____ 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: _____

Arrival Medical Inspection: _____ Medical Examiner: _____ :M.R.:
Date _____ : _____ :

(27) Immunization Record

| Type | Dose | Date | Initials |
|--------|------|----------|-----------|
| T | 1. | | |
| (Epid) | 2. | | |
| | 3. | | |
| D. | 1. | | |
| | 2. | | |
| T. T. | 1. | | |
| (Tab.) | 2. | | |
| | 3. | | |
| O. | | | |
| S. | Date | Initials | Reaction |
| Vacc. | | | I. V. VA. |
| Read | | | |

(28) Final Medical Inspection:

Date: _____ 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 _____

16-39781-1
U.S. Government
Printing Office

(Actual size
3" x 5")

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

| | | |
|--|-------------------|-----------------------|
| 1. (Registration number) | 2. (Family name) | (Other given names) |
| M. _ | | |
| F. _ | | |
| 3. (Claimed nationality) | 4. (Sex) | 5. (Age) |
| | | 6. Date: |
| | | (Arrival) (Departure) |
| 7. (Assigned billet number or address) | | |
| 8. DESTINATION OR RECEPTION CENTER | | |
| (Name or number) | (City or village) | (Province) (Country) |
| 9. REMARKS | | |

(Use reverse side for additional remarks)

9. REMARKS

| 10. Code for Issue | | | | | | | | | | | | 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 | | | | | | | | |

453052

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| : | : | : | : | : | : | : | : | : | : |
| : | : | : | : | : | : | : | : | : | : |

| | | |
|------------------------|------------------|---------------------|
| 1. Registration Number | 2. (Family name) | (Other given names) |
|------------------------|------------------|---------------------|

M. _____

F. _____

6. Date

| | | | | |
|--------------------------|----------|----------|-----------|-------------|
| 3. (Claimed Nationality) | 4. (Sex) | 5. (Age) | (Arrival) | (Departure) |
|--------------------------|----------|----------|-----------|-------------|

7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

| | | | |
|------------------|-------------------|------------|-----------|
| (Name or number) | (City or village) | (Province) | (Country) |
|------------------|-------------------|------------|-----------|

9. REMARKS

| | | |
|------------|---|--------|
| 16-39724-1 | (Use reverse side for additional remarks) | D.P. 3 |
|------------|---|--------|

(Reverse side)

9. REMARKS

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|----|---|
| | : | 1 | : | 2 | : | 3 | : | 4 | : | 5 | : | 6 | : | 7 | : | 8 | : | 9 | : | 10 | : | 11 | : | 12 | : |
| 10. Code for Issue | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : |
| | : | 13 | : | 14 | : | 15 | : | 16 | : | 17 | : | 18 | : | 19 | : | 20 | : | 21 | : | 22 | : | 23 | : | 24 | : |
| | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : |

U.S. Government Printing
Office 16-39724-1

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

: : : : : : : : : :
: : : : : : : : : :

1. Registration Number 2. (Family name) (Other given names)

M. _____

F. _____

6. Date

3. (Claimed Nationality) 4. (Sex) 5. (Age) (Arrival) (Departure)

7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

(Name or number) (City or village) (Province) (Country)

9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(Reverse side)

9. REMARKS

: 1 : 2 : 3 : 4 : 5 : 6 : 7 : 8 : 9 : 10 : 11 : 12 :
10. Code for Issue : : : : : : : : : : : : :
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Office 16-39724-1

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

1. Registration Number) 2. (Family name) (Other given names)

M. _____

F.

6. Date

3. (Claimed Nationality) 4. (Sex) 5. (Age) (Arrival) (Departure)

7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

| (Name or number) | (City or village) | (Province) | (Country) |
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9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(Reverse side)

9. REMARKS

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U.S. Government Printing
Office 16-39724-1

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

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1. Registration Number) 2. (Family name) (Other given names)

M. _____

F. _____

6. Date

| 3. (Claimed Nationality) | 4. (Sex) | 5. (Age) | (Arrival) | (Departure) |
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7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

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9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(-Reverse side)

9. REMARKS

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U.S. Government Printing
Office 16-39724-1

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

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| 1. Registration Number) | 2. (Family name) | (Other given names) |
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6. Date

| 3.(Claimed Nationality) | 4. (Sex) | 5.(Age) | (Arrival) | (Departure) |
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7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

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9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(Reverse side)

9. REMARKS

[illegible]

U.S. Government Printing
Office 16-39724-1

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

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| 1. Registration Number | 2. (Family name) | (Other given names) |
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M. _____

F. _____

6. Date

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|--------------------------|----------|----------|-----------|-------------|
| 3. (Claimed Nationality) | 4. (Sex) | 5. (Age) | (Arrival) | (Departure) |
|--------------------------|----------|----------|-----------|-------------|

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| 7. (Assigned billet number or address) |
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8. DESTINATION OR RECEPTION CENTER

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| (Name or number) | (City or village) | (Province) | (Country) |
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9. REMARKS

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| 16-39724-1 | (Use reverse side for additional remarks) | D.P. 3 |
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(Reverse side)

9. REMARKS

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| 13 | : | 14 | : | 15 | : | 16 | : | 17 | : | 18 | : | 19 | : | 20 | : | 21 | : | 22 | : | 23 | : | 24 | : | 25 | : | 26 | : | 27 | : | 28 | : |
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U.S. Government Printing
Office 16-39724-1

BIOGRAPHICAL DATA CONCERNING ALLIED, NATIONAL, OR NEUTRAL

Under each main heading indicate in the first column the number of the person to whom the data refer.

FORM APPROVED
Budget Bureau No. 47-R040

Registration No.

Family name

Alias(es)

Woman's maiden name

No. Present or last-known addresses

Place of registration

Date of registration

Registrar

| 1. FIRST NAMES | RELATIONSHIP TO 1 | SEX | MARITAL STATUS(a) | DATE OF BIRTH | PLACE OF BIRTH | | | CITIZENSHIP (b) | | RACE | RELIGION | ABLE TO WORK (d) |
|----------------|-------------------|-----|-------------------|---------------|----------------|----------|---------|-----------------|------------------|------|----------|------------------|
| | | | | | Village | District | Country | Country | How Acquired (c) | | | |
| 1. | X X X X X | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | |

(a) S (single), M (married), W (widowed), D (divorced).
(b) If stateless, list last citizenship preceded by (S).

(c) Indicate whether by birth, marriage, naturalization, derivative from parents or option.
(d) Indicate capacity to engage in outdoor physical labor.

| 2. Date and Place of Marriage of 1 | Date | Village or City | District | Country | 4. Status of Registrant in Territory (Check in appropriate box.) |
|------------------------------------|------|-----------------|----------|---------|---|
| | | | | | |

3. Identifying Documents. Passport, card of identity, birth or marriage record, ration card.

| No. | KIND OF DOCUMENT | NUMBER OF DOCUMENT | DATE ISSUED | PLACE ISSUED | AUTHORITY ISSUING | DATE OF EXPIRATION | No. | WAR PRIS. | CIV. INTERN. | LABORER | | POLITICAL PRISONER | OTHER |
|-----|------------------|--------------------|-------------|--------------|-------------------|--------------------|-----|-----------|--------------|---------|--------|--------------------|-------|
| | | | | | | | | | | Vol. | Forced | | |
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Explain check under other:

5. Has(ve) Registrant(s) ever been convicted of any offense, political or otherwise? Yes ☐ No ☐
If answer is yes, give date, place, and nature of offense and sentence.

6. Military Service of Registrant.

| No. | DATES FROM— To— | COUNTRY | LAST RANK | MILITARY No. | RECORD IN HAND | | IF REGISTRANT HAS BEEN RELEASED AS PRISONER OF WAR, GIVE TIME, PLACE, AND CIRCUMSTANCES |
|-----|--------------------|---------|-----------|--------------|----------------|----|---|
| | | | | | Yes | No | |
| | | | | | | | |

7. Has Registrant a home to which he desires to return? Yes ☐ No ☐ Where?

8. What other plans has Registrant for his immediate future?

9. Education and Training.

14. Remarks

| No. | HIGHEST EDUCATIONAL INSTITUTION ATTENDED | DEGREES RECEIVED, OR HIGHEST CLASS REACHED | LANGUAGES (SPECIFY) | | | PROFESSION, TRADE, OR OCCUPATION |
|-----|--|---|---------------------|-------|-------------|-------------------------------------|
| | | | Speaks | Reads | Understands | |
| | | | | | | |
| | | | | | | |

ITEM
No.

10. Employment Record. List names of principal employers, dates of employment, and jobs held 6 months or more since 1930.

| No. | DATES FROM— To— | JOB HELD | EMPLOYER'S NAME | EMPLOYER'S ADDRESS |
|-----|--------------------|----------|-----------------|--------------------|
| | | | | |
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11. Places of previous residence giving approximate dates since 1930. If registrant or spouse ever interned, enter "interned" and give place of internment.

| No. | DATES FROM— To— | STREET AND NUMBER | VILLAGE OR CITY | DISTRICT | COUNTRY |
|-----|--------------------|-------------------|-----------------|----------|---------|
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12. List countries in order in which registrant has traveled since last residence in 11:

13. Close relatives including parents, brothers, and sisters. Check those registrant desires to have informed.

15. Disposition

| No. | NAMES | RELATION- SHIP TO: | ADDRESS | | | COUNTRY | CITIZENSHIP |
|-----|-------|-----------------------|---------|-----------------|----------|---------|-------------|
| | | | Street | Village or City | District | | |
| | | | | | | | |
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MEDICAL CLEARANCE CERTIFICATE

| | | | | | | | |
|-----|-----|--------|--------------------------|------|-------|---|---|
| 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 1st | 2nd | 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: _____

Arrival Medical Inspection: _____ Medical Examiner: _____ :M.R.:
Date _____ : _____

(27) Immunization Record

| Type | Dose | Date | Initials |
|--------|------|----------|-----------|
| T | 1. | | |
| (Epid) | 2. | | |
| | 3. | | |
| D. | 1. | | |
| | 2. | | |
| T. T. | 1. | | |
| (Tab.) | 2. | | |
| | 3. | | |
| O. | | | |
| S. | Date | Initials | Reaction |
| Vacc. | | | I. V. VA. |
| Read | | | |

(28) Final Medical Inspection:-

Date: _____ 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 |
|--------|------|------------------------|
|--------|------|------------------------|

(1) Registration No.

: : : : : : : : : :
: : : : : : : : : :

For Coding Purposes

:A :B :C :D :E :F :G :H :I :J :
: : : : : : : : : :

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

Original

Duplicate

M. _____

Single _____

Married _____

F. _____

Widowed _____

Divorced _____

(2) Family Name

Other Given Names

(3) Sex

(4) Marital Status

(5) Claimed
Nationality

(6) Birthdate

Birthplace

Province

Country

(7) Religion

(optional)

(8) Number of

accompanying

Family Members

(9) Number of

Dependents:

: (10) Full name of Father : (11) Full maiden name of Mother

(12) Desired Destination

(13) Last Permanent Residence or Residence

Beckman, Miss. or

January 1, 1938

Superior, Cal. - U.S. Army

City or
Village

Province

Country

: City or
Village

Province

Country

(14) Usual Trade, Occupation
or Profession

(15) Performed in What Kind
of Establishment

(16) Other Trades
or Occupations

(17) Languages Spoken in Order of
Fluency

(18) Do you claim to be a Prisoner
of War. Yes ____ No ____

a. _____ b. _____ c. _____

(19) Amount and kind of Currency in
your Possession.

(20) Signature of Registrant:

(21) Signature of Registrar:

Date:

Assembly Center No.

(22) Destination or

Reception Center:

Antioch, Ky. - Central

Camp 400

Name or Number

City or Village

Province

Country

(23) Code : 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18:

for issue :

: 19: 20: 21: 22: 23: 24: 25: 26: 27: 28: : : : : : : : : :

: : : : : : : : : : : : : : : : : : : :

(24) Remarks

A.E.F. ASSEMBLY CENTER REGISTRATION CARD

: : : : : : : : : :
: : : : : : : : : :

1. Registration Number 2. (Family name) (Other given names)

M. _____

F. _____

6. Date

3. (Claimed Nationality) 4. (Sex) 5. (Age) (Arrival) (Departure)

7. (Assigned billet number or address)

8. DESTINATION OR RECEPTION CENTER

(Name or number) (City or village) (Province) (Country)

9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(Reverse side)

9. REMARKS

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| 10. Code for Issue : | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | : | | | |
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Office 16-39724-1

[illegible]

M. _____
F. _____

3. (Claimed Nationality) 4. (Sex) 5. (Age) (Arrival) (Departure)

8. DESTINATION OR RECEPTION CENTER

9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

9. REMARKS

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| 10. Code for Issue | | | | | | | | | | | | |
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| | 25 | 26 | 27 | 28 | | | | | | | | |

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M.

F. _____

3. (Claimed Nationality) 4. (Sex) 5. (Age) (Arrival) (Departure)

8. DESTINATION OR RECEPTION CENTER

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| (Name or number) | (City or village) | (Province) | (Country) |
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9. REMARKS

16-39724-1 (Use reverse side for additional remarks) D.P. 3

(Reverse side)

9. REMARKS

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DISPLACED PERSONS REGISTRATION INSTRUCTIONSSECTION I.REGISTRATION IN GENERAL

1. GENERAL PURPOSE OF REGISTRATION. These instructions are an integral part of a co-operative program for the handling of displaced persons. The instructions have been developed and approved for use by the military authorities, the United Nations Relief and Rehabilitation Administration and the Allied Governments of Europe.
2. FORMS. Three registration forms are basic to this program. These forms will provide information required for: an orderly return of displaced persons; securing temporary employment for displaced persons willing to work until final arrangements can be made for their home return; planning permanent re-employment of displaced persons returned to their homes, and assisting in re-establishing contact between displaced persons and relatives from whom they have been separated.

These forms are:-

- | | | | |
|----|--------|------|------------------------------------|
| a. | A.E.F. | D.P. | Index Card |
| b. | A.E.F. | D.P. | Registration Record |
| c. | A.E.F. | D.P. | Assembly Center Registration Card. |

3. GENERAL RESPONSIBILITY.

- a. The Director of an Assembly Center, hereinafter referred to as the Center Director, is responsible for the over-all supervision of the registration procedure and the administrative control of medical activities.
- b. The Registrar of an Assembly Center, hereinafter referred to as the Center Registrar, is, in accordance with administrative orders of competent authority, charged under the Center Director with the general supervision and performance of the registration of all displaced persons.
- c. The Assembly Center Medical Supervisor, hereinafter referred to as the Center Medical Supervisor, is in accordance with administrative orders of competent authority charged under the Center Director with the general supervision and performance of medical activities.

4. GENERAL INSTRUCTIONS TO CENTER REGISTRAR AND CENTER MEDICAL SUPERVISOR.

- a. The Center Registrar shall prepare in the case of each displaced person the three forms referred to in Paragraph 2 of these instructions:-

- (1) A.E.F. D.P. Index Card (prepare one only)
- (2) A.E.F. D.P. Registration Record (prepare in duplicate covering entries 1-22 inclusive and 24)

- (3) A.E.F. D.P. Assembly Center Registration Card
(prepare one only - entries must be made in English)
- b. The Center Registrar shall be held responsible for the completeness and legibility of all entries which are made on the registration forms.
- c. All entries must be made with pen and ink, or be type-written.
- d. The Center Medical Supervisor shall be held responsible for:
 - (1) The entries made in A.E.F. D.P. Registration Record-Items (25), (26), (27) and (28) (Medical Clearance Certificate).
 - (2) For such supplementary summary medical records as may be required for each Registrant. (The term Registrant refers to the individual displaced person being registered).

SECTION II

INSTRUCTIONS IN DETAIL

5. A.E.F. D.P. INDEX CARD

- a. Index cards will be assigned by higher authority to the Center Director in blocks of numbers. One card only will be prepared and given to each Registrant. The cards of children will be given to parents or guardians.
- b. Each Center Registrar shall maintain an accurate record of all numbers assigned. All Index cards accidentally mutilated or otherwise rendered unfit for use shall be returned to the Center Director, who will cancel them and retain them subject to recall.
- c. The Registrar shall explain to the Registrant the importance of keeping the Index Card at all times; that the card links the individual Registrant with all of his or her registration records; and that should the Registrant become lost en route to his or her destination, military police or other military personnel will render assistance upon presentation of the card.
- d. The Registrar shall explain to the Registrant that the Index card is "Not a Pass", as stated by the overprint, and that the card cannot be used as a passport or as a substitute for a National Identity Certificate.
- e. It is important that family groups be registered in consecutive order.
- f. Specific Instructions

Item (1) - Registration Number

The capital letter of the registration number identifies the country in which the registration took

place. The next eight digits provide the number identifying the Registrant.

Item (2) - Family Name, Other Given Names

The Registrar must print the full name of the Registrant in English BLOCK letters in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Signature of the Holder

The Registrant must affix his or her signature in his or her own language to the card in the presence of the Registrar. If the Registrant cannot execute a signature, an identifying mark will be substituted, which mark shall be initialled by the Registrar. In the case of a child, the parent or guardian will sign and indicate their relationship to the child.

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

- a. The A.E.F. D.P. Registration Record will be prepared by the Registrar during a personal interview with the Registrant. A duplicate copy will also be prepared but not usually completed at the time of the interview. Its preparation at a later time shall be the responsibility of the Registrar who prepared the original copy. Both copies of the record will be prepared in the language of the Registrant, except that Item (17) will be entered in English as indicated.

b. Specific Instructions

Item (1) - Registration Number

The Registrar must make an exact copy in this space of the pre-printed registration number given on the A.E.F. D.P. Index Card. This registration number must also be entered on the duplicate copy of the record.

Item (2) - Family Name, Other Given Names

The Registrar must enter the full name of the Registrant in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Sex

The Registrar shall place a check mark (✓) within the box opposite M. if the Registrant is a male and within the box opposite F. if the Registrant is a female.

Item (4) - Marital Status

The Registrar must ask the Registrant whether he or she is single, married, widowed or divorced, and place a check mark (✓) within the appropriate box.

Item (5) - Claimed Nationality

The Registrar shall enter the nationality claimed by the Registrant in this space. The Registrar will assist the Registrant in the event of indecision regarding nationality but the nationality finally entered in this space will be that claimed by the Registrant. Any questions or reservations which the Registrar may have concerning the nationality claimed by the Registrant, will be entered in the space provided under Item (24) REMARKS.

The Registrar shall make it clear to the Registrant that even though he or she may claim a certain nationality, the claim will require final acceptance by the National Authority concerned before the rights of citizenship will be established.

Item (6) - Birthdate, Birthplace, Province, Country

The Registrar will enter in this space the exact birthdate of the Registrant, if known, giving the day, month and year; the birthplace (city or village), the province and country where the Registrant was born. The birthplace, province and country will be given as it existed at the date of the birth.

Item (7) - Religion (Optional)

The Registrar will enter the religion of the Registrant in this space. If the Registrant has any objection to stating his or her religion, the Registrar will explain that the response to this question is optional and that the space may be left blank.

Item (8) - Number of Accompanying Family Members

The Registrar will enter in this space the number of family members who are accompanying the Registrant at the Assembly Center. When a number is entered in this space, the full name, relationship and registration number of each accompanying family member will be entered in Item (24) under REMARKS. To expedite securing the information required, it is important that family groups be registered in consecutive order.

Item (9) - Number of Dependents

The Registrar will enter in this space the number of dependents claimed by the Registrant. The number of dependents may include family members accompanying the Registrant or dependents residing elsewhere. If the Registrant has no dependents, this space will be left blank.

Item (10) - Full Name of Father

The Registrar will enter the full name of the father of the Registrant in this space.

Item (11) - Full Name of Mother

The Registrar will enter the full maiden name of the mother of the Registrant in this space.

Item (12) - Desired Destination

The Registrar will enter the desired destination of the Registrant in this space indicating the city or village, province and country. The Registrar will explain to the Registrant that careful consideration should be given to the selection of the desired destination, so that the destination selected will be the one at which the Registrant desires to reside permanently. In the case of children the desired destination should be stated by their parents or guardians.

Item (13) - Last Permanent Residence or Residence as of January 1, 1938.

The Registrar will enter in this space the city or village, province and country of the Registrant's last permanent residence prior to displacement. If the Registrant is unable to give such a permanent residence, then the Registrant's residence as of January 1, 1938, will be entered in this space. In the case of children born since January 1, 1938, this space will be left blank.

Item (14) - Usual Trade, Occupation or Profession

The Registrar will enter in this space the usual trade, occupation or profession as stated by the Registrant. The Registrar will explain that the usual trade, occupation or profession should be that which the Registrant considers himself best qualified to perform. In the case of young children, housewives or persons obviously unable to work, the Registrar shall make an appropriate entry in this space.

Item (15) - Performed in What Kind of Establishment

The Registrar will enter in this space the kind of factory, farm or establishment in which the Registrant states that he performed his usual trade, occupation or profession. Examples of the kinds of entries to be made here are: cotton textile factory, shipyard, coal mine, dairy farm or retail store. If this question does not apply to the Registrant, this space should be left blank.

/Item (16) -

Item (16) - Other Trades and Occupations

The Registrar will enter in this space the other trades or occupations which the Registrant states he or she is qualified to perform. These other trades or occupations are to be entered in the order of preference as expressed by the Registrant.

Item (17) - Languages spoken in order of flency

The Registrar will enter in this space those languages which the Registrant can speak and in the order of fluency. The entries must be written in English. If the Registrant speaks only one language, this language shall be entered in space a. and spaces b. and c. shall be left blank.

Item (18) - Do you Claim to be a Prisoner of War, Yes or No.

The Registrar will ask the Registrant whether her or she claims to be a prisoner of war. The response will be entered by a check mark (✓) in the appropriate box. If the Registrant does not know the answer to this question or when the question clearly does not apply, as in the case of a child, the Registrar will check the space above the word NO.

Item (19) - Amount and Kind of Currency in your Possession

The Registrar will enter in this space the amount of each kind of currency in the possession of the Registrant. Appropriate symbols will be used to indicate the kinds of currency listed.

Item (20) - Signature of Registrant

After the Registrant has prepared the record, Items (1) to (19) inclusive, with appropriate entries in Item (24) the Registrant will be asked to read the record and indicate approval by affixing his or her signature in the space provided. If the Registrant cannot execute a signature, he or she should make an identifying mark which must be initialled by the Registrar. In the case of children, the parent or guardian will sign in this space and indicate his or her relationship to the child.

Item (21) - Signature of the Registrar - Date, Assembly Center Number

The Registrar will sign his or her name in this space, adding the date when the registration took place, and the number of the Assembly Center.

Item (22) - Destination or Reception Center

The Registrar will make no entries in this space.

Item (23) - Code for Issue

The Registrar will make no entries in this space.
(See Appendix II).

Item (24) - Remarks

The Registrar will enter in this space all supplementary information about the Registrant having a bearing on the case. Particularly the following information will be given: name, relationship and registration number of accompanying family members; an explanation of differences which may exist between the desired destination and the last permanent residence; or differences between the desired destination and the claimed nationality. (See Appendix I for special procedure in case of death).

Item (25) - Dates of Disinfestation. Types

(a) All displaced persons, including their clothing, bedding, baggage and other personal articles, when first entering an Assembly Center, will, depending upon availability of supplies, be subject to disinfestation.

1. Specific instructions and statement of policy covering disinfestation will be issued at a later date.

(b) A record of disinfestation, including dates and types will be entered in the Medical Clearance Certificate, Item (25). Types will be indicated by a check mark (✓) in the appropriate box.

Item (26) - Physical Condition on Arrival

(a) All displaced persons will, when first entering an Assembly Center, receive a medical inspection and physical classification.

(b) A record of medical inspection and physical classification will be established by check marks in the appropriate boxes of the Medical Clearance Certificate, Item (26).

1. Code Letters in the boxes of Item (26) refer to persons:

L. - (Fit for manual labour)

M. - (Fit for movement by train, truck or other modes of transportation)

/ CD. -

CD. - (Having an acute infectious communicable disease dangerous to the public health of the Center)

D. - (Having a disease or physical condition of disability which prevents performance of manual labour)

2. In all cases where the box CD is checked, an appropriate statement will be entered under REMARKS.
3. In all cases where the box D. is checked a brief explanatory statement, including reference to fitness for movement, (Box M) will be entered under REMARKS.
4. The record will be examined, and, if approved, dated and signed by the Center Medical Supervisor.

Item (27) - Immunization Record

(a) Displaced persons at a ^{Camp} ~~Assembly Center~~ may be subject to certain immunization and vaccination procedures.

1. Typhus vaccine is mandatory, for preventative routine immunization of selected individuals such as registrars, doctors, nurses and others, whose duties require that they be constantly exposed to cases of epidemic louse-borne typhus fever, and for persons, depending upon the availability of supplies, being repatriated to areas where typhus fever is known to exist.

(b) In emergencies, when the public health of a Center is endangered, immunizations and vaccinations will be performed in every case where, in the judgment of the Center Medical Supervisor, it is required.

(c) A record of immunization and vaccination will be entered in the Medical Clearance Certificate, Item (27). Entries will be dated and authenticated by the initials of a Medical Examiner.

(d) In the case of smallpox, the results will be recorded as Vaccine, Vaccinoid, or Immune reaction. If there is no reaction, or if the reaction fails to conform to one of these three types, vaccination will be repeated. The term "unsuccessful vaccination" will not be used in the record.

(e) Code letters in the boxes of Item (27) referred to

T-EPID. (Typhus)
D. (Diphtheria)
TT-TAB. (Triple Typhoid)
O (Others - must specify)
S (Smallpox)

Item (28) - Final Medical Inspection

Camp (a) All displaced persons will, approximately within 24 hours prior to final departure from an Assembly Center, receive a final medical inspection.

(b) At the time of the final medical inspection, individuals acutely ill with an infectious disease, as demonstrated by fever and/or skin eruptions, will not be allowed to depart and Item (28) of the record will not be signed.

(c) Detailed instructions will be issued later concerning the movement of individuals or groups from *Camp* Centers across international boundaries.

(d) The *Camp* Center Medical Supervisor shall date and sign the record, Item (28) of each person who satisfactorily passes the final medical inspection.

(e) Where medical records other than Items (25), (26), (27) and (28) are concerned, a supplementary summary medical record will be attached to the A.E.F. D.P. Registration Record and the box MR of Item (28) checked to indicate this fact.

Item (29) - Movement Authorization or Visa

The Registrar will make no entries in this space.

Item (30) - Reception Center Record

The Registrar will make no entries in this space.

Item (31) - Supplementary Record

The Registrar will make no entries in this space.

7. A.E.F. D.P. ASSEMBLY CENTER REGISTRATION CARD

A card covering the items indicated shall be filled out in English for each Registrant. These cards will be prepared by the Registrar based upon the information contained in the A.E.F. D.P. Registration Records of the Registrants. Clothing and other articles issued will be recorded in the boxes provided on the reverse side of this card.

APPENDIX I

Supplementary Instructions

Procedure in case of death

1. Administrative responsibility for refugees or displaced persons who die at or en route to an Assembly Center rests with the Center Director.
2. Deaths of refugees or displaced persons will be recorded on the A.E.F. D.P. Registration Record in the following manner:
 - a. Each person who was registered before death will have the cause of death, if ascertainable, recorded in the space for REMARKS Item (24).
 - b. The word "died" followed by the date of death will be recorded in the Medical Clearance Certificate Item (28) and the record signed by the Center Medical Supervisor.
 - c. Personal effects of the dead person will be itemized in the space for REMARKS Item (24), and if necessary, continued in the blank space on the reverse side of the card.
 - d. Disposition of the body will be recorded in the space provided for Destination or Reception Center Item (22), giving name of the burial ground, the city or village, province and country.
3. A third copy of the A.E.F. D.P. Registration Record will be prepared and transmitted at the time of burial to the local civilian registrar of vital statistics.
4. The A.E.F. D.P. Registration Record when completed, as specified in paragraph 2, plus attached supplementary summary medical record if any, will be forwarded at designated intervals through channels to the D.P. Executive at Army Headquarters.
5. The A.E.F. D.P. Assembly Center Registration Card, to be retained at the Assembly Center, will be completed to indicate the cause of death and the disposition of the body, the personal effects of the deceased and his or her medical records.
6. In the case of the death of an unregistered person:
 - a. A registration number will be assigned and an original and duplicate copy of the A.E.F. D.P. Registration Record prepared as completely as possible from information contained in the deceased person's identification documents, or through interview with accompanying family members or friends. Aside from this change in the means for obtaining information about the individual, the procedure indicated in paragraphs 2, 4 and 5 above, will be followed.
 - b. The duplicate A.E.F. D.P. Registration Record will be transmitted at the time of burial to the local civilian registrar of vital statistics.

APPENDIX II

Supplementary Instructions

Issue of Clothing and other Articles

1. Administrative responsibility for the control of clothing and other items issued to displaced persons rests with the Center Director.

2. Individual clothing and other items will be issued only to meet emergency requirements of displaced persons.

3. A record of each article of clothing and other items issued to displaced persons must be made on the A.E.F. D.P. Registration Record in Item (23) "Code for Issue", and in the boxes provided on the reverse side of the A.E.F. D.P. Assembly Center Registration Card. Thus, for example, if two undershirts are issued to a displaced person a number "2" will be inserted in code box 10.

4. Code numbers 1 - 26 inclusive, and the items of issue to which these code numbers refer are as follows:-

1. Shoes or boots (pairs)
2. Shirt
3. Trousers
4. Skirt
5. Jacket
6. Sweater
7. Wool dress
8. Other dress
9. Underpants or underknickers
10. Undervest or undershirt
11. Socks or stockings (pairs)
12. Petticoat or slip
13. Corset or suspender belt
14. Gloves or mittens (pairs)
15. Hat, cap or other head covering
16. Overcoat
17. Towel
18. Layette
19. Sleeping garments
20. Wool blankets
21. Cotton blanket
22. Cotton cloth (meter length)
23. Wool cloth (meter length)
24. Rayon cloth (meter length)
25. Knitting wool
26. Eating utensils

(Front Side)

ALLIED EXPEDITIONARY FORCES
INDEX
D.P. IDENTIFICATION CARD

(1) Registration Number

(2) Family Name Other Given Names

(3) Signature of Holder

2"

3"

D.P. 1

(Reverse Side)

Keep this card at all times to assure your safe return home. The Registration Number and your name identify you and your Registration Record.

(Front Side)

A.E.F.D.P. ASSEMBLY CENTER REGISTRATION CARD

(1) Registration Number (2) Family Name Other given Names

M. ☐ F. ☐ (3) Claimed Nationality (4) Sex (5) Age (6) Date: Arrival Departure

(7) Assigned Billet Number or Address (8) Destination or Reception Center

Name or Number City or Village Province Country

191 REMARKS

(Use reverse side for additional remarks)

5"

D.P. 3

On cause of this card, at top, 29 boxes entitled "code for issue" as in no. 23 of Registration Record.

(Front Side)

For coding purposes: a. b. c. d. e. f. g. h. i. j.

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

Original ☐ Duplicate ☐

(1) Registration Number

(2) Family Name Other Given Names (3) Sex (4) Marital Status (5) Claimed Nationality (6) Number of Accompanying Family Members

(7) Religion (Optional)

(8) Birth date Birthplace Province Country (9) Number of Dependents (10) Full Name of Father (11) Full Maiden Name of Mother

(12) Desired Destination (13) Last Permanent Residence or Residence January 1, 1938

City or Village Province Country City or Village Province Country

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

(17) Languages spoken in order of fluency (18) Do you claim to be a Prisoner of War? Yes No (19) Amount and Kind of Currency in your Possession

(20) Signature of Registrant (21) Signature of Registrar Date: Assembly Center Number:

(22) Destination or Reception Center:

(23) Code for Issue: 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

8"

D.P. 2

(Reverse Side)

MEDICAL CLEARANCE CERTIFICATE

a. b. c. (25) Dates of Disinfection and Type

(26) PHYSICAL CONDITION ON ARRIVAL

L. M. C. D. D.

REMARKS

(27) IMMUNIZATION RECORD

Type Dose Date Initials

T. D. T. T. O. S. Date Initial Reaction Intake I. V. Va. Read

Arrival Medical Inspection Date (28) Final Medical Inspection Date

Medical Examiner Medical Examiner M R

(29) MOVEMENT AUTHORIZATION OR VISA (30) RECEPTION CENTER RECORD

(31) SUPPLEMENTARY RECORD

Temporary Identity Certificate Issued

Number Date Signature of Authority

Registration & Tracing Aug 1
C. Ernst '45

Miss Delapole's Registry Group
under Combined DP Executive
receives nominal rolls from
camps in Germany, lists of
DPs in } concentration camps
 } assembly centers
 } etc.

Weekly Reports, ^{from Germany} come in
to J. Kraus & Norman Weaver,
Longley, Hoffman in Frankfurt.
These serve as basis for
statistical reports.

Standard
Not legible
Out
100
wide left margin

D. de la Palle
Reut 9/30/44

DISPLACED PERSONS REGISTRATION INSTRUCTIONS

SECTION I.

REGISTRATION IN GENERAL

1. GENERAL PURPOSE OF REGISTRATION. These instructions are an integral part of a co-operative program for the handling of displaced persons. The instructions have been developed and approved for use by the military authorities, the United Nations Relief and Rehabilitation Administration and the Allied Governments of Europe.
2. FORMS. Three registration forms are basic to this program. These forms will provide information required for: an orderly return of displaced persons; securing temporary employment for displaced persons willing to work until final arrangements can be made for their home return; planning permanent re-employment of displaced persons returned to their homes, and assisting in re-establishing contact between displaced persons and relatives from whom they have been separated.

These forms are:-

- | | |
|-----------|---|
| a. A.E.F. | D.P. Index Card |
| b. A.E.F. | D.P. Registration Record |
| c. A.E.F. | D.P. Assembly Center Registration Card. |

3. GENERAL RESPONSIBILITY

- ✓ a. The Director of an Assembly Center, hereinafter referred to as the Center Director, is responsible for the over-all supervision of the registration procedure and the administrative control of medical activities.
- b. The Registrar of an Assembly Center hereinafter referred to as the Center Registrar is, in accordance with administrative orders of competent authority, charged under the Center Director with the general supervision and performance of the registration of all displaced persons.
- c. The Assembly Center Medical Supervisor, hereinafter referred to as the Center Medical Supervisor, is in accordance with administrative orders of competent authority charged under the Center Director with the general supervision and performance of medical activities.

4. GENERAL INSTRUCTIONS TO CENTER REGISTRAR AND CENTER MEDICAL SUPERVISOR

- a. The Center Registrar shall prepare in the case of each displaced person the three forms referred to in Paragraph 2 of these instructions:-
 - (1) A.E.F. D.P. Index Card (prepare one only)
 - (2) A.E.F. D.P. Registration Record (prepare in duplicate covering entries 1-22 inclusive and 24)
 - (3) A.E.F. D.P. Assembly Center Registration Card (prepare one only - entries must be made in English)
- b. The Center Registrar shall be held responsible for the completeness and legibility of all entries which are made on the registration forms.
- c. All entries must be made with pen and ink, or by typewritten.
- d. The Center Medical Supervisor shall be held responsible for: (1)

- (1) The entries made in A.E.F. D.P. Registration Record-Items (25), (26), (27) and (28) (Medical Clearance Certificate).
- (2) For such supplementary summary medical records as may be required for each Registrant. (The term Registrant refers to the individual displaced person being registered).

SECTION II

INSTRUCTIONS IN DETAIL

5. A.E.F. D.P. INDEX CARD

- a. Index cards will be assigned by higher authority to the Center Director in blocks of numbers. One card only will be prepared and given to each Registrant. The cards of children will be given to parents or guardians.
- b. Each Center Registrar shall maintain an accurate record of all numbers assigned. All index cards accidentally mutilated or otherwise rendered unfit for use shall be returned to the Center Director, who will cancel them and retain them subject to recall.
- c. The Registrar shall explain to the Registrant the importance of keeping the Index Card at all times; that the card links the individual Registrant with all of his or her registration records; and that should the Registrant become lost en route to his or her destination, military police or other military personnel will render assistance upon presentation of the card.
- d. The Registrar shall explain to the Registrant that the Index card is "Not a Pass", as stated by the overprint, and that the card cannot be used as a passport or as a substitute for a National Identify Certificate.
- e. It is important that family groups be registered in consecutive order.
- f. Specific Instructions

Item (1) - Registration Number

The capital letter of the registration number identifies the country in which the registration took place. The next eight digits provide the number identifying the Registrant.

Item (2) - Family Name, Other Given Names

The Registrar must print the full name of the Registrant in English BLOCK letters in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Signature of the Holder

The Registrant must affix his or her signature in his or her own language to the card in the presence of the Registrar. If the Registrant cannot execute a signature, an identifying mark will be substituted, which mark shall be initialed by the Registrar. In the case of a child, the parent or guardian will sign and indicate their relationship to the child.

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

- a. The A.E.F. D.P. Registration Record will be prepared by the Registrar during a personal interview with the Registrant. A duplicate copy will also be prepared but not usually completed at the time of the /interview.

interview. Its preparation at a later time shall be the responsibility of the Registrar who prepared the original copy. Both copies of the record will be prepared in the language of the Registrant, except that Item (17) will be entered in English as indicated.

b. Specific Instructions

Item (1) - Registration Number

The Registrar must make an exact copy in this space of the pre-printed registration number given on the A.E.F. D.P. Index Card. This registration number must also be entered on the duplicate copy of the record.

Item (2) - Family Name, Other Given Names

The Registrar must enter the full name of the Registrant in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Sex

The Registrar shall place a check mark (✓) within the box opposite M. if the Registrant is a male and within the box opposite F. if the Registrant is a female.

Item (4) - Marital Status

The Registrar must ask the Registrant whether he or she is single, married, widowed or divorced, and place a check mark (✓) within the appropriate box.

Item (5) - Claimed Nationality

The Registrar shall enter the nationality claimed by the Registrant in this space. The Registrar will assist the Registrant in the event of indecision regarding nationality but the nationality finally entered in this space will be that claimed by the Registrant. Any questions or reservations which the Registrar may have concerning the nationality claimed by the Registrant, will be entered in the space provided under Item (24) REMARKS.

The Registrar shall make it clear to the Registrant that even though he or she may claim a certain nationality, the claim will require final acceptance by the National Authority concerned before the rights of citizenship will be established.

Item (6) - Birthdate, Birthplace, Province, Country

The Registrar will enter in this space the exact birthdate of the Registrant, if known, giving the day, month and year; the birthplace (city or village) the province and country where the Registrant was born. The birthplace, province and country will be given as it existed at the date of the birth.

Item (7) - Religion (Optional)

The Registrar will enter the religion of the Registrant in this space. If the Registrant has any objection to stating his or her religion, the Registrar will explain that the response to this question is optional and that the space may be left blank.

Item (8) - Number of Accompanying Family Members

The Registrar will enter in this space the number of family
/members

members who are accompanying the Registrant at the Assembly Center. When a number is entered in this space, the full name, relationship and registration number of each accompanying family member will be entered in Item (24) under REMARKS. To expedite securing the information required, it is important that family groups be registered in consecutive order.

Item (9) - Number of Dependents

The Registrar will enter in this space the number of dependents claimed by the Registrant. The number of dependents may include family members accompanying the Registrant or dependents residing elsewhere. If the Registrant has no dependents, this space will be left blank.

Item (10) - Full Name of Father

The Registrar will enter the full name of the father of the Registrant in this space.

Item (11) - Full Maiden Name of Mother

The Registrar will enter the full maiden name of the mother of the Registrant in this space.

Item (12) - Desired Destination

The Registrar will enter the desired destination of the Registrant in this space indicating the city or village, province and country. The Registrar will explain to the Registrant that careful consideration should be given to the selection of the desired destination, so that the destination selected will be the one at which the Registrant desires to reside permanently. In the case of children the desired destination should be stated by their parents or guardians.

Item (13) - Last Permanent Residence or Residence as of January 1, 1938.

The Registrar will enter in this space the city or village, province and country of the Registrant's last permanent residence prior to displacement. If the Registrant is unable to give such a permanent residence, then the Registrant's residence as of January 1, 1938, will be entered in this space. In the case of children born since January 1, 1938, this space will be left blank.

Item (14) - Usual Trade, Occupation or Profession

The Registrar will enter in this space the usual trade, occupation or profession as stated by the Registrant. The Registrar will explain that the usual trade, occupation or profession should be that which the Registrant considers himself best qualified to perform. In the case of young children, housewives or persons obviously unable to work, the Registrar shall make an appropriate entry in this space.

Item (15) - Performed in What Kind of Establishment

The Registrar will enter in this space the kind of factory, farm or establishment in which the Registrant states that he performed his usual trade, occupation or profession. Examples of the kinds of entries to be made here are: cotton textile factory, shipyard, coal mine, dairy farm or retail store. If this question does not apply to the Registrant, this space should be left blank.

/Item (16) -

Item (16) - Other Trades and Occupations

The Registrar will enter in this space the other trades or occupations which the Registrant states he or she is qualified to perform. These other trades or occupations are to be entered in the order of preference as expressed by the Registrant.

Item (17) - Languages spoken in order of fluency

The Registrar will enter in this space those languages which the Registrant can speak and in the order of fluency. The entries must be written in English. If the Registrant speaks only one language, this language shall be entered in space a. and spaces b. and c. shall be left blank.

Item (18) - Do you Claim to be a Prisoner of War? Yes or No.

The Registrar will ask the Registrant whether he or she claims to be a prisoner of war. The response will be entered by a check mark (✓) in the appropriate box. If the Registrant does not know the answer to this question or when the question clearly does not apply, as in the case of a child, the Registrar will check the space above the word NO.

Item (19) - Amount and Kind of Currency in your Possession

The Registrar will enter in this space the amount of and each kind of currency in the possession of the Registrant. Appropriate symbols will be used to indicate the kinds of currency listed.

Item (20) - Signature of Registrant

After the Registrant has prepared the record, Items (1) to (19) inclusive, with appropriate entries in Item (24) the Registrant will be asked to read the record and indicate approval by affixing his or her signature in the space provided. If the Registrant cannot execute a signature, he or she should make an identifying mark which must be initialled by the Registrar. In the case of children, the parent or guardian will sign in this space and indicate his or her relationship to the child.

Item (21) - Signature of the Registrar - Date, Assembly Center
Number

The Registrar will sign his or her name in this space, adding the date when the registration took place, and the number of the Assembly Center.

Item (22) - Destination or Reception Center

The Registrar will make no entries in this space.

Item (23) - Code for Issue

The Registrar will make no entries in this space.
(See Appendix II).

Item (24) - Remarks

The Registrar will enter in this space all supplementary information about the Registrant having a bearing on the case. Particularly the following information will be given: name, relationship and registration number of accompanying family members; an explanation of differences which may exist between the desired destination and the last permanent residence; or differences between the desired destination

/and

and the claimed nationality. (See Appendix I for special procedure in case of death).

Item (25) - Dates of Disinfestation. Types

(a) All displaced persons, including their clothing, bedding, baggage and other personal articles, when first entering an Assembly Center, will, depending upon availability of supplies, be subject to disinfestation.

1. Specific instructions and statement of policy covering disinfestation will be issued at a later date.

(b) A record of disinfestation, including dates and types will be entered in the Medical Clearance Certificate, Item (25). Types will be indicated by a check mark (✓) in the appropriate box.

Item (26) - Physical Condition on Arrival

(a) All displaced persons will, when first entering an Assembly Center, receive a medical inspection and physical classification.

(b) A record of medical inspection and physical classification will be established by check marks in the appropriate boxes of the Medical Clearance Certificate, Item (26).

1. Code Letters in the boxes of Item (26) refer to persons:

L. - (Fit for manual labour)

M. - (Fit for movement by train, truck or other modes of transportation)

CD. - (Having an acute infectious communicable disease dangerous to the public health of the Center)

D. - (Having a disease or physical condition of disability which prevents performance of manual labour)

2. In all cases where the box CD is checked, an appropriate statement will be entered under REMARKS.
3. In all cases where the box D. is checked a brief explanatory statement, including reference to fitness for movement, (Box M) will be entered under REMARKS.
4. The record will be examined, and, if approved, dated and signed by the Center Medical Supervisor.

Item (27) - Immunization Record

(a) Displaced persons at an Assembly Center may be subject to certain immunization and vaccination procedures.

1. Typhus vaccine is mandatory, for preventative routine immunization of selected individuals such as registrars, doctors, nurses and others, whose duties require that they be constantly exposed to cases of epidemic louse-borne typhus fever, and for persons, depending upon the availability of supplies, being repatriated to areas where typhus fever is known to exist.

(b) In emergencies, when the public health of a Center is endangered, immunizations and vaccinations will be performed in every case where, in the judgment of the Center Medical Supervisor, it is required.

(c) A record of immunization and vaccination will be entered in the Medical Clearance Certificate, Item (27). Entries will be dated and authenticated by the initials of a Medical Examiner.

(d) In the case of smallpox, the results will be recorded as Vaccina, Vaccinoid, or Immune reaction. If there is no reaction, or if the reaction fails to conform to one of these three types, vaccination will be repeated. The term "unsuccessful vaccination" will not be used in the record.

(e) Code letters in the boxes of Item (27) referred to

| | |
|---------|-------------------------|
| T-EPID. | (Typhus) |
| D. | (Diphtheria) |
| TT-TAB. | (Triple Typhoid) |
| O | (Others - must specify) |
| S | (Smallpox) |

Item (28) - Final Medical Inspection

(a) All displaced persons will, approximately within 24 hours prior to final departure from an Assembly Center, receive a final medical inspection.

(b) At the time of the final medical inspection, individuals acutely ill with an infectious disease, as demonstrated by fever and/or skin eruptions, will not be allowed to depart and Item (28) of the record will not be signed.

(c) Detailed instructions will be issued later concerning the movement of individuals or groups from Centers across international boundaries.

(d) The Center Medical Supervisor shall date and sign the record, Item (28) of each person who satisfactorily passes the final medical inspection.

(e) Where medical records other than Items (25), (26), (27) and (28) are concerned, a supplementary summary medical record will be attached to the A.E.F. D.P. Registration Record and the box MR of Item (28) checked to indicate this fact.

Item (29) - Movement Authorization or Visa

The Registrar will make no entries in this space.

Item (30) - Reception Center Record

The Registrar will make no entries in this space.

Item (31) - Supplementary Record

The Registrar will make no entries in this space.

7. A.E.F. D.P. ASSEMBLY CENTER REGISTRATION CARD

A card covering the items indicated shall be filled out in English for each Registrant. These cards will be prepared by the Registrar based upon the information contained in the A.E.F. D.P. Registration Records of the Registrants. Clothing and other articles issued will be recorded in the boxes provided on the reverse side of this card.

APPENDIX I

Supplementary Instructions

Procedure in case of death

1. Administrative responsibility for refugees or displaced persons who die at or en route to an Assembly Center rests with the Center Director.
2. Deaths of refugees or displaced persons will be recorded on the A.E.F. D.P. Registration Record in the following manner:
 - a. Each person who was registered before death will have the cause of death if ascertainable, recorded in the space for REMARKS Item (24).
 - b. The word "died" followed by the date of death will be recorded in the Medical Clearance Certificate Item (28) and the record signed by the Center Medical Supervisor.
 - c. Personal effects of the dead person will be itemized in the space for REMARKS Item (24), and if necessary, continued in the blank space on the reverse side of the card.
 - d. Disposition of the body will be recorded in the space provided for Destination or Reception Center Item (22), giving name of the burial ground, the city or village, province and country.
3. A third copy of the A.E.F. D.P. Registration Record will be prepared and transmitted at the time of burial to the local civilian registrar of vital statistics.
4. The A.E.F. D.P. Registration Record when completed, as specified in paragraph 2, plus attached supplementary summary medical record if any, will be forwarded at designated intervals through channels to the D.P. Executive at Army Headquarters.
5. The A.E.F. D.P. Assembly Center Registration Card, to be retained at the Assembly Center, will be completed to indicate the cause of death and the disposition of the body, the personal effects of the deceased and his or her medical records.
6. In the case of the death of an unregistered person:
 - a. A registration number will be assigned and an original and duplicate copy of the A.E.F. D.P. Registration Record prepared as completely as possible from information contained in the deceased person's identification documents, or through interview with accompanying family members or friends. Aside from this change in the means for obtaining information about the individual, the procedure indicated in paragraphs 2, 4 and 5 above, will be followed.
 - b. The duplicate A.E.F. D.P. Registration Record will be transmitted at the time of burial to the local civilian registrar of vital statistics.

APPENDIX II

Supplementary Instructions

Issue of Clothing and other Articles

1. Administrative responsibility for the control of clothing and other items issued to displaced persons rests with the Center Director.

2. Individual clothing and other items will be issued only to meet emergency requirements of displaced persons.

3. A record of each article of clothing and other items issued to displaced persons must be made on the A.E.F. D.P. Registration Record in Item (23) "Code for Issue", and in the boxes provided on the reverse side of the A.E.F. D.P. Assembly Center Registration Card. Thus, for example, if two undershirts are issued to a displaced person a number "2" will be inserted in code box 10.

4. Code numbers 1 - 26 inclusive, and the items of issue to which these code numbers refer are as follows:-

1. Shoes or boots (pairs)
2. Shirt
3. Trousers
4. Skirt
5. Jacket
6. Sweater
7. Wool dress
8. Other dress
9. Underpants or underknickers
10. Undervest or undershirt
11. Socks or stockings (pairs)
12. Petticoat or slip
13. Corset or suspender belt
14. Gloves or mittens (pairs)
15. Hat, cap or other head covering
16. Overcoat
17. Towel
18. Layette
19. Sleeping garments
20. Wool blankets
21. Cotton blanket
22. Cotton cloth (meter length)
23. Wool cloth (meter length)
24. Rayon cloth (meter length)
25. Knitting wool
26. Eating utensils

DISPLACED PERSONS REGISTRATION INSTRUCTIONS

SECTION I.

REGISTRATION IN GENERAL

1. GENERAL PURPOSE OF REGISTRATION. These instructions are an integral part of a co-operative program for the handling of displaced persons. The instructions have been developed and approved for use by the military authorities, the United Nations Relief and Rehabilitation Administration and the Allied Governments of Europe.
2. FORMS. Three registration forms are basic to this program. These forms will provide information required for: an orderly return of displaced persons; securing temporary employment for displaced persons willing to work until final arrangements can be made for their home return; planning permanent re-employment of displaced persons returned to their homes, and assisting in re-establishing contact between displaced persons and relatives from whom they have been separated.

These forms are:-

- | | | | |
|----|--------|------|------------------------------------|
| a. | A.E.F. | D.P. | Index Card |
| b. | A.E.F. | D.P. | Registration Record |
| c. | A.E.F. | D.P. | Assembly Center Registration Card. |

3. GENERAL RESPONSIBILITY.

- a. The Director of an Assembly Center, hereinafter referred to as the Center Director, is responsible for the over-all supervision of the registration procedure and the administrative control of medical activities.
- b. The Registrar of an Assembly Center, hereinafter referred to as the Center Registrar, is, in accordance with administrative orders of competent authority, charged under the Center Director with the general supervision and performance of the registration of all displaced persons.
- c. The Assembly Center Medical Supervisor, hereinafter referred to as the Center Medical Supervisor, is in accordance with administrative orders of competent authority charged under the Center Director with the general supervision and performance of medical activities.

4. GENERAL INSTRUCTIONS TO CENTER REGISTRAR AND CENTER MEDICAL SUPERVISOR.

- a. The Center Registrar shall prepare in the case of each displaced person the three forms referred to in Paragraph 2 of these instructions:-
 - (1) A.E.F. D.P. Index Card (prepare one only)
 - (2) A.E.F. D.P. Registration Record (prepare in duplicate covering entries 1-22 inclusive and 24)

(3) A.E.F. D.P. Assembly Center Registration Card
(prepare one only - entries must be made in English)

- b. The Center Registrar shall be held responsible for the completeness and legibility of all entries which are made on the registration forms.
- c. All entries must be made with pen and ink, or be type-written.
- d. The Center Medical Supervisor shall be held responsible for:
 - (1) The entries made in A.E.F. D.P. Registration Record-Items (25), (26), (27) and (28) (Medical Clearance Certificate).
 - (2) For such supplementary summary medical records as may be required for each Registrant. (The term Registrant refers to the individual displaced person being registered).

SECTION II

INSTRUCTIONS IN DETAIL

5. A.E.F. D.P. INDEX CARD

- a. Index cards will be assigned by higher authority to the Center Director in blocks of numbers. One card only will be prepared and given to each Registrant. The cards of children will be given to parents or guardians.
- b. Each Center Registrar shall maintain an accurate record of all numbers assigned. All Index cards accidentally mutilated or otherwise rendered unfit for use shall be returned to the Center Director, who will cancel them and retain them subject to recall.
- c. The Registrar shall explain to the Registrant the importance of keeping the Index Card at all times; that the card links the individual Registrant with all of his or her registration records; and that should the Registrant become lost en route to his or her destination, military police or other military personnel will render assistance upon presentation of the card.
- d. The Registrar shall explain to the Registrant that the Index card is "Not a Pass", as stated by the overprint, and that the card cannot be used as a passport or as a substitute for a National Identity Certificate.
- e. It is important that family groups be registered in consecutive order.
- f. Specific Instructions

Item (1) - Registration Number

The capital letter of the registration number identifies the country in which the registration took

place. The next eight digits provide the number identifying the Registrant.

Item (2) - Family Name, Other Given Names

The Registrar must print the full name of the Registrant in English BLOCK letters in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Signature of the Holder

The Registrant must affix his or her signature in his or her own language to the card in the presence of the Registrar. If the Registrant cannot execute a signature, an identifying mark will be substituted, which mark shall be initialled by the Registrar. In the case of a child, the parent or guardian will sign and indicate their relationship to the child.

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

- a. The A.E.F. D.P. Registration Record will be prepared by the Registrar during a personal interview with the Registrant. A duplicate copy will also be prepared but not usually completed at the time of the interview. Its preparation at a later time shall be the responsibility of the Registrar who prepared the original copy. Both copies of the record will be prepared in the language of the Registrant, except that Item (17) will be entered in English as indicated.

b. Specific Instructions

Item (1) - Registration Number

The Registrar must make an exact copy in this space of the pre-printed registration number given on the A.E.F. D.P. Index Card. This registration number must also be entered on the duplicate copy of the record.

Item (2) - Family Name, Other Given Names

The Registrar must enter the full name of the Registrant in this space. In the case of a married woman, the full married name must be entered.

Item (3) - Sex

The Registrar shall place a check mark (/) within the box opposite M. if the Registrant is a male and within the box opposite F. if the Registrant is a female.

Item (4) - Marital Status

The Registrar must ask the Registrant whether he or she is single, married, widowed or divorced, and place a check mark (/) within the appropriate box.

Item (5) - Claimed Nationality

The Registrar shall enter the nationality claimed by the Registrant in this space. The Registrar will assist the Registrant in the event of indecision regarding nationality but the nationality finally entered in this space will be that claimed by the Registrant. Any questions or reservations which the Registrar may have concerning the nationality claimed by the Registrant, will be entered in the space provided under Item (24) REMARKS.

The Registrar shall make it clear to the Registrant that even though he or she may claim a certain nationality, the claim will require final acceptance by the National Authority concerned before the rights of citizenship will be established.

Item (6) - Birthdate, Birthplace, Province, Country

The Registrar will enter in this space the exact birthdate of the Registrant, if known, giving the day, month and year; the birthplace (city or village), the province and country where the Registrant was born. The birthplace, province and country will be given as it existed at the date of the birth.

Item (7) - Religion (Optional)

The Registrar will enter the religion of the Registrant in this space. If the Registrant has any objection to stating his or her religion, the Registrar will explain that the response to this question is optional and that the space may be left blank.

Item (8) - Number of Accompanying Family Members

The Registrar will enter in this space the number of family members who are accompanying the Registrant at the Assembly Center. When a number is entered in this space, the full name, relationship and registration number of each accompanying family member will be entered in Item (24) under REMARKS. To expedite securing the information required, it is important that family groups be registered in consecutive order.

Item (9) - Number of Dependents

The Registrar will enter in this space the number of dependents claimed by the Registrant. The number of dependents may include family members accompanying the Registrant or dependents residing elsewhere. If the Registrant has no dependents, this space will be left blank.

Item (10) - Full Name of Father

The Registrar will enter the full name of the father of the Registrant in this space.

Item (11) - Full Name of Mother

The Registrar will enter the full maiden name of the mother of the Registrant in this space.

Item (12) - Desired Destination

The Registrar will enter the desired destination of the Registrant in this space indicating the city or village, province and country. The Registrar will explain to the Registrant that careful consideration should be given to the selection of the desired destination, so that the destination selected will be the one at which the Registrant desires to reside permanently. In the case of children the desired destination should be stated by their parents or guardians.

Item (13) - Last Permanent Residence or Residence as of January 1, 1938.

The Registrar will enter in this space the city or village, province and country of the Registrant's last permanent residence prior to displacement. If the Registrant is unable to give such a permanent residence, then the Registrant's residence as of January 1, 1938, will be entered in this space. In the case of children born since January 1, 1938, this space will be left blank.

Item (14) - Usual Trade, Occupation or Profession

The Registrar will enter in this space the usual trade, occupation or profession as stated by the Registrant. The Registrar will explain that the usual trade, occupation or profession should be that which the Registrant considers himself best qualified to perform. In the case of young children, housewives or persons obviously unable to work, the Registrar shall make an appropriate entry in this space.

Item (15) - Performed in What Kind of Establishment

The Registrar will enter in this space the kind of factory, farm or establishment in which the Registrant states that he performed his usual trade, occupation or profession. Examples of the kinds of entries to be made here are: cotton textile factory, shipyard, coal mine, dairy farm or retail store. If this question does not apply to the Registrant, this space should be left blank.

/Item (16) -

Item (16) - Other Trades and Occupations

The Registrar will enter in this space the other trades or occupations which the Registrant states he or she is qualified to perform. These other trades or occupations are to be entered in the order of preference as expressed by the Registrant.

Item (17) - Languages spoken in order of flency

The Registrar will enter in this space those languages which the Registrant can speak and in the order of fluency. The entries must be written in English. If the Registrant speaks only one language, this language shall be entered in space a. and spaces b. and c. shall be left blank.

Item (18) - Do you Claim to be a Prisoner of War, Yes or No.

The Registrar will ask the Registrant whether her or she claims to be a prisoner of war. The response will be entered by a check mark (/) in the appropriate box. If the Registrant does not know the answer to this question or when the question clearly does not apply, as in the case of a child, the Registrar will check the space above the word NO.

Item (19) - Amount and Kind of Currency in your Possession

The Registrar will enter in this space the amount of each kind of currency in the possession of the Registrant. Appropriate symbols will be used to indicate the kinds of currency listed.

Item (20) - Signature of Registrant

After the Registrant has prepared the record, Items (1) to (19) inclusive, with appropriate entries in Item (24) the Registrant will be asked to read the record and indicate approval by affixing his or her signature in the space provided. If the Registrant cannot execute a signature, he or she should make an identifying mark which must be initialled by the Registrar. In the case of children, the parent or guardian will sign in this space and indicate his or her relationship to the child.

Item (21) - Signature of the Registrar - Date.
Assembly Center Number

The Registrar will sign his or her name in this space, adding the date when the registration took place, and the number of the Assembly Center.

Item (22) - Destination or Reception Center

The Registrar will make no entries in this space.

Item (23) - Code for Issue

The Registrar will make no entries in this space.
(See Appendix II).

Item (24) - Remarks

The Registrar will enter in this space all supplementary information about the Registrant having a bearing on the case. Particularly the following information will be given: name, relationship and registration number of accompanying family members; an explanation of differences which may exist between the desired destination and the last permanent residence; or differences between the desired destination and the claimed nationality. (See Appendix I for special procedure in case of death).

Item (25) - Dates of Disinfestation. Types

(a) All displaced persons, including their clothing, bedding, baggage and other personal articles, when first entering an Assembly Center, will, depending upon availability of supplies, be subject to disinfestation.

1. Specific instructions and statement of policy covering disinfestation will be issued at a later date.

(b) A record of disinfestation, including dates and types will be entered in the Medical Clearance Certificate, Item (25). Types will be indicated by a check mark (/) in the appropriate box.

Item (26) - Physical Condition on Arrival

(a) All displaced persons will, when first entering an Assembly Center, receive a medical inspection and physical classification.

(b) A record of medical inspection and physical classification will be established by check marks in the appropriate boxes of the Medical Clearance Certificate, Item (26).

1. Code Letters in the boxes of Item (26) refer to persons:

L. - (Fit for manual labour)

M. - (Fit for movement by train, truck or other modes of transportation)

/ CD. -

CD. - (Having an acute infectious communicable disease dangerous to the public health of the Center)

D. - (Having a disease or physical condition of disability which prevents performance of manual labour)

2. In all cases where the box CD is checked, an appropriate statement will be entered under REMARKS.
3. In all cases where the box D. is checked a brief explanatory statement, including reference to fitness for movement, (Box M) will be entered under REMARKS.
4. The record will be examined, and, if approved, dated and signed by the Center Medical Supervisor.

Item (27) - Immunization Record

(a) Displaced persons at an Assembly Center may be subject to certain immunization and vaccination procedures.

1. Typhus vaccine is mandatory, for preventative routine immunization of selected individuals such as registrars, doctors, nurses and others, whose duties require that they be constantly exposed to cases of epidemic louse-borne typhus fever, and for persons, depending upon the availability of supplies, being repatriated to areas where typhus fever is known to exist.

(b) In emergencies, when the public health of a Center is endangered, immunizations and vaccinations will be performed in every case where, in the judgment of the Center Medical Supervisor, it is required.

(c) A record of immunization and vaccination will be entered in the Medical Clearance Certificate, Item (27). Entries will be dated and authenticated by the initials of a Medical Examiner.

(d) In the case of smallpox, the results will be recorded as Vaccine, Vaccinoid, or Immune reaction. If there is no reaction, or if the reaction fails to conform to one of these three types, vaccination will be repeated. The term "unsuccessful vaccination" will not be used in the record.

(e) Code letters in the boxes of Item (27) referred to

/T-EPID.

T-EPID. (Typhus)
D. (Diphtheria)
TT-TAB. (Triple Typhoid)
O (Others - must specify)
S (Smallpox)

Item (28) - Final Medical Inspection

(a) All displaced persons will, approximately within 24 hours prior to final departure from an Assembly Center, receive a final medical inspection.

(b) At the time of the final medical inspection, individuals acutely ill with an infectious disease, as demonstrated by fever and/or skin eruptions, will not be allowed to depart and Item (28) of the record will not be signed.

(c) Detailed instructions will be issued later concerning the movement of individuals or groups from Centers across international boundaries.

(d) The Center Medical Supervisor shall date and sign the record, Item (28) of each person who satisfactorily passes the final medical inspection.

(e) Where medical records other than Items (25), (26), (27) and (28) are concerned, a supplementary summary medical record will be attached to the A.E.F. D.P. Registration Record and the box MR of Item (28) checked to indicate this fact.

Item (29) - Movement Authorization or Visa

The Registrar will make no entries in this space.

Item (30) - Reception Center Record

The Registrar will make no entries in this space.

Item (31) - Supplementary Record

The Registrar will make no entries in this space.

7. A.E.F. D.P. ASSEMBLY CENTER REGISTRATION CARD

A card covering the items indicated shall be filled out in English for each Registrant. These cards will be prepared by the Registrar based upon the information contained in the A.E.F. D.P. Registration Records of the Registrants. Clothing and other articles issued will be recorded in the boxes provided on the reverse side of this card.

APPENDIX I

Supplementary Instructions

Procedure in case of death

1. Administrative responsibility for refugees or displaced persons who die at or en route to an Assembly Center rests with the Center Director.

2. Deaths of refugees or displaced persons will be recorded on the A.E.F. D.P. Registration Record in the following manner:

- a. Each person who was registered before death will have the cause of death, if ascertainable, recorded in the space for REMARKS Item (24).
- b. The word "died" followed by the date of death will be recorded in the Medical Clearance Certificate Item (28) and the record signed by the Center Medical Supervisor.
- c. Personal effects of the dead person will be itemized in the space for REMARKS Item (24), and if necessary, continued in the blank space on the reverse side of the card.
- d. Disposition of the body will be recorded in the space provided for Destination or Reception Center Item (22), giving name of the burial ground, the city or village, province and country.

3. A third copy of the A.E.F. D.P. Registration Record will be prepared and transmitted at the time of burial to the local civilian registrar of vital statistics.

4. The A.E.F. D.P. Registration Record when completed, as specified in paragraph 2, plus attached supplementary summary medical record if any, will be forwarded at designated intervals through channels to the D.P. Executive at Army Headquarters.

5. The A.E.F. D.P. Assembly Center Registration Card, to be retained at the Assembly Center, will be completed to indicate the cause of death and the disposition of the body, the personal effects of the deceased and his or her medical records.

6. In the case of the death of an unregistered person:

- a. A registration number will be assigned and an original and duplicate copy of the A.E.F. D.P. Registration Record prepared as completely as possible from information contained in the deceased person's identification documents, or through interview with accompanying family members or friends. Aside from this change in the means for obtaining information about the individual, the procedure indicated in paragraphs 2, 4 and 5 above, will be followed.
- b. The duplicate A.E.F. D.P. Registration Record will be transmitted at the time of burial to the local civilian registrar of vital statistics.

APPENDIX II

Supplementary Instructions

Issue of Clothing and other Articles

1. Administrative responsibility for the control of clothing and other items issued to displaced persons rests with the Center Director.

2. Individual clothing and other items will be issued only to meet emergency requirements of displaced persons.

3. A record of each article of clothing and other items issued to displaced persons must be made on the A.E.F. D.P. Registration Record in Item (23) "Code for Issue", and in the boxes provided on the reverse side of the A.E.F. D.P. Assembly Center Registration Card. Thus, for example, if two undershirts are issued to a displaced person a number "2" will be inserted in code box 10.

4. Code numbers 1 - 26 inclusive, and the items of issue to which these code numbers refer are as follows:-

1. Shoes or boots (pairs)
2. Shirt
3. Trousers
4. Skirt
5. Jacket
6. Sweater
7. Wool dress
8. Other dress
9. Underpants or underknickers
10. Undervest or undershirt
11. Socks or stockings (pairs)
12. Petticoat or slip
13. Corset or suspender belt
14. Gloves or mittens (pairs)
15. Hat, cap or other head covering
16. Overcoat
17. Towel
18. Layette
19. Sleeping garments
20. Wool blankets
21. Cotton blanket
22. Cotton cloth (meter length)
23. Wool cloth (meter length)
24. Rayon cloth (meter length)
25. Knitting wool
26. Eating utensils

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATIONREGISTRATION AND STATISTICS IN AN ASSEMBLY AREA IN ENEMY TERRITORY

1. Normally, the only statistics kept in an Assembly Area will be those based on the Registration Record Cards of the displaced persons in the Area. For these the Registration Officer will be responsible to the Area Chief. If, in addition, technical statistics are required in relation to any of the particular services - e.g. the health, information and advice, movements etc. - they should be kept by the officer in charge of the service concerned, who should send summarized totals to the Registration Officer at such intervals as the Area Chief may decide. The Registration Officer will thus be able to furnish the Area Chief with the statistical information necessary, but it should be a principle of his work that it be kept to the minimum consistent with efficient administration.

It is not considered necessary to provide any other intelligence service at the Assembly Area level.

2. The system of registration devised by SHAEF will be used in all Assembly Areas for which UNRRA is responsible. It is based on three cards and one form; sufficient supplies of these have been arranged by SHAEF to cover all displaced persons likely to be discovered in Europe.

D.P.1, Index Card. These will be assigned in blocks of numbers to each Assembly Area. No number will be duplicated. One card will be issued to each displaced person, and will serve in the place of an identity card for purposes of repatriation and only until he reaches his own country.

D.P.2, Registration Record Card. This will be prepared by the Registrar (see below) during a personal interview with the displaced person, which should take place as soon as possible after the latter's arrival in the Assembly Area. A duplicate copy will also be prepared at the same time but may be completed later by the Registrar. The card contains 28 spaces, some of them for use by the health authority. A booklet of detailed instructions for the guidance of Registrars, drawn up in nineteen languages, will be available at the rate of one per 200 displaced persons. The Registration Record Card also contains spaces for use by the national authority concerned (i) to issue a movement authorization or visa, (ii) for use at the Reception Center, and (iii) for making such other entries as the national authority may desire.

The Registration Record Card will bear the same number as that on the displaced person's index card. One copy will be kept in the Assembly Area central registration office until the displaced person leaves; it will then be sent with him by the leader of the convoy in which he travels, and will thus reach the Reception Center not later than the displaced person himself; thereafter this copy will be at the disposal of the national authority concerned. While it remains at the Assembly Area it can be consulted by the national repatriation official concerned for purposes of recognition of nationality, and will be used for all administrative purposes by the staff of the Assembly Area. The other copy of the Registration Record Card will be sent immediately after it is completed to the Regional or other Headquarters at which the organized

movement of bodies of displaced persons is arranged. It will be available there also for consultation by the representatives of the national authorities concerned. It is a matter of vital importance to the national governments that they should have full information about their displaced nationals at the earliest possible moment. It will greatly facilitate this if they can take copies of the Registration Record Cards, and for this purpose it would be more convenient for the cards to be at Inter-Allied headquarters or Zone headquarters rather than at Regional headquarters.

D.P.3, Assembly Center Registration Card. This gives only sufficient particulars (taken from the Registration Record Card) to identify the person to whom it refers, together with spaces for dates of arrival at and departure from the Assembly Area, and destination, also a space for remarks. This card will stay in the Assembly Area as long as the Area is functioning.

D.P. Weekly Report Form. This gives a summary, by nationalities and age-groups, showing the numbers in the Assembly Center, the arrivals and departures since the previous week. It is intended for the information of higher headquarters.

3. The Registration Officer should be an UNRRA official, though he may be recruited from the displaced persons in the Assembly Area. The Registrars who will effect the actual registration will be drawn from the displaced persons, each dealing with persons of his own nationality. There should be at least one Registrar for every 200 persons registered. One Registrar can deal with three displaced persons per hour. Individual registration should be done in the Shelter Units or other sub-divisions of the Assembly Area, and the Record Cards and Assembly Center Registration Cards sent at once to the Area Registration office. The Registrar is personally responsible for recording accurately the information given him by the displaced person; it is therefore necessary that individuals selected as Registrars should be dependable, also that they should have the right personal approach, since displaced persons are generally reluctant to give full particulars about themselves.

Specially selected Registrars will be needed to deal with children, whose registration will present particularly difficult problems.

4. The representatives of national repatriation departments should be given full facilities to consult the records kept in the Assembly Area Registration Office, and to make personal contact with Registrars and with individual displaced persons where necessary for purposes connected with registration.

Appendix 7

This Appendix consists of five papers bearing the numbers

TDP/E(44) 45 to 49.

INSTRUCTIONS TO REGISTRAR FOR FILLING OUT REGISTRATION CARD FOR ALLIED NATIONAL OR NEUTRAL

(To accompany Form No. 47-R040)

The registration card has been designed to facilitate the efforts of military and civilian authorities to provide for the care, employment and eventual disposition of Allied nationals and neutrals found in territory which has been liberated by military action. After lodging and food have been arranged for these persons, one of the first steps to be taken will be to notify the countries of which they claim to be nationals of their presence in the territory. To do this, each person will need to be specifically identified and sufficient facts concerning him recorded to support the notification to his government. Among other things the card calls for information as to the registrant's capacity to engage in physical labor and on the registrant's previous education and work record. His military record is called for in the event that he may qualify for military service. The registrant is also to be classified on the basis of his status in the territory. Different plans for dealing with each category of displaced Allied nationals or neutrals will be worked out. It is therefore of prime importance that the registration card be filled out as completely as possible. Each Allied national or neutral found in the territory will be registered on a card. Members of the same immediate family are to be entered on the card of the head of the family present in the territory. In addition separate cards are to be filled out for each child 18 years of age or over who is resident in the territory. The members of the registrant's family, whether present with him in the territory or not, are to be entered on his card. Every effort has been made to plan a card that will provide for all contingencies of registration. However, unforeseen situations may arise which will have to be discussed with the supervisor of registration. In making entries on the card use a typewriter if one is available, pen and ink if not, and only use a pencil when ink is not available. Be sure to make the proper entry and make it in the proper place, thus avoiding all erasing.

Boxes at the top of the card.—Make no entries in the boxes at the top of the card. These are to be used subsequently for codes or symbols in withdrawing cards from the files for various purposes.

Family Name.—Enter the surname of the family only.

Aliases.—Enter any aliases ever used by the registrant or any variations in spelling of the family name.

Woman's Maiden Name.—Enter the name of the wife of the head of the family prior to her marriage.

Present or last-known address.—Enter in the number column at the left the number of each person (see instructions under Item 1) residing at the address entered on the same line.

Registration.—In the upper right-hand corner enter the registration number of the registrant, the number or other identification of the registration center where the person is registered, the date of registration and the name of the registrar who enters the data on the card.

Item 1.—General Information About Registrant and His Family

A number is provided for each member of the family. No. 1 is to be used for the husband or other head of the family; No. 2 for the wife; Nos. 3 to 7 inclusive for the children in the order of their ages. These numbers are to be used throughout the form to identify the person to whom the data entered on a specific line refer. In certain situations the registrant may be a widower, in which event the oldest child will be entered as No. 2; or a widow, in which event the same procedure will apply. In the exceptional case of abandoned or unattached children one card is to be filled out for children of the same family group. Enter the oldest child as No. 1 and the others as 2 to 7 in the order of age. Indicate in parentheses the age of each child on the same line as his name. In a situation in which a wife is to be registered whose husband is not with her in the territory, the wife is to be entered as No. 1 and the husband in some other country as No. 2.

First Names.—Enter the first and middle names of each member of the family as directed above and also circle the number to the left of the first name of each member of the family who is present with the registrant head of the family in the territory. If any member of the family group has a surname different from that of the head of the family, enter such surname in parentheses after the first name of such person on the same line as the first name.

Relationship.—Enter the relationship of each person to the head of the family, such as wife, son or daughter.

Sex.—Enter M for male and F for female.

Marital status.—Enter S for single, M for married, W for widowed, D for divorced.

Date of birth.—Enter date of birth, giving in the following order, according to European practice, the day, month and year.

Place of birth.—Enter the village or city, district, and the country of birth according to the political status in 1937. District (i. e. political subdivision) is important for purposes of identifying and locating a village among many villages of the same name within the same country. Districts have varied titles in different countries. It will be necessary for the registrar to consult the supervisor of registration to identify the title of the district to be recorded for each country.

Citizenship.—Under "country" enter the country of which the registrant claims to be a citizen or national. If the registrant is stateless, enter the country of last citizenship preceded by the letter "S".

How acquired.—Enter the manner in which the citizenship listed in the column to the left was acquired by entering the words "Birth", "Marriage", "Naturalization", "Derivative" (from naturalization of parents) or "Option."

Race.—In this column enter the nationality of the person referred to—not the color or citizenship. Nationality is used here in its European sense, to signify the mother tongue of the person. For instance, a person born in Russia of Russian parents may be a citizen of Czechoslovakia. His citizenship is that of Czechoslovakia, his race or nationality Russian. Again a citizen of Yugoslavia may be a Slovene, a Croat or a Serb.

Religion.—Enter the church affiliation of the person referred to. If the person has no church affiliation enter "None."

Able to work.—It is possible that labor battalions will be organized among displaced Allied nationals or neutrals. It will be important to know whether or not each registrant is able to participate in heavy manual labor. Enter a check if the registrant is able to engage in such labor and "O" if he is not able to do so.

Item 2.—Marriage

Enter the date and place—village or city, district and country—of the marriage of the head of the family, No. 1.

Item 3.—Identifying Documents

Identifying documents in the possession of the registrant will prove of vital importance in his identification and in assisting his claim for citizenship. Information from these documents should be entered with great care and in every possible detail. If additional space is required such space is provided on the back of the card under "14—Remarks."

In the number column enter the number of the person who has the particular documents in hand.

Kind of document. Enter in this column passport, card of identity, birth or marriage record or the name of any other identifying document, such as a ration card, which the person may possess.

Number of document. Enter in this column any identifying number or symbol appearing on the document listed.

Date issued. Enter the date of issue of the document, giving the day, month and year.

Place issued. Enter the place where the document was issued, such as Vienna, Zagreb or Prague.

Authority issuing.—In the case of a passport or card of identity enter the name of the country issuing the document. In the case of vital statistics documents enter the particular civil authority issuing the document.

Date of expiration.—Most identifying documents are valid until certain dates. Enter the date on which the validity of the particular document expires, or has expired if it bears such an expiration date.

Item 4.—Status of Registrant in Territory

Most Allied nationals or neutrals in the territory can be classified under the subheadings listed in this item. It is important to identify the class to which the registrant belongs in order to determine the proper plan for the disposition of his situation.

A war prisoner is a former member of one of the Allied armies who has been captured by the Axis authorities and is held under military custody, or who may have been released and may be found in the territory as a laborer. Under either of these circumstances he should be checked in the war prisoner column.

A civilian internee is a person of foreign nationality in the territory who may have been interned solely because of his foreign citizenship or for his own safety or as a result of some war regulation concerning foreigners.

Laborers are of two classes: voluntary and forced. Voluntary laborers have entered the territory to accept employment of their own free will. Forced laborers are those who have accepted employment in the territory under some form of compulsion, such as military compulsion or the withholding of rations.

Political prisoners are those who have been arrested by the country of residence because of actual or suspected political activities which have been considered dangerous to the interest of the arresting authority.

There may be other categories of displaced Allied nationals, such as the person who was living permanently in the territory prior to the outbreak of the war, or the person who may have been traveling in transit through the country at the outbreak of the war, or a national of any other country who may have been evacuated from an area of military action across a national boundary into the territory. Such categories can be checked under the column headed "Other" but should be further explained in the space provided.

Check in the appropriate box the particular class to which the person referred to belongs.

Item 5.—Conviction for Political or Other Offenses

List all such convictions, giving date, place and nature of offense, and sentence, but do not include minor offenses such as vehicle traffic violations.

Item 6.—Military Service

In this item information is to be recorded with respect to the military service of the registrant. Enter first the dates within which the military service was performed, the country for which such military service was performed, the last rank held, the military number assigned to the registrant, and check whether the registrant has his military record in his possession. In the event that the registrant was at any time a prisoner of war in the present war and was released from military custody by the Axis authorities, enter the time, place and circumstances of such release in as much detail as possible, using "Item 14—Remarks" for further space if required.

Item 7.—Registrant's Home

Information is sought under this item as to whether the registrant has a permanent home to which he desires to return and the address of his home. A positive answer to this question will not necessarily require that the registrant actually own a home.

Item 8.—Registrant's Plans

The registrant may not find it feasible to return to his former home, in which event he may have other plans for his immediate future, such as joining parents or a brother in some other country. Enter information about such plans of the registrant under this item, using "Item 14—Remarks" for additional space if required.

Item 9.—Education and Training

This item has been devised to identify the displaced Allied nationals and neutrals, by education and training, whose services may be utilized in any desirable way within the territory. The space provided under item 9 is necessarily limited. Therefore a selection of facts to be entered on the card may have to be made by the registrar.

Highest educational institution attended.—Enter in this column the name and type of the highest educational institution attended by the registrant in which he completed at least a full school year.

Degrees received or highest class reached.—Enter in this column all degrees received from educational institutions. In the event that no degrees have been received, indicate the highest full grade or class of the highest educational institution that the registrant has successfully finished or from which he has been graduated. Do not include half years or grades that were not finished.

Languages.—Enter in the appropriate column the names of the languages, such as French, Greek, German, which the registrant speaks, reads or understands with average competence.

Profession, trade or occupation.—Enter that profession, trade or occupation in which the registrant is most skilled and experienced. If the registrant is unskilled, enter such terms as "industrial laborer", "farm laborer" or "peasant farmer." Enter under "Item 14—Remarks" any additional skills or special qualifications which registrant may possess not otherwise recorded on the card.

Item 10.—Employment Record

The employment record of the registrant is called for on the card for the same purpose as the registrant's education and training. Space is limited and again the registrar will necessarily have to make a selection among all of the jobs held by the registrant of those to be entered. No entry should be made of a job or position held for less than six months. Selection of the jobs to be entered should be made on the basis of length of employment. Space permitting, enter those jobs held longest, the earliest first and in order of succession. The dates of employment should be entered very carefully. In the column headed "job held" enter the occupation, such as electrician, architect, steamfitter or porter. The employer's name and address should also be entered carefully and completely.

Item 11.—Places of Previous Residence

The recording of the places of previous residence of the registrant is important for purposes of identification, determination of citizenship and the working out of plans for repatriation to the registrant's home country. Again space is limited and selection of addresses to be entered may have to be made by the registrar on the basis of the length of time the registrant resided at different addresses. Selection of entries should be based on the longest periods of residence at given addresses. List the residences in the order of succession, the earliest first. If the registrant or his spouse was ever interned in an internment camp in any country, the date of internment should be entered in the appropriate column accompanied by the word "interned" and followed in the appropriate column by the name and address of the place of internment.

Item 12.—Travel

In the entry under item 12 it is planned to secure insofar as possible a statement of the itinerary of the registrant since he left his last permanent home in his home country. For instance a person whose last residence was in Poland may have traveled through Czechoslovakia, Rumania, Hungary, Austria, Switzerland and France. Enter such an itinerary by listing the countries in the order of travel.

Item 13.—Close Relatives

Under this item are to be listed the close relatives of the registrant other than those listed under Item 1, — such as parents, brothers and sisters. These relatives are important to the record as they may prove to be the resource through which a final disposition of the registrant may be accomplished. They may serve to verify or confirm registrant's statements with respect to his citizenship and on occasion provide documentary evidence in support of his claim of citizenship.

In the column headed "Names" check those relatives whom the registrant desires to have informed of his presence in the territory. They may be able to send him assistance or to facilitate his return to his country.

Enter in the appropriate column the relationship of the relative listed to the person recorded on the card identified by the number on the same line. Enter the address of the relative listed clearly and carefully, giving street, village or city, district and country. Enter in the last column the citizenship of the relative listed.

Item 14.—Remarks

This space on the registration card is provided primarily for the entry of pertinent information for which adequate space is not available under the appropriate item on the card. In the column at the left enter the item number to which the entry of information refers. Under this item entry may be made of the results of any physical examination which the registrant may have had.

Item 15.—Disposition

No entries are to be made under this item until some final disposition has been made of the registrant.

1-370.71
(Registration)

Central Location Index, Cairo

"A Central Index has been set up in Cairo to meet the need of having one central place where information will be readily available about displaced persons in the Middle East, which includes Iran, Iraq, Syria, Palestine, Cyprus, Egypt, Africa, and India.

"Central Index is ... set up in units of the nationalities of the major refugee population in the Middle East, i.e., a Greek unit, a Yugoslav unit, a Polish unit, etc....

"The D.P. 2 duplicate cards make up the Master Card Index, and are filed alphabetically by 'Claimed Nationality.!!..

"The first cross-reference is by present location. The second by place of last permanent residence...." (Displaced Persons Division, Cairo, UNRRA Handbook on Procedure for Registration of Displaced Persons, D.P.6 AM/jd)

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION,
EUROPEAN REGIONAL HEADQUARTERS

P 320.71

Regis.

April 15, 1944.

Dear Mr. Hoehler:

Hope the stuff which I sent off two days ago has reached you. Mr. Carter is still working on the card, which he says has been very much altered, and will send it to you with the repatriation memoranda which are in his possession.

Sincerely,

May Redger

MEMORANDUM

London
March 8, 1944.

To: Sir Frederick Leith Ross
From: Fred K. Hoehler
Subject: Informal Meeting - UNRRA and CA SHAEF -
Displaced Persons

On Friday afternoon, March 3, the present staff of the Displaced Persons Division of the European Office of UNRRA held a meeting with a number of officers from the armies of the United Kingdom and the United States. The purpose of this meeting was to discuss a Registration Card and Identification Card which are being prepared by the Planning Section of SHAEF.

You have perhaps by this time received some notes on the meeting from Mrs. Nicholls, who acted as Secretary. However, I wanted you to have my impressions, therefore this memorandum.

The meeting lasted for nearly two hours, and consisted of discussion on the draft Registration Form and Identification Card proposed by the officers of SHAEF. The suggestions made by the members of UNRRA were promptly adopted by the military. These suggestions will be incorporated in a second draft form, which at a later date will be discussed with representatives of the Allied Governments who are developing repatriation plans for their individual countries. This meeting will be held at some date following the meeting of the European Regional Committee.

I attach a list of the persons who attended the meeting on March 3.

INFORMAL MEETING
ON
REGISTRATION OF DISPLACED PERSONS

Friday, March 3, 1944.

| | | | |
|-----------------|---------------------------|----------------------|-----------------|
| <u>Present:</u> | Mr. Fred K. Hoehler | UNRRA | <u>Chairman</u> |
| | Colonel D. Heyman | G5 SHAEF | |
| | Colonel C.E. Howland | CA Liaison 21 AG | |
| | Lt. Col. A.H. Moffitt Jr. | G5 SHAEF | |
| | Lt. Col. J. Neilans | CA Hq. 21 Army Group | |
| | Lt. Col. P.J.E. Rowell | CA Hq. 21 Army Group | |
| | Major L.W. Cramer | CA SHAEF | |
| | Major A.W. Buyers | CA Hq. 21 Army Group | |
| | Major R. Hurley | CA USAG | |
| | Capt. M. Proudfoot | G5 SHAEF | |
| | Capt. Dayton H. Frost | G5 SHAEF | |
| | Dr. W. Langrod | UNRRA | |
| | Mr. E. Carter | UNRRA | |
| | Miss M. Digby | UNRRA | |
| | Mrs. N. Nicholls | UNRRA | |

15 May 1944

Mr. Clarence King
Executive Secretary
American Council of Voluntary Agencies
for Foreign Service
122 East 22d Street
New York 10, New York

Dear Jim:

Thanks for your letter of May 3 suggesting certain people for consideration for positions in UNRRA. We are working on Karl Lundberg now and Fred has under consideration the two people you suggested in England.

I heard the other day that your agency had recently issued a publication of resources for displaced persons in each country in Europe. If that is the case, will you please send me a copy.

Have you thought about setting up a register in this country for refugees who UNRRA and private agencies locate in Europe so that relatives in this country can find out where their relatives in Europe are and write to them and possibly help them financially. I think this project is going to be an absolute necessity. I don't know who will undertake it because it will involve considerable financial undertaking.

I understand Mr. Hoehler is going to be in New York on the 18th. Will you discuss this with him at that time?

I expect to be off to Cairo shortly and will probably communicate with Fred and possibly with you on how the problem of the register looks from that vantage point.

With kindest personal regards, I am

Sincerely,

C. M. Pierce
Acting Deputy Director
Division on Displaced Persons

CM:Pierce:em
15 may 44

AMERICAN COUNCIL OF VOLUNTARY AGENCIES FOR FOREIGN SERVICE

122 EAST TWENTY-SECOND STREET

NEW YORK 10, N. Y.

ORCHARD 4-2786

JOSEPH P. CHAMBERLAIN
CHAIRMAN

May 3, 1944

CLARENCE KING
EXECUTIVE SECRETARY

Mr. Clarence Pierce
Room 930
Dupont Circle Building
1344 Connecticut Avenue, N.W.
Washington 25, D.C.

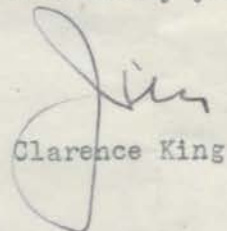
Dear Red:

The man whose name I was trying to think of is Karl Lundberg. He is now with the Social Security Board, Bureau of Public Assistance, as Chief of the Management Standards Section.

The public assistance officer who made such an impression ^{on me} in Sheffield, England, in 1936, was William Stansfield. The representative of the Ministry of Health at the Leeds Office was R. G. Farrow, whose title was General Inspector.

With best wishes.

Faithfully yours,


Clarence King

CK/rr

Ask about "Resumes for O.P. in each country" and clearance file.

5 July 1944

TO: Thomas M. Cooley, II
FROM: Tracy Philipps
SUBJECT: "Repatriation and Identification"

Registration Cards

1. I have only today seen the instructions issued with the proposed registration cards. I have not yet seen the (3) cards themselves nor the 4th card which, I gather, has been also printed here for use in Southern EUROPE, such as Italy.
2. I am not here concerned with the principle involved, the policy decided, nor the physical limitations (in certain mass conditions) of the execution of the policy.
3. Regarding the instructions already issued, the two items in which the main difficulties for us are likely to arise are items 5 (d) and 19..
4. As regards 5 (d), the Index Card will need to be in a container to aid its survival and to protect its legibility against rain from without and sweat from within. Most of the recipients will not be travelling first-class compartments or be yet enjoying a very sheltered life. The Index Card will, whether we wish or not, pass for a Pass or identification in many circumstances. It will therefore be subject to forgery. It is therefore necessary to protect it against forgery. It will therefore need (at least) a finger-print.
5. Item 19, after what has been happening to currency in Europe, is bound to be regarded with great suspicion or resentment. The carried currency may represent all that a Displaced Person has managed to save for his family, to enable him to re-start life. Such confidence-tricks have so long been played on forced labour, directly or indirectly, in regard to currency that any action of this kind, unless conceived with demonstrable justice and easily verifiable security, might arouse great resentment against UNRRA and even mass violence.
6. Would it be possible for us, in this section on "Repatriation and Identification," to be permitted to see such primary instruments of eventual identification, such as Registration Cards, in the draft stage?

TPhilipps/mce
5 July 44

5th July, 1944

TO: Thomas M. COOLEY, II

FROM: Tracy PHILIPPS

SUBJECT: •Repatriation and Identification (Registration Cards).

Following up your memo of June 29th, I made today a courtesy-call on Mr. d'ORNANO of the French Delegation. I did not go there to discuss any specific matter, but only to make a useful courtesy-contact.

In the course of conversation, he mentioned that he had been asked to send to Algiers some 50-odd tons of paper for the purpose of "fiches" for the general re-issue of personal papers, which have to a large extent been destroyed and remain unrenewed in French territories.

I did not gather that there was any idea of entering into any competition with UNHRA registrations which are not intended as Identity Papers or Passes.

TPhilipps:mce
5 July 44

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

5th July, 1944

TO: Thomas M. COOLEY, II

FROM: Tracy PHILIPPS. *T.P.*

SUBJECT: "Repatriation and Identification" (Registration Cards).

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TPhilippance
5 July 44

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

29 June 1944

TO: Mr.^s Tracy Philipps

FROM: Thomas M. Cooley, II *JMOA*

I have picked up a piece of incidental intelligence which I think we should pursue. The man in charge of the French Division at FEA tells me that the French have just asked him for a huge consignment of paper the purpose of which is apparently an elaborate system of registering and identifying displaced persons. The man with whom he was dealing is a Count d'Ornano (Miss McMakin has his address). Unless this is one of the things we already know about and I have just missed it, I think perhaps we should know what he has in mind and I wish that, at your convenience, you would sound out the proposition if that can be done without getting into difficulties.

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

5 July 1944

TO: Thomas M. Cooley, II
FROM: Tracy Philipps *T.P.*
SUBJECT: "Repatriation and Identification"

Registration Cards

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6. Would it be possible for us, in this section on "Repatriation and Identification," to be permitted to see such primary instruments of eventual identification, such as Registration Cards, in the draft stage?

Mr. Cooley 578

21 July 1944

Sir William Matthews
United Nations Relief and
Rehabilitation Administration
c/o American Legation
Cairo, Egypt ~~Cairo~~.

Attention: Mr. Leo Gerstenzang

My dear Sir William:

Mr. Gerstenzang's report of 30 May 1944 (Appendix B,
page 3) mentions the registration form now used by the
Displaced Persons Subdivision in Italy and states that a
copy of this form is attached.

We have never received the form and would appreciate
your sending us a copy.

Sincerely yours,

FOR THE DIRECTOR GENERAL

George Xanthaky, Chief
Southern European Division
Bureau of Areas

Mr. Cooley ✓
Mr. Leonard

D-15

9 August 1944

TO: Carolin A. Flexner
FROM: Thomas M. Cooley, II
RE: Forms used in UNRRA Camps

Reference is made to your memorandum dated August 4, 1944, and to the sample forms attached thereto which are now being used in all UNRRA Camps. It is noted that you desire that the total number of these forms be kept to a minimum.

From our point of view three of the samples presented can be substituted by the forms which have been approved by the Military authorities and UNRRA for Europe. For example, the A.E.F.D.P. index card can be used in place of the identity card; the A.E.F.D.P. Registration Record and the Assembly Center Registration Card can be used in place of the Registration Card and the Burial Certificate, which have been suggested in your memorandum.

If you agree, I think it might be desirable to hold a meeting on all these matters with the Division and Bureaus concerned.

AM Daderkin/vgk

19 September 1944

TO: Miss Dorothy de la Pole

FROM: William H. Stauffer

I am sending you herewith a copy of the instructions covering the use of the registration cards which will be used in Europe in connection with the registration of displaced persons. If, after you examine these instructions, you feel that they should be made available in greater numbers, I shall be glad to see if we cannot have them mimeographed.

23 September 1944

Mr. Fred K. Hoehler
European Regional Office
UNRRA
11A Portland Place
London W1, England

My dear Fred:

In the course of discussions with the Camps Division at Headquarters office, feeling was expressed on the part of representatives of that Division on the limitations of the SHAEF registration card and this was followed by a suggestion from these same persons that another card be designed for use in the camps.

I pointed out during these discussions that despite the lack of one or two items which might have been included on the SHAEF card, I was of the opinion that it was not wise to encumber the camp records with more paper work than was absolutely necessary, suggesting that if for purposes of camp administration certain additional items should be reported, and if space could not be found for this additional recording on the SHAEF card, then a supplementary form might be prepared to be attached to the SHAEF card. Camps Division, however, appeared to feel that a card of their own design would be more satisfactory and proceeded to have a number printed, some of which have already been despatched to the African Area, presumably for first usage in the Philippeville camp operation. I reviewed this form when it crossed my desk and found nothing to criticize except to re-emphasize my previous position that it was rather unnecessary to have two cards carrying virtually the same type of information in a given situation. I did not at that time, nor do I now, know whether the Military had designed the card for use in Italy and Africa.

I talked to Miss Flexner again the other day about this matter and she was rather insistent that I forward to you copies of the card which they designed and even suggested that SHAEF might be sufficiently impressed with this card to substitute it for European usage. To me the suggestion seemed presumptuous at this late hour. I, nevertheless, acceding to her request, am transmitting to you herewith three copies of the Camps Division card on which Miss Flexner would be glad to have your comments.

Mr. Fred K. Hoehler

-2-

23 sept 44

Matters go along with fair degree of smoothness here, though I should, of course, have preferred to be closer to you. During Tom's absence at Montreal, and for a short while thereafter, I am trying to keep his desk in order and to go ahead with the recruitment. A goodly number of applications are coming in and we are proceeding on the assumption that we have 90 lines to fill from this end.

Yesterday, Colonel Roland Murphy, with whom you had some contact while in Africa, stopped by for an interview following which I talked to Joe Harris about him. Joe suggested that he thought you would find a place for him in a secondary capacity. Accordingly, I am initiating a P-2 for his employment as a Displaced Persons specialist at \$5800.

If, as the people whom we are now recruiting begin to flow in to your office, there are evidences that we have been lax in our judgment of their fitness, please do not hesitate to apprise us of that circumstance.

With every good wish for yourself and the rest of the fellows, I am

Sincerely yours,

William H. Stauffer

WHStauffer/mce
23 sept 44

28 October 1944

MEMORANDUM FOR: Miss Carolyn A. Flemer
FROM: William H. Stauffer
RE: Registration Card for Camps.

On September 23rd, following your suggestion, I transmitted to the European Regional Office, Displaced Persons Division, a copy of the suggested card which had been drafted for registration purposes in Camps. You will remember that in conferences previously held I had expressed the belief that the SHAEF card, while deficient in certain respects, was quite adequate for the needs of UNRRA, and I was also rather insistent that it was out of place for us to be suggesting at this time that any UNRRA card be used in lieu of the SHAEF record card.

The two communications attached, just received from London, bear out the point of view which I expressed, and I am transmitting them to you for your information.

WH Stauffer/vgc

Attachments: 2

*For attachments see Warbler file
Oct. 14, 1944*

FILE: R 220 Egypt - ~~Masse~~ Wells

D.P. Numbers and Locations

CROSS-REFERENCE SHEET

| Present Location | Country of Origin | Description of Group | Source and Date | Filing Position of Source |
|---------------------|----------------------|---|------------------------------|--|
| | | Visiting Registration Cards of Greek Refugees at Masse Wells camp - | Pierre to Halcomb 10/9/44 | R 220 Egypt - Masse <u>Wells</u> |

UNITED NATIONS
RELIEF AND REHABILITATION ADMINISTRATION

1344 CONNECTICUT AVENUE
WASHINGTON 25, D. C.

20 September 1944

MEMORANDUM

TO: W. Stauffer

FROM: Carolin A. Flexner - *carh*

SUBJECT: Personal Record Card

Referring to our talk of today, I am attaching a few copies of the Personal Record Card and would appreciate it if you would send these to London so that we may have Fred Hoehler's and SHAEF's reactions on this card.

As I pointed out to you this card has been devised by our division and cleared with your division as well as with Health and Welfare. Because of the inadequacy of the SHAEF card for UNRRA purposes, we concluded at our joint meeting that a supplementary card should be prepared with more items pertinent to camp operation and welfare services. Instead, however, of preparing a supplementary card which would complicate the system of records, we devised a new card in the hope that it would be used in connection with any needed future registration, such as for the Philippeville refugees who will arrive without having been registered previously.

I understand the need which you stress for uniformity and that one card be used in all theatres of operations. Therefore, we will be glad to know SHAEF's reactions to this card. Even if it is too late now to change SHAEF's feeling and decision about their own cards, our card may be used for camp purposes particularly as it serves UNRRA's purposes for registration, looking toward repatriation and welfare needs.

Attachments

UNRRA CAMP _____

PERSONAL RECORD

(1) _____
SURNAME & INITIALS (CAPS)(2) _____
CAMP ADDRESS(3) _____
REG. NO.(4) _____
ALIAS(ES)(5) _____
WOMEN'S MAIDEN NAME(6) _____
X-REFERENCE

| SURNAME 7 | FIRST & 2ND NAMES 8 | RELAT. TO HEAD 9 | SEX 10 | MAR. STATUS 11 | BIRTH DATE 12 | RELIG. (OPTIONAL) 13 | EDU- CATION 14 | OCCUPATION | | LANGUAGES 17 | REGISTRA- TION No. 18 |
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MEDICAL DATA

| (19) PHYSICAL CONDITION | | | | (20) IMMUNIZATION | | | | (21) MOVEMENT AUTH. OR VISA | | | | (22) DATES OF DISINFESTATION | | | | | | | |
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| L. | M. | C.D. | D. | TYPE | DOSE | DATE | INITIALS | | | | | A | B | C | D | | | | |
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REPATRIATION DATA

24) LAST HOME ADDRESS OR RESIDENCE AS OF JANUARY 1, 1938

| NAME | CITIZENSHIP | NATIONALITY | BIRTHPLACE | | | REASON DISPLACED | DESIRED REP. | | AM'T AND KIND CURRENCY IN POSSESSION |
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| | | | LOCALITY | DISTRICT | COUNTRY | | CHOICE 1 | CHOICE 2 | |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

| NAME | ADDRESS | | REL. TO HEAD | CITIZENSHIP |
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| | LOCATION | AS OF | | |
| 35 | 36 | 37 | 38 | 39 |
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(46) REMARKS

IDENTIFYING DOCUMENTS

| KIND OF DOCUMENT | NO. OF DOCUMENT | DATE ISSUED | PLACE ISSUED | ISSUING AUTHORITY | EXP. DATE |
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| 40 | 41 | 42 | 43 | 44 | 45 |
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(47) REMARKS

DATE PREPARED

BY (SIGNATURE

UNRRA CAMP _____

PERSONAL RECORD

(1) _____
SURNAME & INITIALS (CAPS)(2) _____
CAMP ADDRESS(3) _____
REG. NO.(4) _____
ALIAS(ES)(5) _____
WOMEN'S MAIDEN NAME(6) _____
X-REFERENCE

| SURNAME | FIRST & 2ND NAMES | RELAT. TO HEAD | SEX | MAR. STATUS | BIRTH DATE | RELIG. (OPTIONAL) | EDU- CATION | OCCUPATION | | LANGUAGES | REGISTRA- TION NO. |
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MEDICAL DATA

| (19) PHYSICAL CONDITION | | | | (20) IMMUNIZATION | | | | (21) MOVEM'T AUTH. OR VISA | | | | (22) DATES OF DISINFESTATION | | | | | | | | | |
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REPATRIATION DATA

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| NAME | CITIZENSHIP | NATIONALITY | BIRTHPLACE | | | REASON DISPLACED | DESIRED REP. | | AM'T AND KIND CURRENCY IN POSSESSION |
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| | | | LOCALITY | DISTRICT | COUNTRY | | CHOICE 1 | CHOICE 2 | |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

| NAME | ADDRESS | | REL. TO HEAD | CITIZENSHIP |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

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| L. | M. | C.D. | D. | TYPE | DOSE | DATE | INITIALS | | | | | A | B | C | D | | | | | | |
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(46) REMARKS

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|------------------|-----------------|-------------|--------------|-------------------|-----------|
| 40 | 41 | 42 | 43 | 44 | 45 |
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(47) REMARKS

DATE PREPARED

BY (SIGNATURE

1) Standard No.

2) Surname and
Christian names

3) Sex: M or F (delete
inapplicable code letter)

4) Category :
Prisoner of war
Political prisoner
Deportee
Refugee
(Delete inapplicable words)

5) Office & No. of R.O.

6) Country & place of
destination

1) Standard No.

2) Surname and
Christian names

3) Sex: M or F (delete in-
applicable code letter)

4) Category:
= Prisoner of war
= Political prisoner
= Deportee
Refugee
(Delete inapplicable words)

5) Office & No. of R.O.

6) Country & place of
destination

7) Name of ^{your} native country before displacement

7) Name of ^{your} native country before displacement

9) Nationality

10) Surname

11) First names

12) Date of birth
Place " "
Country of birth

13) Domicile and/or
last residence
before displacement

14) a) married or single (Delete
b) widowed yes or no {inapplicable
c) divorced yes or no {words.

15) Number and age
of children

16) Normal occupation {before
{dis-
17) Name of last {place-
employer & ADDRESS {ment

18) Occupation {during
{dis-
19) Name of last {placement
employer

20) Religion
(to be filled in at discretion)

21) Declaration of your holdings
(for the purpose of record)

In cash

All other assets

.

22) Signature of holder

23) Signature of
issuing Authority

24) Fingerprint

25) Stamp of issuing
authority

26) Date of issue

27) Changes of address
of holder

| CAMP | IN | DATE | OUT |
|-------|-------|-------|-------|
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28)

DATE

29) REMARKS TO BE FILLED IN BY R.O. I.A. ABOUT
DOCUMENTS IN POSSESSION OF HOLIER30) (SPACE RESERVED FOR OFFICIAL IN COUNTRY OF DESTINATION)
OFFICIAL CORRESPONDENCE ETC. } NO. CONTROL

FOR DUTCH NATIONALS.

(Family name & first names
 (of father

of mother

Date & place of birth of father

" " " " " mother

When husband or wife has deceased state his or her

Surname & Christian names

his or her place of birth

" " " date " "

When and where divorce granted (on _____
 (at _____

State his or her surname
 & Christian names

State his or her place of birth

" " " " date " "

Other members of household
 outside your own country?

Name of husband or wife

who is born (on _____
 (at _____

Entered into marriage (on _____
 (at _____

31) RELIEF GRANTED

IN GOODS

IN CASH

DATE

32) CLOTHING ETC.

DATE

33) DESCRIPTION

AMOUNT

8) Standard No.

8) Standard No.

35) MEDICAL TREATMENT.

8) Standard No.

36) Frontier control certificate

37) To be issued by the appropriate Authorities
on the native frontier

Date

38) Place

39) Journey authorised
to native clearing
camp at:

40) Remarks

41) Signature & stamp

42) Space reserved for official visas

43) Ration certificate

44) Page to be detached by the officer in charge at the clearing camp or county town of destination, in exchange for ration coupons for 14 days.

Town

Country

45) Registration Card No.

46) Holders name

47) Address

48) Signature & stamp of
issuing officer

Date

8) Standard No.

49) TEMPORARY IDENTITY CERTIFICATE.

50) Number

51) THIS IDENTITY CERTIFICATE HAS BEEN EXCHANGED
THIS DAY FOR IDENTITY CARD NO.

Date

52) Stamp & signature of
issuing Authority

REPATRIATION DATA

24) LAST HOME ADDRESS OR RESIDENCE AS OF JANUARY 1, 1938

| NAME | CITIZENSHIP | NATIONALITY | BIRTHPLACE | | | REASON DISPLACED | DESIRED REP. | | AM'T AND KIND CURRENCY IN POSSESSION |
|------|-------------|-------------|------------|----------|---------|------------------|--------------|----------|--------------------------------------|
| | | | LOCALITY | DISTRICT | COUNTRY | | CHOICE 1 | CHOICE 2 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
| | | | | | | | | | |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

| NAME | ADDRESS | | REL. TO HEAD | CITIZENSHIP |
|------|----------|-------|--------------|-------------|
| | LOCATION | AS OF | | |
| 35 | 36 | 37 | 38 | 39 |
| | | | | |
| | | | | |
| | | | | |

(46) REMARKS

IDENTIFYING DOCUMENTS

| KIND OF DOCUMENT | NO. OF DOCUMENT | DATE ISSUED | PLACE ISSUED | ISSUING AUTHORITY | EXP. DATE |
|------------------|-----------------|-------------|--------------|-------------------|-----------|
| 40 | 41 | 42 | 43 | 44 | 45 |
| | | | | | |
| | | | | | |
| | | | | | |

(47) REMARKS

DATE PREPARED

BY (SIGNATURE

UNRRA CAMP _____

PERSONAL RECORD

(1) _____
SURNAME & INITIALS (CAPS)(2) _____
CAMP ADDRESS(3) _____
REG. NO.(4) _____
ALIAS(ES)(5) _____
WOMEN'S MAIDEN NAME(6) _____
X-REFERENCE

| SURNAME 7 | FIRST & 2ND NAMES 8 | RELAT. TO HEAD 9 | SEX 10 | MAR. STATUS 11 | BIRTH DATE 12 | RELIG. (OPTIONAL) 13 | EDU- CATION 14 | OCCUPATION | | LANGUAGES 17 | REGISTRA- TION NO. 18 |
|--------------|---------------------------|---------------------------|-----------|----------------------|---------------------|----------------------------|----------------------|-------------|--------------|-----------------|-----------------------------|
| | | | | | | | | MAJOR 15 | OTHERS 16 | | |
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MEDICAL DATA

| (19) PHYSICAL CONDITION | (20) IMMUNIZATION | (21) MOVEM'T AUTH. OR VISA | (22) DATES OF DISINFESTATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------------|------------------------------|------|----------|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----------|------|------|-------------------|--|--|--|--|--|--|---|---|---|---|---------|--|--|--|
| <div style="display: flex; justify-content: space-around;"> <div>L.</div> <div>M.</div> <div>C.D.</div> <div>D.</div> </div> <div>REMARKS:</div> | <table border="1"> <thead> <tr> <th>TYPE</th> <th>DOSE</th> <th>DATE</th> <th>INITIALS</th> </tr> </thead> <tbody> <tr><td>T.</td><td></td><td></td><td></td></tr> <tr><td>D.</td><td></td><td></td><td></td></tr> <tr><td>TT</td><td></td><td></td><td></td></tr> <tr><td>O.</td><td></td><td></td><td></td></tr> <tr> <td>S VACC</td> <td>DATE</td> <td>INIT</td> <td>REACT'N I V VA</td> </tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> | TYPE | DOSE | DATE | INITIALS | T. | | | | D. | | | | TT | | | | O. | | | | S VACC | DATE | INIT | REACT'N I V VA | | | | | | <table border="1"> <thead> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> </tr> </thead> <tbody> <tr><td colspan="4">REMARKS</td></tr> </tbody> </table> | A | B | C | D | REMARKS | | | |
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| REMARKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>(23) FINAL MED. INSP.</div> <div>DATE</div> <div>M.R.</div> <div>MED. EXAMINER</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Staffer
Mr. Co. Smith

H A N D B O O K
O N
P R O C E D U R E F O R R E G I S T R A T I O N
O F
D I S P L A C E D P E R S O N S

---- oOo ----

ISSUED BY
DISPLACED PERSONS DIVISION

---- oOo ----

PREPARED BY
A. MAYERSON

NOVEMBER 1944

PROCEDURE FOR REGISTRATION

INTRODUCTION:

This handbook is prepared to aid those who have an active part in organizing, supervising, or directing work for the registration of refugees who have been displaced from their homes because of the exigencies of war.

Registration of displaced persons has meaning only if the purposes are kept clearly in mind. Plans and procedures can then be directed toward accomplishing these purposes as smoothly, simply and rapidly as possible.

Registration is the first essential step in the repatriation process. This process requires knowledge of location, numbers and other facts about displaced persons, necessary in negotiating with Government representatives and others for the return of the refugees to their homes, and in completing arrangements for international transport.

BACKGROUND.

The Allied Governments of Europe, the Member Governments of UNRRA, and the Military authorities through their Council have decided that it is the responsibility of the Displaced Persons Division (hereinafter termed DPD), to act as the international agent in effecting the return of displaced persons to their home countries.

In those countries under MI jurisdiction where UNRRA is the agent of the military authorities, the DPD activities will be coordinated with those of the Military as far as possible, and subject to their overall jurisdiction.

Where UNRRA is not under military jurisdiction, DPD will coordinate its activities with those of the Governments concerned, utilizing appropriate public and private services as provided in International and Local agreements.

PURPOSES.

The SHAEF Instruction books and Registration Forms represent the combined efforts of the military authorities, the Allied Governments of Europe, and UNRRA in setting up the initial machinery necessary to accomplish the following purposes :

1. To facilitate the orderly and prompt return of refugees to their previous domiciles by establishing nationality and securing visas or passports necessary for such returns.
2. To aid persons in finding suitable work.
3. To render supplementary aid to qualified welfare agencies already helping people to locate missing relatives.

If the registrar is puzzled sometimes in interpreting a question on the registration form, or in understanding a refugee's reply, he will undoubtedly find the answer if he tests them against these purposes.

SHAFF INDEX CARDS :

The Displaced Persons Specialist will wish to be fully informed regarding the SHAFF instruction book, and each card used in registration, known as DP 1, DP 2, and DP 3, before proceeding to any camp or center.

- I. DP 1 is registrant's own identity card and it should be retained by him at all times.
- II. DP 2 is made out in duplicate. When completed, the DP 2's are checked against the Central Registry of camp to make sure that the total population has been covered. Information on these cards must be typewritten or in block print in ink.
 - A. DP.2 originals are the cards which will be visaed by the appropriate governmental authorities. These will serve as the documents which will permit admission to the country of destination and must be safely guarded until the refugees are ready to move towards their country of destination, at which time the medical report should be entered in the appropriate spaces.
 - B. DP.2 duplicates are to be forwarded immediately to the DID through Camps Division after they have been completed and checked against Central Registry in camp. They are not to be held up for medical reports or for visain by governmental authorities.

The DP.2 duplicate will be used for Central Index Master File in Cairo for Displaced Persons in the Middle East.

Similar Indexes will be established in each country in which there is a DPD operating: these will ultimately provide a source of information which will cover the majority of European displaced persons.

- III. DP.3 will be made up in each camp or assembly center for each resident, to be retained in the permanent files of the unit; item 8 showing the place to which the resident has gone when leaving the center. The Receiving Camp may wish to make a new DP.3 for its records.

SHAFF INSTRUCTION BOOK:

Each SHAFF instruction book has twelve pages of clearly stated instructions in twenty-two languages for the use of DP forms. Since the supply of books is limited it is not possible for each registrant to have a book of his own. Therefore the procedure may be as follows -

1. Mimeographed copies of instructions in the language of refugees to be registered should be prepared in Cairo before the Specialist goes to camp, and should be part of the supplies which he takes with him.
2. In the event of insufficient supplies of mimeographed instructions, the book may be sub-divided into component language units and given to the registrars in a language which he may be able to read in addition to his native tongue: e.g. The registrars in the Yugoslav camp had excellent knowledge of Italian and German, so that one instruction book could serve for four registrars, each receiving respectively a copy of instructions in Croatian on page 28, Serbian on page 250, German on page 135 and Italian on page 172.

ORGANIZATION FOR REGISTRATION:

The task of organizing for registration of population in a camp or assembly center is simplified by the fact that one is dealing with organized congregated groups. As a result of previous discussion between the Camps Division, the DFD and the Commanding Officer in charge, the latter understands the purpose of registration and is prepared to receive the DP specialist and give him full cooperation. The Commanding Officer or Director of the camp or assembly center is the responsible and controlling person, and it is he who will give the orders.

Preliminary Discussions with C.O. or Director

The items listed below are those which the DP Specialist will wish to discuss with the Commanding Officer or Director, and work with in effecting registration of population:-

- I. Clearance of authority, lines of responsibility and general discussion of camps resources.
- II. Purposes and General Policy.
- III. Selection and Training of Personnel.
- IV. Physical Set-up.
- V. Preparation of Population for Registration.

I. Clearance of Authority.

The divisions of responsibility and lines of authority will vary from place to place and from time to time. In each situation, however, they should be explored and clarified before registration starts. It would be well for the DP Specialist to become well informed of some of these variations in the center before proceeding.

II.

Purposes and General Policy
of Registration

- A. Discussion of SHAEF instruction book and the DP cards.
- B. The need for new registration of total camp population because previous registration records incomplete and have insufficient information to meet repatriation requirements established by SHAEF. The inadequacies are due to the fact that the original registration was designed to meet local needs only and thus cannot be adapted to international uses.
- C. The checking of the completed DP.2 forms against camp Registration Index to make sure that total population has been covered.
- D. Planning for a visit of appropriate government authorities for the purpose of visiting of DP.2 forms.
- E. Registration to be done by refugees or persons of the national group being registered.
- F. Interviews to be conducted as far as possible in the registrant's own language.
- G. The fact that completed DP.2 forms should represent the registrant's own answer and not those imposed by a clerk or registrar.

III.

Selection and Training
of Personnel

Chief Registrar:

Responsibility, here as elsewhere, rests of course with the C.O. or Director, but suggestions and opinions may be in order and are likely to be invited.

The Chief Registrar needs to be one who qualified because of leadership, administrative experience and ability, and knowledge of the manner and language of his people, rather than because he has good knowledge of English or has been effective as an interpreter. It has been found that persons effective as interpreters are not necessarily suitable for teaching and directing clerks or in handling mass registrants in orderly fashion. Interpreters may be used as liaison between the DP specialist and the chief registrar. The details of organization of staff and procedure will be worked out by the DP specialist and chief registrar in consultation with the C.O. or his designated representative.

Registrars or Clerks:

Among the refugee population can usually be found attorneys, persons who have been teachers and members of other professions, clerks or students who will make good registrars or copyists.

While it is desirable that the registrars have a working knowledge of English, it is not essential since the teaching is conducted in their own language through an interpreter, and the SHAEF instruction sheets are available in their language.

It is important that clerks be selected on the basis of their ability to work carefully and accurately with detail, to block print and write clearly, to interpret questions properly and to understand their people.

It is desirable to have the C.O., or his deputy, or the Chief Registrar, call a meeting of registrars and clerks; at which time the DP specialist will explain the purposes and importance of registration (through an interpreter) stressing the need for accuracy.

Copies of the mimeographed SHAEF instructions in the language of the refugees, and a set of DP forms, should be distributed to each. (1, 2 and 3).

A second meeting of the group should be planned for the following morning or afternoon, after the registrars and clerks have had time to read the SHAEF instructions carefully, and to register each other on the DP.2 form for practice. They will be instructed to bring back their questions to the 2nd group meeting when free discussions should be permitted, and their questions answered. Staff will profit by this joint discussion around the questions raised.

Registrars may find it helpful to use one DP.2 card as a sample card. They can write in their language equivalent for each question printed in English. They will use this card as a guide in registering until they have learned to associate the combination of the English letters with their equivalent in their own language after a brief experience.

The teaching process need not take more than a day before general registration starts.

Each registrar may work with an aide or helper at his side, the registrar taking responsibility for the interviewing and filling out the original DP.2. His aide can prepare DP.1, observe, and train to serve as a registrar if more are needed, or be prepared to substitute for an absentee. This aide may do copy work under the instruction of the registrar. It is desirable to start with a smaller number of good and reliable registrars well grounded in the procedure who can teach others as they go along, one or two at a time.

Output may be estimated on the basis of from five to six registrations an hour per registrar.

IV.

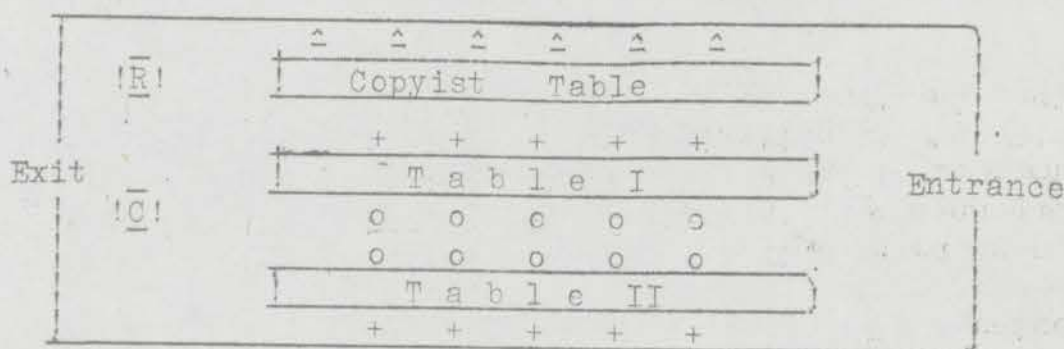
Physical Set Up

In the absence of a large recreation or assembly room which might lend itself for use as a registration center, the mess or dining halls are usually suitable, and often available between the hours of 0830 or 0900 hours to 1200 hours, and from 1400 to 1730 hours or 1800 hours.

They are practical because they are usually already equipped with tables and benches necessary for registration.

If the population is large (more than 4000) it may be best to decentralize registration, using large tents or centers used for local assembly purposes. The advantage of registering in the one hall, if the population is less than 4000, is that the chief registrar can exercise better control, and the administration is simplified. Suggestions as to types of physical arrangements may prove helpful as guides to camp authorities:-

Example 1. : Where the population is less than 4000 and a good sized mass or assembly center is available, registrars can be seated back to each other along the inner sides of two parallel tables facing the registrants seated on the outer benches, such as is illustrated in the diagram below:



C = Checker
R = Chief Registrar
o = Registrar Seats
+ = Registrants
^ = Copyists

Refugees, called in by tents, will await their turn in a nearby tent or hall. It may be well, particularly if the space is limited, to have the head of the family unit come into the registration hall first and give the essential information to the registrar. The rest of the family who have been waiting in the nearby tent can be called in thereafter for signatures and supplementary information.

However, in some situations, this procedure might actually delay operations and cause some confusion.

One staff member (it may be one who is already a member of Camps Registry Staff) can serve as "checker". In the above diagram he is seated at a table near the exit end of the room, and it is his function to check with the refugees the completed DP.1 and DP.2 forms. The DP.1 is then given to the registrant, emphasising again, if necessary, the importance of keeping it well.

DP.2 is sent on to the copyist seated at table 3. The original and duplicate DP.2 cards are then turned over to the chief registrar's desk where the final sorting and filing takes place.

Example 2. : Where the population is more than 4000 and decentralization is desirable, the chief registrar will select assistants or captains or aides who can act for him in each unit carrying responsibility under the Commanding Officer.

Other Suggestions

A careful record must be kept of the allocation of the DP.1 cards. The chief registrar or his aide should keep a ledger recording by numbers the DP.1 cards assigned each morning to each registrar. The registrar will sign his name or initials in the ledger upon receipt of these cards. At the close of each day the unused DP.1 cards will be checked and accounted for to the chief registrar. A sample page of ledger is illustrated below, for guidance:-

| SHAEP Reg. Nos. | Assigned to | Date | Rec'd(°) | Returned Nos. |
|-----------------|-------------|------|----------|---------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
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(°) Signature or Initials of Registrars.

The important item to stress is that no DP.1 card should be lost or destroyed. If one is damaged or spoiled it should be returned through the chief registrar to DPD showing that it was damaged or spoiled and was not used. Each card must be accounted for.

Each registrar will also receive other equipment each day such as pen, ink, blotter, necessary to the work. The expendable items of equipment usually must be returned after registration is completed. It is therefore well for the Central Registry to make one person responsible for collecting these items of equipment at the end of each days work for security purposes and return them the following morning.

V. Preparing Population for Registration

Suggestions such as those listed below may be in order as to how the refugee population can be most effectively prepared for registration.

1. An article in the local camp newspaper, or bulletin.
2. A statement posted on bulletin boards at places where refugees assemble.
3. Distribution of mimeographed or printed leaflets prepared for the purpose in simple language in which the purpose of registration is clearly indicated. It may also include some of the principal questions which will need to be answered on DP.2 so that refugees come to registrations prepared.
4. Verbal announcements made through leaders of refugee committees.
5. Announcements by military authorities, or DP specialists or other qualified persons at places where refugees assemble for recreation or other purposes.

(a) Visas and Permissions to Return to Domiciles.

DPD will make arrangements for an appropriate government representative to visit camp for the purpose of stamping necessary official approval or visa on each DP.2 card after the camp advises DPD that registration has been completed and DP.2 cards have been checked with Camps Registry.

The Government Official will usually be accompanied by a DP specialist. The camp will be required to forward thereafter a complete list, in duplicate, of the cards - giving full name, age, SHAEP registration number, and nationality of each person whose DP.2 card has been so stamped and approved for repatriation. The original will go to the Government Representative and the copy will be sent DPD through Camps Division along with a list of those not so visaed or approved and the reasons therefore if known.

- (b) The obvious importance of DPD keeping a Central Index in Cairo, currently and accurately informed on changes in camp population, can hardly be too strongly stressed. Forms listed below have been prepared to facilitate the reporting of these changes by camp.

These are being included in the reports required by the Camps Division each month but need to be pointed up in discussions with C.O. and his deputies.

The statistical charts required by Camps Division, copies of which DPD will receive each month will meet DPD requirements for general statistical analysis. Procedure as to changes affecting individuals and the Nominal Roles will be met by means of the listed forms below; on DP.5 "Movement of Population" Form (attached) each person who leaves camp for whatever purpose or place should be listed. The place will be noted in the last Column under "to", thus:

- a) If a refugee is moved from one camp to another, the name of camp or center from which he moves appears under column "From" and the name and location of camp ./. .

to which he goes will appear alongside his name under "To".

- b) If a refugee runs away from camp, whereabouts unknown, the work "Escapist" should be written alongside his name under column "To".
- c) If refugee is released to join Armed Forces, "Joined Armed Forces" should be written alongside his name under "To".
- d) If his departure is the final step in repatriation "Repatriated to Greece" (or Yugoslavia, etc.) should be written under "To".
- e) If refugee departs from the Middle East for permanent residence in a country other than that of his previous domicile, e.g. Greek who goes to U.S.A. or Australia, that fact should be entered under "To" alongside his name.

Births and new refugees to camps (exclusive of those transferred from one camp to another) are registered as new additions to camp population on the three SHAEF DP cards. The duplicate DP.2 is forwarded to DPD through Camps Division.

Deaths are recorded on original DP.2 in camp, noting cause and date of death and other information in spaces provided for this purpose (See SHAEF Instruction Book, Appendix 1, page 11).

Changes in marital status will be listed next to each name and SHAEF registration number.

Disposition of DP.1, DP.2 and DP.3 in the following situations:

| <u>Situations</u> | <u>DP.1</u> | <u>DP.2</u> | <u>DP.3</u> |
|---|---|---|---|
| Permanent Departures, Destination Known | In each case the DP.1 is to be withdrawn from refugee and returned to DPD in Cairo with DP.2 card and Form 5. | Each is to be returned to DPD in Cairo along with Form 5. | These belong to camp. Disposition to be determined by each camp. Notes of departures may be noted on cards and retained for Camp's own permanent records. |
| 1) Refugee is granted resident permit to live in another country. | | | |
| 2) Refugee joined the Armed Forces. | | | |
| 3) Skilled refugee workers claimed for special work by their governments thereby leaving UNRRA controls for repatriation. | | | |
| Permanent Departures, Destination Unknown. | | | |
| 4) Escapists | If DP.1 is in camp, | Same as Above | Same as Above ./. . |

| <u>Situation</u> | <u>DP.1</u> | <u>DP.2</u> | <u>DP.3</u> |
|--|--------------------------------------|--------------------------------------|--|
| Destination Unknown (cont'd) | | | |
| 5) Refugee sent to SIME for interrogation and did not return, whereabouts is unknown. | follow procedure as above | | |
| Transfers | | | |
| 6) Refugee transferred from one camp to another camp or center thus remaining still under control of UNRRA for repatriation. | Accompanies refugee on to next camp. | Accompanies refugee on to next camp. | Retained by camp of last residence. Receiving camp fills out its own new DP.3 if it wants to for its file. |

SOME TROUBLESOME QUESTIONS

Items on DP forms which have given concern to registrars are, on DP.2 forms: Questions 8 and 9, call for clarification.

Question 8 calls for "the number of accompanying family members" which should be interpreted to include close relatives of the same family unit in the camp or center who wish to accompany the registrant to the same country of destination. The number is entered in box 8. The full names, registration numbers and relationship of each registrant is to be listed under "Remarks" (24) at the bottom of the card. It is suggested that the SHAEF registration number be written in first under "Remarks", then the full name, then the relationship to the registrant named in Box 2. The SHAEF registration numbers for the members in the family unit should be kept consecutive.

Question 9 calls only for the number of dependents claimed by the registrant. It is not necessary to list the names, nor is it limited to dependents residing in the camp. A refugee may include a child residing in Switzerland or in Greece or elsewhere abroad. Frequently one is asked to define "Who is a dependent?". It is well to remember that the DP.2 represents the registrant's own statement. He is privileged therefore to make that determination himself regardless of the relationship or the extent of dependency. Whoever he regards as being dependent upon him for maintenance should be included in the number. Registrars often make the error of assuming that accompanying family members are dependents, which is, of course, not necessarily so.

Some confusion may arise at first from the fact that answers to some of the questions should be written in above the question, while others are entered below or alongside the question. The registrar easily learns after a brief experience to overcome this difficulty.

Q. 11 calling for mother's maiden name causes some trouble, and is more easily obtained if one calls for the mother's family name.

Q. 14, 15, 16; more attention might be given to obtain specific nature of occupation or profession or trade and avoid such general classifications as "worker" or "labourer". Opportunity to explain nature of the occupation is available in Box next Q.15.

REPATRIATION MOVEMENT PROCEDURE

At the time when plans are completed for the return home of a group of refugees, these items should be carefully checked.

1. Medical Reports entered on the original DP.2 cards.
2. Government Official Stamp of permission to return to country of domicile - or visa - on reverse side of DP.2.
3. Items of issue of clothing and other articles recorded by code (See Appendix II page 12, SHAFF Instructions Book) on DP.2, in Item 23.
4. Each refugee in the group holds a DP.1 Index Card.
5. An original completed DP.2 Card for each refugee is in the hands of the escort.
6. Nominal Roles or a complete list of the persons in each group. This list should be prepared in quadruplicate and includes besides each full name, the SHAFF registration number of each, age, and first destination. The name and address of place from which the group departed should be recorded on the top of the sheets. Two copies are for escort, one copy for DPD headquarters in Cairo and one copy for center of first destination.

As groups proceeds from one center to another before arriving at ultimate destination, these items mentioned above are rechecked, changes in lists noted on appended statements in quintuplicate to be distributed the same way as original lists or nominal roles (2 copies for escort, one for DPD Headquarters in Cairo, and one for center of next destination), the fifth copy to be retained by center of last departure.

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

TO : DIRECTOR, CAMP DIVISION
ATTENTION: DIRECTOR, DISPLACED PERSONS DIVISION - CENTRAL INDEX
FROM : _____
Name of Camp or Assembly Center
SUBJECT : NOMINAL ROLE OF DISPLACED PERSONS FOR THE MONTH OF _____

Last month's total number of Refugees.....

(*) Incoming Refugees:

1. By Births.....
2. By Movements into Center.....

Subtotal.....

Outgoing Refugees

3. By Deaths.....
4. Other Permanent Departures.....
5. Movements out to other centers.....

Subtotal.....

Current Nominal Role TOTAL.....

Separate Current Nominal Role Total as follows:

Women.....
Men.....
Children.....
Age 0-3.....
4-14.....
14-18.....

TOTAL.....

(*) See Instructions on Reverse Side

D.F.4 (a)

AM/

/fam

SPECIAL INSTRUCTIONS FOR MATERIAL TO ACCOMPANY
NOMINAL ROLE

Each Nominal Role is to be accompanied by the following:

- Re 1 A. new SHAEF Registration form for each birth
- Re 2 When refugee population has been increased by:
- a) Movement from one camp, or center to another
send list of each giving full name, registration number and previous residence (See form DP.5 prepared for your convenience)
 - b) For each new refugee admitted send SHAEF Registration form
- Re 3 For each death that occurs send your SHAEF Registration form (DP.2) giving complete information as is stated in Supplementary Instructions in appendix I on page 11 of A.E.F. Registration Instructions. Add the disk number if there is one.
- Re 4 For other permanent departures, return SHAEF Registration form (DP.2) for each and give date of departure and destination.
- Re 5 For each refugee moved out into another camp, or center, send on the form DP.5 prepared for this listing, the full name, registration number and destination. Also send camp copy of SHAEF form (DP.2) for each refugee so moved, to the receiving camp or center at the same time of transfer of refugees. These forms can be given to the leader of the group.
- Re 6 Change of status:
For change of marital status send the following for each using the form DP.6 provided for your convenience: family name, given name (include maiden name of wife) registration number, marital status (S-Single, M-Married, W-Widowed or D-Divorced)

D.P.4(b)

AM/

/fam

DF.5

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

Date _____

TO : Director Camps Division

ATTENTION: Director, Displaced Persons Division - Central Index

FROM : _____
Name of Camp or Center

SUBJECT : Movement of population

The persons listed below have moved from one camp or center to another as is indicated below:-

| Full Name | Registration No. | From | To |
|-----------|------------------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |

DF.6

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

Date _____

TO : Director Camps Division

ATTENTION: Director, Displaced Persons Division - Central Index

FROM : _____
Name of Camp or Center

SUBJECT : Notice of change in marital status

| Family Name | Given Name (include maiden name of wife) | Reg.No. | Marital Change (M-Married or D- Divorced) | Date & Place |
|-------------|--|---------|---|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

AM/
/fam

REGISTRATION AND IDENTIFICATION OF DISPLACED PERSONS

Meetings were held with the Military and National representatives on March 3rd., March 15th and March 18th. At the meeting on March 18th of delegates nominated by Mr. Hoehler, presided over by Mr. G.F. Ferwerda (Netherlands), a small Sub-Committee, consisting of M.A. Delernieux (Belgium, now UNRRA), M.M. Grammont (French Committee), Dr. A. Kunosi (Czechoslovakia), Dr. W. Langrod (Poland, now UNRRA), Mr. R. Nowicki (Poland), Capt. M.J. Proudfoot (SHAEP), Mr. E.S. Carter and Mrs. N. Nicholls (UNRRA), was formed under the chairmanship of Mr. Ferwerda. This Sub-Committee met on March 23rd., Col. H.R. Hennessy and Major R. Hurley (U.S. Army) and Mr. Garretson (U.S. Office of War Information) also being present, and the wording of the Registration Form and Index (formerly Identification) Card was finally agreed. Informal discussions took place subsequently on the Booklet of Instructions.

I enclose in this connection:-

1. Copy of your Memorandum of March 8th, 1944, describing the informal meeting on March 3rd.
2. Copy of a note of the Meeting on March 15th (not circulated).
3. Copies of my letters of April 6th and April 20th to the National delegates.

The U.S.S.R. delegate (Counsellor C. Zinchenco) attended the meetings on March 3rd and 15th but took no further part in the discussions as he said that he was not in a position to commit his Government. I saw him on March 20th and showed him the draft forms. He persisted in his attitude but gave assistance very willingly on the subject of languages for the Booklet of Instructions.

Mrs Hoehler

[Signature]

27th April, 1944.

Addendum

Capt. Proudfoot tells me that the cards of which I sent you a blue print were sent off to Washington last Tuesday for printing. They were sent to Major General J.H. Hilldring (C.A.) who is I believe a personal friend of yours. Capt. Proudfoot thinks you will like to know the position, and it would be helpful if you could emphasise with General Hilldring the necessity for speed.

Col. Wm. Chandler 2945

*Luty-
Major Kados 3613
Major Grey
3968*

MEMORANDUM

March 8, 1944

To:- Sir Frederick Leith. Ross

From:- Fred. K. Hoehler

Subject:- Informal Meeting - UNRRA and CA SHAEF - Displaced Persons

On Friday afternoon, March 3, the present staff of the Displaced Persons Division of the European Office of UNRRA held a meeting with a number of officers from the armies of the United Kingdom and the United States. The purpose of this meeting was to discuss a Registration Card and Identification Card which are being prepared by the Planning Section of SHAEF.

You have perhaps by this time received some notes on the meeting from Mrs. Nicholls, who acted as Secretary. However, I wanted you to have my impressions, therefore this memorandum.

The meeting lasted for nearly two hours, and consisted of discussion on the draft Registration Form and Identification Card proposed by the officers of SHAEF. The suggestions made by the members of UNRRA were promptly adopted by the military. These suggestions will be incorporated in a second draft form, which at a later date will be discussed with representatives of the Allied Governments who are developing repatriation plans for their individual countries. This meeting will be held at some date following the meeting of the European Regional Committee.

I attach a list of the persons who attended the meeting on March 3.

INFORMAL MEETING

ON

REGISTRATION OF DISPLACED PERSONS

Friday, March 3, 1944

Present: Mr. Fred K. Hoehler UNRRA Chairman

| | |
|---------------------------|------------------------|
| Colonel D. Heyman | G5 SHAEF |
| Colonel C.E. Howland | CA Liaison 21 AG |
| Lt. Col. A.H. Moffitt Jr. | G5 SHAEF |
| Lt. Col. J. Neilans | C.A. Hq. 21 Army Group |
| Lt. Col. P.J.E. Rowell | C.A. Hq. 21 Army Group |
| Major L.W. Cramer | CA SHAEF |
| Major A.W. Buyers | CA Hq. 21 Army Group |
| Major R. Hurley | CA USAG |
| Capt. M. Proudfoot | G5 SHAEF |
| Capt. Dayton H. Frost | G5 SHAEF |

| | |
|------------------|-------|
| Dr. W. Langrod | UNRRA |
| Mr. E. Carter | UNRRA |
| Miss M. Digby | UNRRA |
| Mrs. N. Nicholls | UNRRA |

MEETING ON IDENTIFICATION AND REGISTRATION OF
DISPLACED PERSONS

Present:- Chairman: Mr. F.K. Hoehler (U.N.R.R.A.)

United Nations Delegates

Secretary Inter-Allied Committee

Count de Noël ✓

Belgium

Mr. A. Delernieux ✓

Czechoslovakia

Mr. K. Brumlik

Dr. A. Kunosi ✓

France

Mr. F. Forestier ✓

Mr. M. Grammont

Greece

Mr. A. Adossides ✓

Iceland

Mr. E. Benedik ✓

Luxemburg

Mr. C. Meyers ✓

Mr. A. Als

Netherlands

Mr. G. Ferwerda ✓

Mr. J. Henning

Com. Lindner

Norway

Dr. A. Seweriin ✓

Poland

Dr. W.L. Langrod

Dr. T. Nieduszynski

Mr. R. Nowicki ✓

U.S.S.R.

(Counsellor C. Zinchenco)

Yugoslavia

Dr. J. Koce ✓

Mr. M. Mitrovitch

Allied Military Forces

Major A.W. Buyers

Major L.W. Cramer

Captain Irving Dilliard

Major R. Hurley

Lt. Col. A.H. Maffitt Jr.

Captain M.J. Proudfoot

U.S. Embassy

Mr. Avery F. Peterson

U.N.R.R.A.

Mr. Lithgow Osborne

Mr. Dudley Ward

Monsieur A. Morhange

Mr. E.S. Carter

Mrs. N. Nicholls

1. An informal meeting to discuss the draft Civilian Identification Card, Camp or Billeting Office Registration Card and Registration Record prepared by the Directorate of Civil Affairs was held at 10 a.m. on Wednesday, March 15th 1944, at 1/11, Hay Hill. W.1.

2. After a brief introduction by the Chairman and some preliminary enquiries regarding the procedure of Registration, Captain M.J. Proudfoot described the purpose of the particulars required for each of the three forms and, after discussion, it was agreed that a small Committee to be nominated by the Chairman should make recommendations for any alterations or additions.

3. Specific matters which it was agreed should be referred to the Committee on Identification and Registration are as follows:-

- I. Additional or differing material likely to be required by National Governments which, if inserted, would protect the Displaced Persons from further questions on the part of his/her own National authorities. Points mentioned in this connection were:

the desirability of inserting names of parents, date and place of birth and making certain questions, such as that of Religion, optional. This might, it was suggested, be covered by leaving a certain amount of blank space, since different National authorities might need different types of information.

- II. The advisability of inserting (a) in addition to item 28 (in Registration Record), the question DO YOU CLAIM TO BE A PRISONER OF WAR? and (b) in addition to Item 29, a record of all the registrant's children whether accompanying him/her or located elsewhere.

- III. Questions relating to the Displaced Persons' situation as regards amounts owing for work done in Enemy or Enemy-Occupied Countries and the problem of the holding by a Displaced Person of enemy currency.

4. With regard to II, it was made clear that questions of priority of return, particularly as they affected Prisoners of War, were a matter of Policy and did not come within the Terms of Reference of the Committee.

5. The delegates nominated by the Chairman will be notified of the first meeting of the Committee described above, and it is hoped that it will be possible to complete the work of the Committee at an early date.

6th April, 1944.

Dear

We have just received from the Military Authorities the enclosed examples of the Registration Record and Identification Card which will be used on the first contact with displaced persons. The military are now proceeding to have these cards printed.

Accompanying the cards will be a booklet of instructions printed in a large number of European languages. This is nearly ready and a copy will be sent to you as soon as it is received from the Military Authorities.

Yours sincerely,

Eyre Carter.

Sent To:-

| | |
|----------------|---|
| France | Monsieur F. Forestier |
| Greece | Mr. A. Adossides |
| Netherlands | Mr. G.F. Ferwerda |
| Czechoslovakia | Dr. A. Kunosi |
| Poland | Mr. R. Nowicki |
| Belgium | Monsieur M. Buset |
| Luxemburg | Monsieur Carlos Meiers |
| Iceland | Mr. M. Benedikz |
| Russia | Counselloer C. Zinchensco |
| Norway | Dr. A. Sweriin |
| Yugoslavia | Dr. J. Koce and copy to Captain Proudfoot for information. |

United Nations Relief & Rehabilitation Administration,
European Regional Headquarters,
1/11, Hay Hill,
Berkeley Square, W.1.

20th April, 1944.

Dear

With reference to the record of Displaced Persons which have been drawn up by the Military Authorities. I enclose a copy of the English text of the booklet of instructions to be issued to Registrars. This will be issued in 19 languages, including English.

Subsequent to my letter of the 6th April a few minor alterations have been made in the Cards. They are as shown on the attached example.

May I remind you that a portion of the Registration Record will be available for any entries which national repatriation authorities may desire to put on it. Thus in the space numbered (29) it will be possible for each national repatriation authority to stamp the card with its own visa showing that permission has been given for the displaced person to travel to the country concerned. Similarly spaces numbered (30) and (31) can be used to take either rubber stamps or such handwritten particulars as may be desired after the displaced person has reached the country of his destination. The size of each space can be taken from the attached sample sheet; the finished cards will be the same size as the drawings.

Yours sincerely,

Eyre Carter.

Copies sent to:

Monsieur Max Buset
Dr. A. Kunosi
M.F. Forestier
A. Adossides, Esq.,
E. Benediks, Esq.,
M.C. Meyers, Esq.,

G.F. Ferwerda, Esq.,
Dr. A. Swerlin
M.R. Norwicki, Esq.,
Counsellor C. Zinchensco
Dr. J. Koce

^{also}
Copies sent with enclosures to E. Loeb, Ministry of Economic Reconstruction
Czechoslovak Republic, 29, Fursecroft, Brown Street, W.1.
H.E. Monsieur Anders Frihagen, Royal Norwegian Ministry of Supply and
Reconstruction.

FEEDING CENTER ACTIVITIES REPORT

Name of Center _____ Location _____ Month _____

Sponsoring Agency _____ Signature _____ Title _____

Communities or
Areas Served _____, _____, _____

A. Number Registered and Provided Food

| | Children | Mothers | Total |
|---|----------|---------|-------|
| 1. Number registered at end of month | _____ | _____ | _____ |
| a) Eligible because of Illness | _____ | X X X | X X X |
| b) Eligible because of Age | _____ | X X X | X X X |
| (1) Priority Group Served | _____ | X X X | X X X |
| 2. Number of meals served during month | _____ | _____ | _____ |
| 3. Number of days' feeding provided during (month | _____ | _____ | XXXX |
| 4. Number of different persons served " " | _____ | _____ | _____ |
| 5. Number of different persons provided food off the premises during month | _____ | _____ | _____ |
| 6. Number of different persons provided cash assistance for food during month | _____ | _____ | _____ |
| a) Total expenditures during month | _____ | _____ | _____ |

Adapted
Comment:

Other Welfare Services Provided Children and Mothers during Month

Comment:

*Other
Welfare
Services*

INSTRUCTIONS FOR FEEDING CENTER ACTIVITIES REPORT

Nature and Purpose of Report

The report which is largely statistical in nature is designed to provide a summary of the feeding and other welfare services for children and/or expectant or nursing mothers carried on by the center. The report will serve as a measure of the services made available through UNRRA supplies and services.

Number of Copies - Frequency and Due Date

The report is to be prepared for each calendar month. Two copies of the report shall be sent to the UNRRA District Headquarters by the fifth of the month following that for which the report is prepared.

Definitions and Interpretation of Items in Report

Heading of Report

Name of Center: This should include the name or number or other designation by which the center is officially known (i.e., Grazziano School, Falcone Children's Institution, etc.).

Location: This should include the street address, if any, and the name of the locality in which the center is located.

Month: This should designate the month and year for which the data are being reported (i.e., February, 1945)

Sponsoring Agency: This should designate the parent organization of which the feeding center is a unit (i.e., O.N.M.I., Rome School System, etc.)

Signature and Title: The report should be signed by a responsible official of the center after careful evaluation of the data contained in the report. The official title of the individual signing the report shall be given.

Communities Served: List the names of the communities or areas served by the center.

A. Number Registered and Fed

1. Number Registered at End of Month: Only such individuals as are eligible and approved for feeding shall be registered and assigned ^{a Registration} an identification number. The number of such registrations active at the end of the month shall be reported ^{for} in this item. Persons previously registered but declared ineligible for further feeding shall not be included in this count.

a. Eligible because of Illness: This shall include a count of the number of persons registered at the end of the month (Item A.1.) ~~and~~ who were registered because they were found to be sick. This count may be obtained from the registration cards or whatever other record may be in use to list persons eligible for feeding.

b. Eligible because of Age: This includes the number of children registered at the end of the month (Item A.1.) who were found eligible because they were of the appropriate ages declared eligible for feeding during the month.

(i) Priority Groups served: Identify by the ~~Appropriate~~ symbols specified in the instructions for use of the registration card, the priority groups served during the month; if all ^{priority} groups were served, report "ALL."

2. Number of Meals Served during Month: Report for this item the total number of meals actually served on the premises of the feeding center during the month. This total may be obtained by maintaining a daily tally, or by a count from the ~~individual records of the number meals served to each registrant~~, or by any other methods appropriate to the record system maintained by the center.

3. Number of Days' Feeding Provided during the Month: This is a total of the number of days during the month the feeding center actually served meals to the registrants.
4. Number of Different Persons Served during the Month: Where a system of recording meals served to individual registrants is used, such a count may be obtained by a simple tally of the number of registrants who were provided one or more meals during the month. If no such system is used, the number of different persons served should be approximated as closely as possible and "asterisked" to indicate that the total reported is an estimate.
5. Number of Different Persons Provided Food off the Premises during the Month: Some persons registered as eligible to receive food through the center may require that the food be obtained or brought to the home of the registrant. The number of persons served in this manner during the month should be reported in this item. Persons provided food off the premises of the center during part of the month and served at the center during the other part of the month, or provided cash assistance, should be included in this total. The number of duplications, however, should be counted ^{or approximated} and reported in parentheses beside the total (i.e., 50(10)).
6. Number of Different Persons Provided Cash Assistance for Food during the Month: Some registrants may be provided assistance to obtain food in the form of cash, coupons, scrip, ration stamps, and the like (other than food in kind). The number of such persons should be reported in this total. As in item 5 above, if the person also received either feeding at the center or was provided food in kind for consumption off the premises

of the center, such persons should be included in the total reported for this item, and the number of duplications indicated in parentheses beside the total.

a. Total Expenditures during Month: Report the total sum granted registrants for food during the month.

Comment: In this section comment briefly on the adequacy of the feeding provided during the month in terms of : (a) number of applicants otherwise eligible for feeding but not registered because of lack of supplies or funds; (b) approximate number of additional registrations during month and factors accounting for such additions; and (c) approximate number of registrants discontinued during month and the factors accounting for such discontinuations.

B. Other Welfare Services Provided Children and/or Mothers during the Month: Describe briefly other welfare services such as clothing, medical care, placement, identification, etc., actually provided for children and/or mothers by the center during the month. If possible, report the approximate number of persons provided each type service. If the center did ^{not} provide the services itself but made referrals to other agencies, report the type of referrals made and if possible the approximate number referred for each type of service during the month. Where an approximation is reported rather than an actual count, place an asterisk beside the total reported.

DISTRICT OFFICE ACTIVITIES REPORT
(Statistical Report)

District No. _____ Location _____ Month _____

Signature _____ Title _____

A. Number Registered and Provided Food: Children Mothers Total

| | | | |
|--|-------|--------------|--------------|
| 1. Number Registered at End of Month | _____ | _____ | _____ |
| a.) Eligible because of illness | _____ | <u>X X X</u> | <u>X X X</u> |
| b.) " " age | _____ | <u>X X X</u> | <u>X X X</u> |
| 2. Number of Meals Served during Month | _____ | _____ | _____ |
| 3. " of different persons served during Mo. | _____ | _____ | _____ |
| 4. " " " " " food off the premises during month | _____ | _____ | _____ |
| 5. Number of different persons provided cash assistance for food during mo. | _____ | _____ | _____ |
| a.) Total expenditures during month | _____ | _____ | _____ |

B. Types of Feeding Arrangements Used:

| Type of Arrangement | Number of Centers | No. of Meals Served | No. of Different Persons provided food during month | | |
|-------------------------------|-------------------|---------------------|---|---------|-------|
| | | | Children | Mothers | Total |
| 1. Schools | _____ | _____ | _____ | _____ | _____ |
| 2. Institutions | _____ | _____ | _____ | _____ | _____ |
| 3. Clinics | _____ | _____ | _____ | _____ | _____ |
| 4. Community Feeding Centers | _____ | _____ | _____ | _____ | _____ |
| 5. Public Assistance Agencies | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |

C. Communities or Areas Served:

| | |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |
| 6. | _____ |

INSTRUCTIONS FOR DISTRICT OFFICE ACTIVITIES REPORT
(Statistical Summary)

1. Nature and Purpose: This section of the report will be prepared as a summary of the reports from the individual feeding centers and will serve to indicate to the Country Mission Headquarters the nature and extent of the feeding activities carried on in the District. The statistical summary to be sent to the Mission headquarters in most instances, will require only a simple addition of the items reported on the individual center reports. The reports received by the District Office from the centers shall not be forwarded to headquarters but shall be retained in an appropriate file where they may be readily available to the District staff.

2. Number of Copies - Frequency and Due Date

Three (?) copies of the statistical summary should be prepared monthly and be forwarded to the Country Mission Director by the 10th of the month following that for which the report is prepared.

3. Definitions and Interpretation of Items in Report

Heading of Report: Identify the District by the number or name assigned to it, the location of the District office by street address~~es~~ and locality. The report should be signed by the District Director or the person assigned to act as such if he is absent, and the title of the person signing the report.

Section A - These totals may be obtained by simple additions of totals reported on individual center reports

Section B. The data from this section may be obtained from the individual center reports by first grouping the reports according to the type of arrangement used and then for each group summarizing the appropriate items on the reports.

Section C. This is a simple listing of the communities or areas served by the various feeding centers and should be obtained from the heading of the "Feeding Center Report."

INSTRUCTIONS FOR DISTRICT OFFICE ACTIVITIES REPORT
(Narrative)

1. Nature and Purpose of Report

This report is designed to outline the adequacy of the current program ^{in the District} to meet the welfare needs of children and nursing and expectant mothers, to provide a short summary of the activities of the Welfare personnel in assisting the Government to provide the needed services, and to present to the country headquarters a statement of the Administrative or supply problems being encountered or anticipated in providing the required welfare services.

2. Number of Copies, Frequency and Due Date

The report shall be prepared every two months and is due at Mission Headquarters on the 10th of the month following the end of the period covered by the Report.

3. Format

The following format is suggested for the first page of the report in order to facilitate identification of the district for which the report is prepared:

District No. _____

Period Covered by Report _____

Signature *of* _____

Date Report Prepared _____

Summary of Welfare Activities

.....

A. Evaluation of Adequacy of Current Welfare Program: From such evidence as the number and type of applicants for feeding who are not registered because of lack of supplies or funds, and the results of nutrition surveys and other investigations by UNRRA or other personnel, indicate (1) the extent to which the current supplementary feeding program is adequate on a caloric basis to meet minimum needs of registrants; (2) the extent to which

individuals or groups of individuals (i.e., certain age groups) who are in need of supplementary food are not being provided for. Indicate the amount of additional supplies which might be necessary to provide for such need in individuals during the 60 days and the extent to which the necessary supplies are available for purchase within the District.

Comment briefly on the adequacy of other programs within the District to provide the basic welfare services for children and nursing and expectant mothers including (1) clothing, (2) medical care, (3) case work services for emotionally disturbed individuals, (4) placement of orphaned children, (5) identification of children separated from their families, (d) institutional care.

B. Activities in the District of Organizations Other than Those Used by Italian Government or Operated by UNRRA to Distribute Food or Provide Other Welfare Services for Children and Nursing or Expectant Mothers: Describe the nature of the activities of such organization in the District during the period covered by the report and the plans of such organizations during the next two months, indicating whether such organizations are serving the same groups served through UNRRA. Where possible, approximate the extent of the services provided. Indicate the relationships, if any, which have been developed by the UNRRA Welfare Staff to assure a coordinated program.

C. Relationships with other UNRRA Divisions and Outside Organizations: For each of the relationships enumerated below, summarize briefly the major problems dealt with and the agreements or other results of such discussions as may have been held during the period covered by the report with: (1) representatives of other UNRRA Divisions;

(2) representatives of governmental agencies; (3) military authorities; and (4) Voluntary Welfare Organizations in the District.

d. Administrative or Supply Problems: Identify the Administrative or supply problems, if any, which are hampering the provision of an effective feeding program or the provision of needed welfare services for the groups served by UNRRA. Indicate those problems on which action at the Mission Headquarters level is necessary or desirable, and the type of action necessary.

D H

Where is the revised Card
that was made for this?

In order of operation
it seems to me this should
be first - up with food,
shelter, clothing etc. It
is the first thing to set up
with mass feeding etc -
do you think it would be
bad to make a separate
Chapter of it, even tho'
short? It seems to me
that Chapter VIII is too late
for it - also this is immediate
emergency & Chapter VIII
is much more rehabilitation -
no?

D. M. K. -

I McK

On third
thought
this seems to
me to go
best in
Chell Core & Jam-
What do you think?
H

ASH

CASE RECORDING AND REGISTRATION

In broad scale relief and rehabilitation operations, it is often necessary to register large groups of the population, if not, in fact, the total population. This might be the case, for example, in establishing or re-establishing rationing systems. Agencies and personnel concerned with welfare services may be called upon to assist in such registrations. When this is done, welfare agencies will, of course, register persons in accordance with instructions issued by those in charge of the registration.

In temporary communities (such as refugee camps, temporary hostels, shelters and the like), the registration of all members of the community is normally required. In such cases the registration process may well be made the responsibility of welfare officers.

Apart from any general registrations that may be carried out, it will be necessary to secure from individuals requesting welfare services various types of information.

CASE RECORDING:

Welfare units should have available such recorded information as will enable them to identify persons, initiate the necessary services, and substantiate action taken.

Case recording has two major aspects:

1. The Registration Card
2. The Case Record

For mass operations a standard type registration form, which should allow on the reverse of the card, space for brief notations, may suffice for recording most of the emergency welfare services.

This short form or record must, however, be supplemented by the case history or case record when longer and more involved welfare services must be accounted for.

CONFIDENTIAL NATURE OF INFORMATION:

The confidential nature of all personal information on the registration card, in the central index, or in the case record should be carefully safeguarded. Personal information should be released only with the knowledge and consent of the recipient to social welfare agencies, or to individuals or accredited organizations acting on behalf of the individual or the family at its request. Proper assurances should be obtained in all instances or general agreements be reached that the use of information will be limited to the purpose for which it is intended. Only information relevant to the service which the inquiring agency is prepared to give should be furnished.

Many people who have suffered from secret police methods will be suspicious of any registration process. Every assurance should be given them as to the objective nature of the data and its sole purpose as that of helping them to make the best possible adjustment. Likewise, every precaution should be taken to protect registration cards from inspection by unknown persons or those with unfriendly intent.

REGISTRATION:

Registration is a basis for:

Services to individuals and families through adequate identification.
Establishing a census of a given relief population as in a camp or temporary community,

*Note this is
page 3*

Addresses, previous and current
First and middle names of all members of the immediate family
Maiden name of wife
Mother's and father's names
Date and place of birth of all members of family
Sex
Citizenship (present, or if stateless, last claimed)
Mother tongue and languages spoken
Religion (optional)
Marriage
Military service
Occupation or trade and special skills
Family status

The purpose of the enquiry as to religion is to facilitate arrangements for religious observances; to place children, when desired, with households of their own faith; to conform to dietary customs, etc. It is not a basis for intervention nor discrimination of any kind. If the person chooses to withhold an answer, he should not be pressed.

It is important to record the names of relatives living elsewhere if the file is to be used in helping separated families to re-unite. Experience has shown that for general purposes the registration card should be a family card. Simpler registration forms may be used for food, clothing, or other commodity issuance. (See section on clothing).

Whenever a registration service is maintained, the methods used in identifying persons are very important. Accuracy is a first essential. Interviewers should, if possible, have a good ear for sounds and tones. Interpreters must not only be able to speak the language used locally, but must also be familiar with customary ways of self-identification and patient and helpful in explaining the items to registrants speaking another tongue.

Note: This is
page 2

Providing the basis of a central index or exchange for local, inter-area, and inter-country relocation and service.
Establishing various categories of persons, refugees or residents, and classifying family groups and unattached persons.

So far as possible uniform systems of registration should be used. This is important for subsequent as well as for immediate operations, and particularly so when there is considerable mobility of population and inter-agency activities are assumed, and a common approach is desirable. People should be assisted to recover their personal identify papers, such as wage or unemployment books, social insurance, etc. Many persons will have lost these regular means of identification, and other methods must be resorted to for adequate identification. Whenever possible, however, the registrant should produce his own papers as a basis for identification.

actual?

Registration is best done in the agency giving service, that is to say, it is best decentralized, whereas the central index or clearance process (see below) is best centralized. The active process of registration may have to be done by clerks, but if clerical or untrained voluntary personnel is used, careful instruction and supervision will be necessary in order to have the data accurate, complete, and useful.

For any sound operations, a certain amount of basic data have to be secured. Experience has shown that the following objective facts are essential for anything but the most elementary emergency services.

Family name

In general, the language commonly in use in the area should be employed for the registration, e.g. in France registration items are printed in French. In international exchanges, where competent international staffs are available, it has been customary to use the language of the registrant with translated versions on duplicate cards. For operating purposes, however, the problem is somewhat different from that of the international index. Registration cards, in addition to those items standardized for international clearance, should contain items necessary for the administrative purposes of the unit. Therefore, in areas with mixed population, it is best that registration items be printed in the official language used by administration in that area, which in turn would normally be the prevailing tongue.

Registration cards obviously should be designed to serve at one time the basic identification purposes for health, welfare, displaced persons, and others. Supplementary forms or funds of a specialized sort will have to be used for the respective functions and running notations of the several divisions. There is obviously great advantage in having one common central administrative registration card which may be transferrable as between areas, camps and main operations as needed.

Under "Remarks" on the back of the registration card, medical clearance certificate, visa and transportation clearance, authorization for relief, special skills, place of destination desired, etc. may be noted. Also with difficult place names, a careful notation should be made, often by the registrant

himself on the back of the original card. It is not advisable to have a printed outline on the back of the card, since this very much restricts its use in other ways.

Common pitfalls in registration include the following:

- Confusing nationality with citizenship.
- Failing to get accurately the place of birth, as well as the claimed citizenship.
- Lack of recognition of difference in ethnic and political divisions within one government.

For purposes of re-uniting families, sorting and sifting of the registration cards may be the basis of important classifications or categories, such as:

- The stateless
- Women whose husbands should be located if in another area
- Orphans or formerly institutionalized children
- Those who might qualify for absorption in the country in which they are at present residing, because of the needs for certain types of labor.

CASE RECORDS:

Whenever the necessary action can be completed in a few interviews or whenever purely objective services are being provided, the registration card may serve as the complete record. Whenever the problem is complicated, service contacts are continuous, and correspondence becomes necessary, a case folder or record should be prepared as a supplement to the registration card.

Case recording should, in general, be held at a minimum, but when case papers or records must be kept, there is usually a face sheet or outline, containing identifying items similar to those on the registration card, but giving more complete

information on such matters as occupation, passport status, economic resources, relatives, work history, education, social security data, etc. This social data sheet will be followed with additional pages as required by the circumstances. The relevant history of the family will be given followed by chronological notes showing the services given and the response of the family. Important correspondence will be attached and copies of official documents as needed for reference. While case papers may be merely clipped together, if cases are complicated or of long duration, a folder or binder must be used. Case records are filed alphabetically preferably in a locked file.

In all large scale relief operation, recording the issuance of grants and commodities is simplified by having the recipient carry a book or card on which relief items as authorized may be stamped under the appropriate date line. The recipient should be asked to present this identification book on request for any specific welfare service.

CENTRAL INDEX:

The registration card as described may be the basis for a central index as well as for the administrative index of the operating agency. In any locality in which emergency services are rendered, immediate consideration should be given to the establishing, if none exists, of an exchange or central index, or to coordinating or expanding existing systems of clearance. It is assumed that the foundation for such an index will usually have been started by the Division of Displaced Persons, or there

may be remnants of a local index in the locality or country. Whenever feasible all existing systems should be consolidated under a representative administration or committee. Even if the existing systems are not wholly satisfactory, it is usually more practical to start with whatever cards exist, replacing them gradually as necessary. Whenever possible, multiple registrations of people should be avoided. If an individual card, rather than the family card which is more desirable for welfare purposes, should happen to be in use, the composition of the family and relatives may be added without a complete re-registration. As new cases are added to the file, a family type of card, however, such as is illustrated, should be used. A central index file is always kept alphabetically with cross references indicated. The main purpose of a central index is for clearance through adequate identification. Unlike the registration card used for services, the back of the index card be used chiefly for clarification of the identification data and to list the names of agencies inquiring. In reporting the finding of a name, workers at the central index will also indicate the agency already interested.

Hospitals or health and welfare agencies should all be urged to clear against the central file so as to avoid duplication of effort and to increase the effectiveness of the services provided. Experience has shown that it is usually best in any given area to have a single consolidated file for displaced persons and those requesting welfare services. Since the overlapping between these groups is great, the single index

Health - HK
H. Dept.
D P

will afford quicker identification.

It is expected that each area or local index may be the basis for tying in with an inter-area or inter-country clearance system, such as has been in use in Geneva for a long time. In most countries in Europe, local and international clearance is already a familiar procedure, and in the larger towns persons will be found among the welfare agencies suitable to help with such a clearance system.

Registration No.

REGISTRATION CARD

Code

a b c d e f g h i

S ☐M ☐Sep ☐

Religion

(Optional)

W ☐D ☐

Middle or

Birth

Family Name

Maiden

First

Sex

Date

Place

1 M

2 W

3 Ch

4

5

6

7

8

Addresses

Date

Present

Citizenship

Claimed

Mother tongue

Languages spoken

Relatives:

Date of marriage

Occ. or trade

Military service

address

(Signature of worker)

(Signature of registrant)

Gudy
Report

UNRRA

CAMP _____

DATE _____

To _____

FROM WELFARE OFFICER _____

THIS WILL INTRODUCE

_____. Will
YOU KINDLY FURNISH _____ THE
FOLLOWING:

THANKS

By _____

Note first General Instructions Rp 4.5

SPECIFIC INSTRUCTIONS FOR FILLING OUT FAMILY RECORD

Item 1. Surname and Initials.

to be filled in by the applicant

The interviewer will enter in this space in Latin Block letters the surname and the initials of the first and middle names (maiden name in the case of a married woman) of the head of the family. The applicant is likely to have some document giving his name in Latin letters. The applicant can be asked to exhibit it to ensure the correct spelling of his name.

Item 2. Camp Number of Head of Family. The interviewer will enter in this space the number assigned to the head of the family by the camp administrators when such numbers are assigned.

Item 3. Camp Address.

The interviewer will enter in this space the complete camp address in detail so that the applicant can be located with ease when necessary.

Item 4. Last Home Address or Addresses as of January 1st, 1938.

The interviewer will enter in this space the city or village, province and country of what the head of the family considers his last permanent residence, prior to displacement. If the applicant is unable to give such a permanent residence, then the applicant's address as of January 1st, 1938 will be entered in this space.

Item 5. Cross Index.

The interviewer will enter in this space the family name and first initials of any other welfare applicant's record that has some significant connection with this record.

Item 6. Date Filled In. The interviewer will enter in this space the date on which this record was begun.

Item 7. Interviewer.

The interviewer will enter his or her surname and first and middle initials.

Item 8 - 14. (A-B-C) Surname, First, and Middle or Maiden Name.

The interviewer will enter in Latin Block letters the family, first, and middle (maiden in case of a married woman) names of each member of the family group resident in camp, even in the case of persons living with this family group who are not related by blood. The lack of such relationship, however, should be indicated by symbols N.R. (not related). The reason why they reside with this

family group can be indicated under "Notes".

Item 15 - 17 (A-H-C) Surname, First, and Middle or Maiden Name.

The interviewer will enter in this space in Latin block letters the surname first, and middle (maiden in case of a married woman) names of all family members and others related in blood who are not at the camp. Non-related persons who are interested in the family should also be listed here but the symbols N.R. should be entered in column (E) to indicate non-relationship.

Items 8 - 17 (B). Sex. The interviewer will enter in this space M. for male, F. for female.

Items 8 - 17 (E) Relationship to Head of Family.

The interviewer will enter relationship to the head of family by using these symbols: F. for father; W. for wife; S. for son; D. for daughter; N.R. for those not related by blood.

Items 8 - 17 (F). Birth Date.

The interviewer will enter in this space the birth date by entering the day of the month, an abbreviation of the name of the month, and then a number for the year. e.g. 4 Jan 1944.

Items 8 - 17 (G) Birth Place.

The interviewer will enter in this space the city or village, the province, and the country as it existed at the date of birth.

Items 8 - 17 (H) Nationality. The interviewer will enter nationality as evidenced by passport or certificate of identity, or by other means. When the applicant is stateless this should be indicated by the symbols S.L. and symbols followed by nationality last claimed by applicant.

Items 8 - 17 (I) Camp Number.

The interviewer will enter in this space the camp number assigned to each member of the family group as assigned by the camp administration (see key on item 2) if such numbers are assigned.

Item 8 - 14 (J) Education.

The interviewer will enter in this space the highest grade or level of formal education achieved by all members of the family in camp.

Items 8 - 17 (K). Usual Occupation.

The interviewer will enter in this space the usual trade, occupation or profession of all family employables as stated by the applicant. It should state the trade, occupation or profession which the applicant considers himself best qualified to currently perform.

Items 8 - 17 (L) Other Occupations.

The interviewer will enter in this space the other trades or occupations which the applicant states he and other members of his family are currently able to perform. These are to be entered in the order of the applicant's preference.

Items 8 - 14 (M). Blank Space.

This space is left for entries which at some future time may be required.

Item 18. Addresses.

The interviewer will enter in this space the most recent addresses in detail on members of the family outside of camp, or relatives or non-related individuals interested in applicant.

Item 19. Date.

The interviewer will enter in this space the dates on which the applicant reports he last knew the addresses of family members or relatives, or interested persons outside of the camp, to be correct.

Item 20. Addresses of Family Head.

The interviewer should enter in this space the ^{four} ~~three~~ most recent addresses of the applicant. This should be done in detail showing the street, street number, city or village, province and country. The most recent should be listed first.

Item 21. From - To.

The interviewer should enter in this space the period of residence by indicating by month and year the date of arrival and the date of leaving this address.

Item 22. Language.

The interviewer will enter in this space those languages which the employable members of the family can speak and in the order of fluency. Indicate persons referred to by using numbers in Item 8 - 14.

Item 23. Health Information.

The interviewer will enter in this space (and if necessary continue in spaces allowed for notes) all significant medical or physical limitations of members of the family group which may affect mobility, occupational training, or in any other way seriously affect plans for the individual.

Item 24. Religion.

Questions regarding religion shall be put only if the person registering has no objection and with his consent. The interviewer will enter the religion of the males and female heads of the family.

Item 25. Information Exchanged with

The interviewer will enter in this space the camp divisions, outside organizations, local or national, or international, with whom data have been exchanged. The date on which information, as listed under Item 24, was exchanged should be entered.

GENERAL INSTRUCTIONS FOR FILLING OUT FAMILY RECORD

The interviewer should fill out the family record in the language of the camp administration.

When the applicant has difficulty spelling his name and documents are not available to indicate the correct Latin spellings, a duplicate card should be filled out in the alternate spelling and the card should be labeled clearly as a duplicate.

The term "interviewer" will be used in this key to indicate person securing the information from the applicant.

The term "applicant" will be used in this key to indicate the person best equipped to give the information requested.

A ~~separate~~ separate family card shall be made on each family unit in the camp even if the family unit consists of only one person.

The applicant may be unwilling or uneasy about giving all data necessary to complete the form. While much of this information is essential for planning in the best interests of the applicant, he should not be pressed to give information that he seems unwilling to relate.

When dates are given, the day of the month should appear first, then the name of the month abbreviated, then numerals indicating the year. By the surname of the family all records should be filed, alphabetically.

When the interviewer wishes to explain further an item appearing in the form the item should be marked with an asterisk and explained under "Notes" (left column).

When addresses are called for they should be given in the name actually in use for the city or village, province, or country on the date to which the data applies.

As to 2. This statement purports to
be a set of instructions governing a
form which is not attached. Is
such a form being suggested in
supplementation of the SHAEF
designed cards for registration or
in lieu thereof?

Registration and Recording

Health phase approved by
Dr. Bryan

To - Mr. White - Room 1221

9-6-44

From - Mr. Stuffer - I.P. Division

Comments on papers relating to Registration
and Recording.

The two drafts which were left with
me this morning are titled, respectively:

1. Registration and Recording
2. Specific Instructions for Filling Out Family Record

As to 1. I can find no criticisms in
the content of this presentation as
a general statement. If, however, it
is to be reproduced as a general
statement, some confusion might
arise by the specific reference
made on p 9 (bottom) to the
"Division of Displaced Persons."

If the form appended to this
statement is offered as a draft for
usage in connection with Displaced
Persons operations in Europe it
should be observed that the form
for registration which will be
used has already been printed and
is now in the theatre.

FAMILY RECORD

(1) SURNAME AND INITIALS (CAPS)

(3) CAMP ADDRESS

(5) CROSS INDEX

(2) CAMP NUMBER OF FAMILY HEAD

(4) LAST HOME ADDRESS OR RS OF JAN. 1938

(6) DATE FILLED IN

(7) INTERVIEWER

| | (A) SURNAME | (B) FIRST NAME | (C) MIDDLE OR MAIDEN | (D) SEX | (E) RELIGION OR ETHNICITY | (F) BIRTH- DATE | (G) BIRTHPLACE | (H) NATION- ALITY | (I) CAMP NO. | (J) EDUCATION | (K) USUAL OCCUPATION | (L) OTHER OCCUPATION | (M) DATE |
|---------|----------------|-------------------|-------------------------|------------|------------------------------------|-----------------------|-------------------|-------------------------|--------------------|------------------|----------------------------|----------------------------|-------------|
| (8) M. | 2 1/2" | 1 1/4" | 1 3/4" | 1/4" | 3/4" | 1/2" | 1/2" | 3/4" | 3/4" | 3/4" | 3/4" | 3/4" | 3/4" |
| (9) F. | | | | | | | | | | | | | |
| (10) CH | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |

(18) ADDRESS

(19) DATE

(20) ADDRESS OF
HEAD OF
FAMILY
(MOST RECENT
FIRST)

FROM

TO

(22) LANGUAGE M.

W.

Ch.

(23) HEALTH
INFORMATION M.

Ch

W.

(24) RELIGION M.

W.

Ch.

(25) INFORMATION
EXCHANGED WITH

DATE

NOTES

NOTES

DATE

NOTES

K

SPECIFIC INSTRUCTIONS FOR FILLING OUT FAMILY RECORD

Item 1. Surname and Initials.

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When addresses are called for they should be given in the name actually in use for the city or village, province, or country on the date to which the data applies.

BIOGRAPHICAL DATA CONCERNING ALLIED, NATIONAL, OR NEUTRAL

Under each main heading indicate in the first column the number of the person to whom the data refer.

FORM APPROVED
Budget Bureau No. 47-R040

Registration No.

Family name

Alias(es)

Woman's maiden name

No. Present or last-known addresses

Place of registration

Date of registration

Registrar

| 1. | FIRST NAMES | RELATIONSHIP TO 1 | SEX | MARITAL STATUS(a) | DATE OF BIRTH | PLACE OF BIRTH | | | CITIZENSHIP (b) | | RACE | RELIGION | ABLE TO WORK (d) |
|----|-------------|-------------------|-----|-------------------|---------------|----------------|----------|---------|-----------------|------------------|------|----------|------------------|
| | | | | | | Village | District | Country | Country | How Acquired (c) | | | |
| 1. | | X X X X X | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |

(a) S (single), M (married), W (widowed), D (divorced).
(b) If stateless, list last citizenship preceded by (S).

(c) Indicate whether by birth, marriage, naturalization, derivative from parents or option.
(d) Indicate capacity to engage in outdoor physical labor.

| 2. Date and Place of Marriage of 1 | Date | Village or City | District | Country | 4. Status of Registrant in Territory (Check in appropriate box.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|-----------|-----------------|----------|---------|---|-----|-----------|--------------|---------|--|--------------------|-------|------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | <table border="1"> <thead> <tr> <th rowspan="2">No.</th> <th rowspan="2">WAR PRIS.</th> <th rowspan="2">CIV. INTERN.</th> <th colspan="2">LABORER</th> <th rowspan="2">POLITICAL PRISONER</th> <th rowspan="2">OTHER</th> </tr> <tr> <th>Vol.</th> <th>Forced</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | No. | WAR PRIS. | CIV. INTERN. | LABORER | | POLITICAL PRISONER | OTHER | Vol. | Forced | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | Vol. | Forced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. Identifying Documents. Passport, card of identity, birth or marriage record, ration card.

| No. | KIND OF DOCUMENT | NUMBER OF DOCUMENT | DATE ISSUED | PLACE ISSUED | AUTHORITY ISSUING | DATE OF EXPIRATION |
|-----|------------------|--------------------|-------------|--------------|-------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Explain check under other:

5. Has(ve) Registrant(s) ever been convicted of any offense, political or otherwise? Yes ☐ No ☐
If answer is yes, give date, place, and nature of offense and sentence.

6. Military Service of Registrant.

| No. | DATES FROM— To— | COUNTRY | LAST RANK | MILITARY No. | RECORD IN HAND | | IF REGISTRANT HAS BEEN RELEASED AS PRISONER OF WAR, GIVE TIME, PLACE, AND CIRCUMSTANCES |
|-----|--------------------|---------|-----------|--------------|----------------|----|---|
| | | | | | Yes | No | |
| | | | | | | | |

7. Has Registrant a home to which he desires to return? Yes ☐ No ☐ Where?

8. What other plans has Registrant for his immediate future?

9. Education and Training.

| No. | HIGHEST EDUCATIONAL INSTITUTION ATTENDED | DEGREES RECEIVED, OR HIGHEST CLASS REACHED | LANGUAGES (SPECIFY) | | | PROFESSION, TRADE, OR OCCUPATION |
|-----|--|---|---------------------|-------|-------------|-------------------------------------|
| | | | Speaks | Reads | Understands | |
| | | | | | | |
| | | | | | | |

14. Remarks

10. Employment Record. List names of principal employers, dates of employment, and jobs held 6 months or more since 1930.

| No. | DATES | JOB HELD | EMPLOYER'S NAME | EMPLOYER'S ADDRESS |
|-----|-----------|----------|-----------------|--------------------|
| | FROM— To— | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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11. Places of previous residence giving approximate dates since 1930. If registrant or spouse ever interned, enter "interned" and give place of internment.

| No. | DATES | STREET AND NUMBER | VILLAGE OR CITY | DISTRICT | COUNTRY |
|-----|-----------|-------------------|-----------------|----------|---------|
| | FROM— To— | | | | |
| | | | | | |
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12. List countries in order in which registrant has traveled since last residence in 11:

13. Close relatives including parents, brothers, and sisters. Check those registrant desires to have informed.

15. Disposition

| No. | NAMES | RELATION- SHIP TO: | ADDRESS | | | COUNTRY | CITIZENSHIP |
|-----|-------|-----------------------|---------|-----------------|----------|---------|-------------|
| | | | Street | Village or City | District | | |
| | | | | | | | |
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22 September 1944

for Report on Welfare Services in Temporary Communities

INSTRUCTIONS TO CAMP WELFARE REPORT

operations welfare

1. Nature and Purpose of Report: The report of welfare activities in camps and other temporary communities is designed to provide a brief, concise description of the welfare programs being carried on in such communities, results accomplished to date, current and anticipated problems, and further actions planned. The report should also serve as a periodic appraisal of the effectiveness of ~~UNRRA~~ in these communities. As such, it should aid the regional and headquarters levels in carrying out their responsibilities for program development and adjustment, and for supervision of operations. Moreover, the report itself, by providing the welfare personnel with a periodic summary of their activities, should be helpful to the operating personnel in appraising the adequacy of the programs and in planning future operations.

2. Coverage, Frequency, Due Dates, Number and Distribution of Copies: A separate report should be made out for each temporary community operated, supervised or assisted by UNRRA personnel. Such temporary communities include refugee camps, transit camps for displaced persons en route to their own homes, temporary shelters for evacuees, and similar facilities providing short term care for concentrations of peoples who for one reason or another are not living in their own homes or in their normal communities. (Note: Throughout the rest of these instructions, the terms camp and temporary community are used interchangeably.)

If the camp administration includes supplementary camps which provide some, but not all of the regular camp facilities and services, their activities should be included with those of the major or "parent" camp. If the supplementary camps are operated as entities but are supplementary only in that they are under the same administration as other camps, separate reports should be made for each such camp.

In addition to such copies as may be sent to the Area or Regional offices,

The temporary community welfare reports should be prepared at the close of each month, covering developments and problems occurring during the month. Two copies of the report should be dispatched to Washington before the tenth of the month following that covered by the report.

through appropriate channels

3. Heading of Report: The items in this section are self-explanatory. The name of the camp should include the names of supplementary camps if their activities are included in this report. The period should identify the month covered by the report. The person responsible for directing the welfare activities in the temporary community should sign the report.

4. Section I - Statistical Data: The items in this section are designed to provide the basic social data relating to the numbers and characteristics of the camp population. These data are required to serve as the framework for evaluating the adequacy of the welfare services operated in the camp.

All of the data requested in this section should be available from the registration form used in the camp. In order to obtain this information for the first report, it may be necessary to take a census of the population of the temporary community. However, once this information has been obtained, it should not be necessary to make a complete census for subsequent reports. The changes in the items in this section would result from accessions or separations.

It is suggested that a daily tally be maintained of the numbers and characteristics of those added to the community and those who leave. Two tally sheets, one for the accessions and one for the separations, containing the items in this section, should provide adequate forms on which to maintain the tallies. Thus if an unattached and unidentified girl, 12 years of age, of Yugoslav nationality were added to the community during the month, a tally would be made at the time of registration in the following spaces - Item A, accessions during month; item B1, female, and 6-13 years of age; item 2, Yugoslav; and item 4, orphans, total.

A. Number Under Care:

The number under care on the first of the month should be the same as the number reported for the preceeding month as receiving care at the end of the month. The number of accessions should represent the number of individuals received into the community and registered as members thereof during the month. The number of separations should include the number of individuals whose care was terminated during the month. The reasons for separations as required for this report distinguish merely between those who left the camp to be repatriated and those who were transferred to another UNRRA camp. The number repatriated should include those who left the camp to return to the country in which they intend to establish permanent residence. If a substantial number of the separations are for other causes, the major causes and the number due to each cause should be reported.

B. Characteristics of Camp Population:

1. Number by Sex and Age. These data should be obtained from the registration cards of persons under care at the end of the month. The age recorded on the registration card should be used in reporting the information required for this item.

2. Family Status. For this item, report the number of family groups, and of single persons under care in the community at the end of the month. For purposes of this report, a family group is defined as including two or more individuals one of whom is carrying out his legal responsibilities as head of the group, or has assumed the responsibility in the absence of legal requirements. The individuals in the family group may or may not be living together in the community. The number of single persons should include all individuals (including unattached children) who are not members of a family group.

3. Nationality. This item should include the number of individuals of each nationality who are under care at the end of the month. Report only the nationalities which comprise 10 per cent or more of the camp population.

4. Unattached Children. This item should include the number of children under 14 years of age under care at the end of the month and who are not members of a family group under care in the community. The number of orphans should include children whose

both parents are known to be dead or whose whereabouts are unknown. The number of non-orphans should include children with one or more parents known to be living. The number identified should include those cases in which the location of one or more of the child's parents has been determined.

5. Section II - Narrative: The items in this report should be reported briefly and concisely but in sufficient detail to furnish an adequate description of the camp welfare programs and services being provided and the problems being encountered. Each item should be reported upon, identified by the corresponding letter and item in the report form, even though the specific program or service may not be provided in the camp. If such is the case, the report should include the reference "not provided". For example, if no vocational training program for children or young people is in operation at the end of the month for which the report is being prepared, the report should indicate "II, E, 1, (d) - not provided". If the program is in operation but the required information is not available, the specific item should be identified by the appropriate number and letter in the outline, and the notation made "Information not available".

As many pages as necessary should be used to report the required information. Ordinarily, however, four single spaced typewritten sheets should be sufficient.

22 September 1944

REPORT ON WELFARE SERVICES IN TEMPORARY COMMUNITIES

Name of Camp _____ Location _____ Period _____

Signature _____ Title _____

I. Statistical Data

A. Number Under Care:

| 1st of Month | End of Month | Accessions During Month | Separations during Month | | | |
|--------------|--------------|-------------------------------|--------------------------|-------------|-------------|-------|
| | | | Total | Repatriated | Transferred | Other |
| | | | | | | |
| | | | | | | |

B. Characteristics of Camp Population.

1. Number by Sex and Age:

| Sex | | Age (in years) | | | | | | |
|------|--------|----------------|-----|------|-------|-------|-------|-------------|
| Male | Female | Under 2 | 2-5 | 6-13 | 14-20 | 21-44 | 45-64 | 65 and over |
| | | 2 | | | | | | |
| | | | | | | | | |

2. Family Status: No. of Family Groups _____; No. of Persons in Family Groups _____; No. of Single Persons _____

3. Nationality: Yugoslav _____; Greek _____; _____; _____; _____; _____; Stateless _____; Unknown _____.

4. Unattached Children:

(a) Orphans: Total _____ Unidentified _____
(b) Non-orphans: Total _____ Unidentified _____

II. Narrative

A. Shelter: (1) List the types of shelter other than camp facilities if such are being used to house the population of the temporary community and the number of persons housed in each type at the end of the month; (2) what factors are responsible for use of other than camp facilities? (3) what evidence, if any, exists of overcrowding either in camp or in other facilities? (4) describe steps being taken to reduce overcrowding. *approximate*

B. Food: Describe briefly: (1) the total number of meals served during the month; (2) the adequacy of the rations including the special provisions made for young children and nursing or expectant mothers; (3) methods of distribution; (4) problems, if any, in attaining or maintaining adequate rations and steps taken to meet them.

C. Clothing: Describe briefly: (1) the major types and quantities of each type of clothing distributed during the month; (2) the methods used in distribution; (3) the groups to whom clothing was distributed; (4) unmet needs, if any, and steps being taken to meet problem. *the extent of*

D. Cash Assistance: Describe: (1) types of allowances provided (cash, coupons, etc.) including criteria used in determining eligibility for allowances and the groups for whom such allowances are provided; (2) for each type of allowance listed in item (1) indicate the total amount of cash or its equivalent distributed in allowances during month, the number of different individuals for whom allowances were granted during the month, and the average size of the grants. *(1-2 children, women etc.) if distribution was limited to specific groups*

E. Welfare Programs and Services to Meet Special Needs: For each of the programs and services listed below and for such other services as may be established, describe briefly: (1) the nature of the program; (2) the approximate number of individuals provided the service on the last day of the month except as otherwise indicated, and an estimate of the total number in need of such service; (3) the factors (administrative problems, supplies, etc.) which account for inadequate or no provision of the service, if such is the case; and (4) the steps planned to provide adequate service: *where possible,*

1. Programs and Services for Children and Young People

- (a) Day-time group care;
- (b) Recreation;
- (c) Education;
- (d) Vocational training including the types of training provided;
- (e) Special welfare services for children with behavior problems, the physically handicapped, and the mentally defective. Identify the services provided and the number of children and young people provided each such service; *the approximate*
- (f) Provisions for unattached children including steps to establish their identity and locate lost families. Indicate the number of children identified during the month; *types*
- (g) Other services.

2. Programs and Services for Adults

- (a) Recreation and leisure-time activities, including types of facilities used and their adequacy;

- (b) Occupational opportunities including provisions for training or re-training;
- (c) Development of leadership among camp members;
- (d) Information and counselling service including the approximate number of individuals provided each type of service during the month.

F. Personnel: (1) Report the total number of UNRRA Welfare personnel in active status at the end of the month, distinguishing between UNRRA paid and voluntary personnel; (2) list the functions to which the Welfare personnel ~~are~~ ^{were} assigned as of the end of the month, identifying the number assigned to each function and the number of voluntary personnel included in each total (i.e. recreation total 7, voluntary 5); (3) comment briefly on the quality of the work performed by the voluntary Welfare personnel and any problems which you may be experiencing in their use; (4) report the number of additional Welfare personnel, if any, which are required for more effective operation of the Welfare Program, identifying the ^{number and} types of workers needed and the nature of their functions.

G. Welfare Supplies: Report any supply problems which may be hampering the provision of adequate welfare services. Identify the items in short supply, the quantity that is needed, the program or service for which the supplies are intended, and the special factors accounting for the shortage.

H. Welfare Problems Requiring Action at Higher Administrative Levels: (1) Identify any ~~welfare~~ ^{problems} upon which you have previously requested action at higher administrative levels and which have not been satisfactorily met. Include the date or dates when action was requested; (2) Identify any problems you anticipate because of future trends in welfare needs and specify the nature of the action you believe necessary.

82 Welfare Services
to D.P.s in Camps

Displaced Persons

General

31 May 1944

TO: M. Craig McGeachy
Harry Greenstein
Donald Howard

FROM: F. I. Daniels

SUBJECT: Discussion with Fred Hoehler re proposed questionnaire
to allied governments (Document TDP(44)5)

Mr. Hoehler makes the following general explanation and clarification:

1. Questionnaire is being prepared at the request of the governments;
2. It covers points of inquiry being raised in relation to displaced persons problems of concern to the governments but not necessarily involving UNRRA; or if UNRRA is asked to participate, not confined to Displaced Persons Division alone (i.e. Health and Welfare may be involved);
3. Displaced Persons Division will refer to the Welfare Division any inquiry involving welfare policy or services.

The following specific comments were made by Mr. Hoehler re two items in the questionnaire of concern to the Welfare Division:

- A. Page 2, paragraph 1,b -- "Care and maintenance"
Mr. Hoehler states that such persons are the responsibility of the government in first instance. If UNRRA is asked to repatriate, the Displaced Persons Division will assume responsibility for care and maintenance if such persons are in a camp or congregate center. In such an instance Welfare and Health would be called upon for personnel required in these specializations. If, however, such persons were reasonably secure and somewhat settled in normal facilities, such welfare needs as were required would be referred to the Welfare Division until such time as the Displaced Persons Division had cleared identification, registration and arranged transportation for removal to destinations.
- B. Page 3, paragraph 6 -- "... assistance from UNRRA in the relocation of their nationals displaced within their own countries."
Mr. Hoehler points out that the Displaced Persons Division will undertake responsibility in his area for (a) and (c) only (a. Registration, etc.; and c. Transportation to destination). He said that if (b) and (d) are requested of UNRRA, this will be referred to Welfare (b. Temporary housing, maintenance, etc. until relocated; and d. Temporary housing, maintenance, etc. in new location).

TDP(44)5
CONFIDENTIAL
10 May 1944

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION
STANDING TECHNICAL COMMITTEE ON DISPLACED PERSONS

TO: The Members of the Standing Technical
Committee on Displaced Persons

FROM: Fred K. Hoehler, Director
Division on Displaced Persons

The attached list of questions is being sent to you as a member of our Standing Technical Committee on Displaced Persons for your consideration and suggestions.

These are not presented to you as an official government representative, but as an informed member of our Committee for advice and suggestions.

This questionnaire with your suggestions and comments will be discussed with the Director General with the idea that it will be officially forwarded to all governments so that UNRRA can be prepared for its forthcoming operations.

Any comments on this idea or on the specific matters covered in the questionnaire would be greatly appreciated in an early reply.

- 2 -

1. Does the Government of _____ wish UNRRA to assist their Displaced Persons authorities in respect of persons of other United Nations nationalities found within their country? What is the nature of the assistance desired?
 - a. Registration of such displaced persons.
 - b. Care and maintenance.
 - c. Health service.
 - d. Arrangements for proper identification.
 - e. Arrangements for the return of such displaced persons.
2. Does the Government of _____ wish UNRRA to assume any responsibility for their nationals found in any other liberated areas? What is the nature and extent of the assistance desired?
 - a. The location and registration of such nationals.
 - b. Their care and maintenance until they can be properly identified and repatriated.
 - c. The necessary health and medical services.
 - d. The temporary housing and maintenance of such repatriates after they have been returned to their country of origin.
3. Does the Government of _____ wish UNRRA to assume any responsibility for their civilian nationals found in enemy countries? What is the nature and extent of the assistance desired?
 - a. The location and registration of such nationals.
 - b. Their care, maintenance and necessary health services until they can be properly identified and repatriated.

- 3 -

- c. The transportation of such nationals being repatriated.
 - d. The temporary housing and maintenance of such repatriates after they have been returned to their country of origin.
4. Does the Government of _____ wish UNRRA to assume any responsibility for their nationals who are prisoners of war found in enemy countries? What is the service desired with respect to this group?
5. Does the Government of _____ wish UNRRA to assume any responsibility with respect to ~~enemy~~ enemy nationals who have been intruded into United Nations' countries? What is the nature and extent of the assistance desired?
6. Does the Government of _____ wish assistance from UNRRA in the relocation of their nationals displaced within their own country? What is the nature and extent of the assistance desired?
- a. Registration of such displaced nationals.
 - b. Temporary housing, maintenance and health requirements until relocated.
 - c. Transportation to new locations.
 - d. Temporary housing and maintenance in new locations.
7. Can the Government of _____ supply experienced staff to UNRRA to assist the Administration in fulfilling its responsibilities to the nationals of the country concerned who have been displaced?
- a. Will the government be willing to select teams of such experts, assign them to work under UNRRA supervision, and pay their salaries and necessary expenses?
8. Are there other problems with respect to Displaced Persons in which the Government of _____ wishes assistance from UNRRA?

UNRRA CAMP _____

File: 82
1 May 1944

PERSONAL RECORD

(1) _____
SURNAME & INITIALS (CAPS)(2) _____
CAMP ADDRESS(3) _____
REG. NO.(4) _____
ALIAS(ES)(5) _____
WOMEN'S MAIDEN NAME(6) _____
X-REFERENCE

| SURNAME 7 | FIRST & 2ND NAMES 8 | RELAT. TO HEAD 9 | SEX 10 | MAR. STATUS 11 | BIRTH DATE 12 | RELIG. (OPTIONAL) 13 | EDU- CATION 14 | OCCUPATION | | LANGUAGES 17 | REGISTRA- TION NO. 18 |
|--------------|---------------------------|---------------------------|-----------|----------------------|---------------------|----------------------------|----------------------|-------------|--------------|-----------------|-----------------------------|
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MEDICAL DATA

| (19) PHYSICAL CONDITION | | | | (20) IMMUNIZATION | | | | (21) MOVEM'T AUTH. OR VISA | | | | (22) DATES OF DISINFESTATION | | | | | | | |
|-------------------------|-----------|------|------|-------------------|------|------|----------|----------------------------|--|--|--|------------------------------|---|---|---|---------|--|--|--|
| L. | M. | C.D. | D. | TYPE | DOSE | DATE | INITIALS | | | | | A | B | C | D | | | | |
| REMARKS: | T. | | | | | | | | | | | | | | | REMARKS | | | |
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| (23) FINAL MED. INSP. | | | | | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | | | | | | | |
| M.R. | | | | | | | | | | | | | | | | | | | |
| MED. EXAMINER | | | | | | | | | | | | | | | | | | | |

REPATRIATION DATA

24) LAST HOME ADDRESS OR RESIDENCE AS OF JANUARY 1, 1938

| NAME | CITIZENSHIP | NATIONALITY | BIRTHPLACE | | | REASON DISPLACED | DESIRED REP. | | AM'T AND KIND CURRENCY IN POSSESSION |
|------|-------------|-------------|------------|----------|---------|------------------|--------------|----------|--------------------------------------|
| | | | LOCALITY | DISTRICT | COUNTRY | | CHOICE 1 | CHOICE 2 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

| NAME | ADDRESS | | REL. TO HEAD | CITIZENSHIP |
|------|----------|-------|--------------|-------------|
| | LOCATION | AS OF | | |
| 35 | 36 | 37 | 38 | 39 |
| | | | | |
| | | | | |
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(46) REMARKS

IDENTIFYING DOCUMENTS

| KIND OF DOCUMENT | NO. OF DOCUMENT | DATE ISSUED | PLACE ISSUED | ISSUING AUTHORITY | EXP. DATE |
|------------------|-----------------|-------------|--------------|-------------------|-----------|
| 40 | 41 | 42 | 43 | 44 | 45 |
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(47) REMARKS

DATE PREPARED

BY (SIGNATURE

File: 82
(May 1948)

PERSONAL RECORD

(1) SURNAME & INITIALS (CAPS)

(2) _____
CAMP ADDRESS

(3) _____
REG. NO. _____

(4) _____
ALIAS(ES)

(5) _____
WOMEN'S MAIDEN NAME

(6) X-REFERENCE

[illegible]

MEDICAL DATA

| (19) PHYSICAL CONDITION | | | | (20) IMMUNIZATION | | | | (21) MOVEM'T AUTH. OR VISA | | | | (22) DATES OF DISINFESTATION | | | | | |
|-------------------------|---|------|----|-------------------|------|------|----------|----------------------------|--|--|--|------------------------------|---|---|---|--|--|
| L. | M | C.D. | D. | TYPE | DOSE | DATE | INITIALS | | | | | A | B | C | D | | |
| REMARKS: | | | | T. | | | | | | | | REMARKS | | | | | |
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| | | | | S | DATE | INIT | REACT'N | | | | | | | | | | |
| VACC | | | I | V | VA | | | | | | | | | | | | |
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| (23) FINAL MED. INSP. | | | | | | | | | | | | | | | | | |
| | | | | DATE | | | | | | | | | | | | | |
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| MED. EXAMINER | | | | | | | | | | | | | | | | | |

REPATRIATION DATA

24) LAST HOME ADDRESS OR RESIDENCE AS OF JANUARY 1, 1938

| NAME | CITIZENSHIP | NATIONALITY | BIRTHPLACE | | | REASON DISPLACED | DESIRED REP. | | AMT AND KIND CURRENCY IN POSSESSION |
|------|-------------|-------------|------------|----------|---------|------------------|--------------|----------|-------------------------------------|
| | | | LOCALITY | DISTRICT | COUNTRY | | CHOICE 1 | CHOICE 2 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

(46) REMARKS

| NAME | ADDRESS | | REL. TO HEAD | CITIZENSHIP |
|------|----------|-------|--------------|-------------|
| | LOCATION | AS OF | | |
| 35 | 36 | 37 | 38 | 39 |
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IDENTIFYING DOCUMENTS

| KIND OF DOCUMENT | NO. OF DOCUMENT | DATE ISSUED | PLACE ISSUED | ISSUING AUTHORITY | EXP. DATE |
|------------------|-----------------|-------------|--------------|-------------------|-----------|
| 40 | 41 | 42 | 43 | 44 | 45 |
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(47) REMARKS

DATE PREPARED

BY (SIGNATURE)

(3) _____
REG. NO.

(6) X-REFERENCE

MEDICAL DATA

| (19) PHYSICAL CONDITION | | | | (20) IMMUNIZATION | | | | (21) MOVEMENT AUTH. OR VISA | | | | (22) DATES OF DISINFESTATION | | | | | | | |
|-------------------------|---|------|----|-------------------|------|------|----------|-----------------------------|--|--|--|------------------------------|----|---|---|--|--|--|--|
| L. | M | C.D. | D. | TYPE | DOSE | DATE | INITIALS | | | | | A | B | C | D | | | | |
| REMARKS: | | | | I. | | | | | | | | REMARKS | | | | | | | |
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| (23) FINAL MED. INSP. | | | | | | | | | | | | | | | | | | | |
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| MED. EXAMINER | | | | | | | | | | | | | | | | | | | |

REPATRIATION DATA

24) LAST HOME ADDRESS OR RESIDENCE AS OF JANUARY 1, 1938

| NAME | CITIZENSHIP | NATIONALITY | BIRTHPLACE | | | REASON DISPLACED | DESIRED REP. | | AM'T AND KIND CURRENCY IN POSSESSION |
|------|-------------|-------------|------------|----------|---------|------------------|--------------|----------|--------------------------------------|
| | | | LOCALITY | DISTRICT | COUNTRY | | CHOICE 1 | CHOICE 2 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

| NAME | ADDRESS | | REL. TO HEAD | CITIZENSHIP |
|------|----------|-------|--------------|-------------|
| | LOCATION | AS OF | | |
| 35 | 36 | 37 | 38 | 39 |
| | | | | |
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(46) REMARKS

IDENTIFYING DOCUMENTS

| KIND OF DOCUMENT | NO. OF DOCUMENT | DATE ISSUED | PLACE ISSUED | ISSUING AUTHORITY | EXP. DATE |
|------------------|-----------------|-------------|--------------|-------------------|-----------|
| 40 | 41 | 42 | 43 | 44 | 45 |
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(47) REMARKS

DATE PREPARED

BY (SIGNATURE)

Write first General Instructions Pp 4-5

Feb: 82

1 May 1945

SPECIFIC INSTRUCTIONS FOR FILLING OUT FAMILY RECORD

Item 1. Surname and Initials.

The interviewer will enter in this space in Latin Block letters the surname and the initials of the first and middle names (maiden name in the case of a married woman) of the head of the family. The applicant is likely to have some document giving his name in Latin letters. The applicant can be asked to exhibit it to ensure the correct spelling of his name.

Item 2. Camp Number of Head of Family. The interviewer will enter in this space the number assigned to the head of the family by the camp administrators when such numbers are assigned.

Item 3. Camp Address.

The interviewer will enter in this space the complete camp address in detail so that the applicant can be located with ease when necessary.

Item 4. Last Home Address or Addresses as of January 1st, 1938.

The interviewer will enter in this space the city or village, province and country of what the head of the family considers his last permanent residence, prior to displacement. If the applicant is unable to give such a permanent residence, then the applicant's address as of January 1st, 1938 will be entered in this space.

Item 5. Cross Index.

The interviewer will enter in this space the family name and first initials of any other welfare applicant's record that has some significant connection with this record.

Item 6. Date Filled In. The interviewer will enter in this space the date on which this record was begun.

Item 7. Interviewer.

The interviewer will enter his or her surname and first and middle initials.

Item 8 - 14. (A-B-C) Surname, First, and Middle or Maiden Name.

The interviewer will enter in Latin Block letters the family, first, and middle (maiden in case of a married woman) names of each member of the family group resident in camp, even in the case of persons living with this family group who are not related by blood. The lack of such relationship, however, should be indicated by symbols N.R. (not related). The reason why they reside with this

family group can be indicated under "Notes".

Item 15 - 17 (A-B-C) Surname, First, and Middle or Maiden Name.

The interviewer will enter in this space in Latin block letters the surname first, and middle (maiden in case of a married woman) names of all family members and others related in blood who are not at the camp. Non-related persons who are interested in the family should also be listed here but the symbols N.R. should be entered in column (E) to indicate non-relationship.

Items 8 - 17 (D). Sex. The interviewer will enter in this space M. for male, F. for female.

Items 8 - 17 (E) Relationship to Head of Family.

The interviewer will enter relationship to the head of family by using these symbols: F. for father; W. for wife; S. for son; D. for daughter; N.R. for those not related by blood.

Items 8 - 17 (F). Birth Date.

The interviewer will enter in this space the birth date by entering the day of the month, an abbreviation of the name of the month, and then a number for the year. e.g. 4 Jan 1944.

Items 8 - 17 (G) Birth Place.

The interviewer will enter in this space the city or village, the province, and the country as it existed at the date of birth.

Items 8 - 17 (H) Nationality. The interviewer will enter nationality as evidenced by passport or certificate of identity, or by other means. When the applicant is stateless this should be indicated by the symbols S.L. and symbols followed by nationality last claimed by applicant.

Items 8 - 17 (I) Camp Number.

The interviewer will enter in this space the camp number assigned to each member of the family group as assigned by the camp administration (see key on item 2) if such numbers are assigned.

Item 8 - 14 (J) Education.

The interviewer will enter in this space the highest grade or level of formal education achieved by all members of the family in camp.

Items 8 - 17 (K). Usual Occupation.

The interviewer will enter in this space the usual trade, occupation or profession of all family employables as stated by the applicant. It should state the trade, occupation or profession which the applicant considers himself best qualified to currently perform.

Items 8 - 17 (L) Other Occupations.

The interviewer will enter in this space the other trades or occupations which the applicant states he and other members of his family are currently able to perform. These are to be entered in the order of the applicant's preference.

Items 8 - 14 (M). Blank Space.

This space is left for entries which at some future time may be required.

Item 18. Addresses.

The interviewer will enter in this space the most recent addresses in detail on members of the family outside of camp, or relatives or non-related individuals interested in applicant.

Item 19. Date.

The interviewer will enter in this space the dates on which the applicant reports he last knew the addresses of family members or relatives, or interested persons outside of the camp, to be correct.

Item 20. Addresses of Family Head.

The interviewer should enter in this space the ^{four}~~three~~ most recent addresses of the applicant. This should be done in detail showing the street, street number, city or village, province and country. The most recent should be listed first.

Item 21. From - To.

The interviewer should enter in this space the period of residence by indicating by month and year the date of arrival and the date of leaving this address.

Item 22. Language.

The interviewer will enter in this space those languages which the employable members of the family can speak and in the order of fluency. Indicate persons referred to by using numbers in Item 8 - 14.

Item 23. Health Information.

The interviewer will enter in this space (and if necessary continue in spaces allowed for notes) all significant medical or physical limitations of members of the family group which may affect mobility, occupational training, or in any other way seriously affect plans for the individual.

Item 24. Religion.

Questions regarding religion shall be put only if the person registering has no objection and with his consent. The interviewer will enter the religion of the males and female heads of the family.

Item 25. Information Exchanged with

The interviewer will enter in this space the camp divisions, outside organizations, local or national, or international, with whom data have been exchanged. The date on which information, as listed under Item 24, was exchanged should be entered.

* GENERAL INSTRUCTIONS FOR FILLING OUT FAMILY RECORD

The interviewer should fill out the family record in the language of the camp administration.

When the applicant has difficulty spelling his name and documents are not available to indicate the correct Latin spellings, a duplicate card should be filled out in the alternate spelling and the card should be labeled clearly as a duplicate.

The term "interviewer" will be used in this key to indicate person securing the information from the applicant.

The term "applicant" will be used in this key to indicate the person best equipped to give the information requested.

A ~~separate~~ separate family card shall be made on each family unit in the camp even if the family unit consists of only one person.

The applicant may be unwilling or uneasy about giving all data necessary to complete the form. While much of this information is essential for planning in the best interests of the applicant, he should not be pressed to give information that he seems unwilling to relate.

When dates are given, the day of the month should appear first, then the name of the month abbreviated, then numerals indicating the year. By the surname of the family all records should be filed, alphabetically.

When the interviewer wishes to explain further an item appearing in the form the item should be marked with an asterisk and explained under "Notes" (left column).

When addresses are called for they should be given in the name actually in use for the city or village, province, or country on the date to which the data applies.

UNRRA CAMP _____

File 182
1 May 1944

PERSONAL RECORD

(1) _____
SURNAME & INITIALS (CAPS)(2) _____
CAMP ADDRESS(3) _____
REG. NO.(4) _____
ALIAS(ES)(5) _____
WOMEN'S MAIDEN NAME(6) _____
X-REFERENCE

| SURNAME 7 | FIRST & 2ND NAMES 8 | RELAT. TO HEAD 9 | SEX 10 | MAR. STATUS 11 | BIRTH DATE 12 | RELIG. (OPTIONAL) 13 | EDU- CATION 14 | OCCUPATION | | LANGUAGES 17 | REGISTRA- TION NO. 18 |
|--------------|---------------------------|---------------------------|-----------|----------------------|---------------------|----------------------------|----------------------|-------------|--------------|-----------------|-----------------------------|
| | | | | | | | | MAJOR 15 | OTHERS 16 | | |
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MEDICAL DATA

| (19) PHYSICAL CONDITION | (20) IMMUNIZATION | (21) MOVEM'T AUTH. OR VISA | (22) DATES OF DISINFESTATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|------------------------------|------|----------|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|---|------|------|---------|------|--|--|--------|--|--|--|--|--|--|--|--|--|---|
| <div style="display: flex; justify-content: space-around;"> <div>L. <input type="checkbox"/></div> <div>M. <input type="checkbox"/></div> <div>C.D. <input type="checkbox"/></div> <div>D. <input type="checkbox"/></div> </div> <div>REMARKS:</div> | <table border="1"> <thead> <tr> <th>TYPE</th> <th>DOSE</th> <th>DATE</th> <th>INITIALS</th> </tr> </thead> <tbody> <tr><td>T.</td><td></td><td></td><td></td></tr> <tr><td>D.</td><td></td><td></td><td></td></tr> <tr><td>TT</td><td></td><td></td><td></td></tr> <tr><td>O.</td><td></td><td></td><td></td></tr> <tr> <td>S</td> <td>DATE</td> <td>INIT</td> <td>REACT'N</td> </tr> <tr> <td>VACC</td> <td></td> <td></td> <td>I V VA</td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> <div>(23) FINAL MED. INSP.</div> <div>DATE</div> <div>M.R.</div> <div>MED. EXAMINER</div> | TYPE | DOSE | DATE | INITIALS | T. | | | | D. | | | | TT | | | | O. | | | | S | DATE | INIT | REACT'N | VACC | | | I V VA | | | | | | | | | | <div style="display: flex; justify-content: space-around;"> <div>A</div> <div>B</div> <div>C</div> <div>D</div> </div> <div>REMARKS</div> |
| TYPE | DOSE | DATE | INITIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VACC | | | I V VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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REPATRIATION DATA

24) LAST HOME ADDRESS OR RESIDENCE AS OF JANUARY 1, 1938

| NAME | CITIZENSHIP | NATIONALITY | BIRTHPLACE | | | REASON DISPLACED | DESIRED REP. | | AM'T AND KIND CURRENCY IN POSSESSION |
|------|-------------|-------------|------------|----------|---------|------------------|--------------|----------|--------------------------------------|
| | | | LOCALITY | DISTRICT | COUNTRY | | CHOICE 1 | CHOICE 2 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

(46) REMARKS

| NAME | ADDRESS | | REL. TO HEAD | CITIZENSHIP |
|------|----------|-------|--------------|-------------|
| | LOCATION | AS OF | | |
| 35 | 36 | 37 | 38 | 39 |
| | | | | |
| | | | | |
| | | | | |

IDENTIFYING DOCUMENTS

| KIND OF DOCUMENT | NO. OF DOCUMENT | DATE ISSUED | PLACE ISSUED | ISSUING AUTHORITY | EXP. DATE |
|------------------|-----------------|-------------|--------------|-------------------|-----------|
| 40 | 41 | 42 | 43 | 44 | 45 |
| | | | | | |
| | | | | | |
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(47) REMARKS

DATE PREPARED

BY (SIGNATURE)

Note for General Instruction Pp 4-5

File 82

1 May 1945

SPECIFIC INSTRUCTIONS FOR FILLING OUT FAMILY RECORD

Item 1. Surname and Initials.

The interviewer will enter in this space in Latin Block letters the surname and the initials of the first and middle names (maiden name in the case of a married woman) of the head of the family. The applicant is likely to have some document giving his name in Latin letters. The applicant can be asked to exhibit it to ensure the correct spelling of his name.

Item 2. Camp Number of Head of Family. The interviewer will enter in this space the number assigned to the head of the family by the camp administrators when such numbers are assigned.

Item 3. Camp Address.

The interviewer will enter in this space the complete camp address in detail so that the applicant can be located with ease when necessary.

Item 4. Last Home Address or Addresses as of January 1st, 1938.

The interviewer will enter in this space the city or village, province and country of what the head of the family considers his last permanent residence, prior to displacement. If the applicant is unable to give such a permanent residence, then the applicant's address as of January 1st, 1938 will be entered in this space.

Item 5. Cross Index.

The interviewer will enter in this space the family name and first initials of any other welfare applicant's record that has some significant connection with this record.

Item 6. Date Filled In. The interviewer will enter in this space the date on which this record was begun.

Item 7. Interviewer.

The interviewer will enter his or her surname and first and middle initials.

Item 8 - 14. (A-B-C) Surname, First, and Middle or Maiden Name.

The interviewer will enter in Latin Block letters the family, first, and middle (maiden in case of a married woman) names of each member of the family group resident in camp, even in the case of persons living with this family group who are not related by blood. The lack of such relationship, however, should be indicated by symbols N.R. (not related). The reason why they reside with this

family group can be indicated under "Notes".

Item 15 - 17 (A-B-C) Surname, First, and Middle or Maiden Name.

The interviewer will enter in this space in Latin block letters the surname first, and middle (maiden in case of a married woman) names of all family members and others related in blood who are not at the camp. Non-related persons who are interested in the family should also be listed here but the symbols N.R. should be entered in column (E) to indicate non-relationship.

Items 8 - 17 (D). Sex. The interviewer will enter in this space M. for male, F. for female.

Items 8 - 17 (E) Relationship to Head of Family.

The interviewer will enter relationship to the head of family by using these symbols: F. for father; W. for wife; S. for son; D. for daughter; N.R. for those not related by blood.

Items 8 - 17 (F). Birth Date.

The interviewer will enter in this space the birth date by entering the day of the month, an abbreviation of the name of the month, and then a number for the year. e.g. 4 Jan 1944.

Items 8 - 17 (G) Birth Place.

The interviewer will enter in this space the city or village, the province, and the country as it existed at the date of birth.

Items 8 - 17 (H) Nationality. The interviewer will enter nationality as evidenced by passport or certificate of identity, or by other means. When the applicant is stateless this should be indicated by the symbols S.L. and symbols followed by nationality last claimed by applicant.

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The interviewer will enter in this space the highest grade or level of formal education achieved by all members of the family in camp.

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This space is left for entries which at some future time may be required.

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The interviewer will enter in this space the dates on which the applicant reports he last knew the addresses of family members or relatives, or interested persons outside of the camp, to be correct.

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The interviewer should enter in this space the ^{four} ~~three~~ most recent addresses of the applicant. This should be done in detail showing the street, street number, city or village, province and country. The most recent should be listed first.

Item 21. From - To.

The interviewer should enter in this space the period of residence by indicating by month and year the date of arrival and the date of leaving this address.

Item 22. Language.

The interviewer will enter in this space those languages which the employable members of the family can speak and in the order of fluency. Indicate persons referred to by using numbers in Item 8 - 14.

Item 23. Health Information.

The interviewer will enter in this space (and if necessary continue in spaces allowed for notes) all significant medical or physical limitations of members of the family group which may affect mobility, occupational training, or in any other way seriously affect plans for the individual.

Item 24. Religion.

Questions regarding religion shall be put only if the person registering has no objection and with his consent. The interviewer will enter the religion of the males and female heads of the family.

Item 25. Information Exchanged with

The interviewer will enter in this space the camp divisions, outside organizations, local or national, or international, with whom data have been exchanged. The date on which information, as listed under Item 24, was exchanged should be entered.

GENERAL INSTRUCTIONS FOR FILLING OUT FAMILY RECORD

The interviewer should fill out the family record in the language of the camp administration.

When the applicant has difficulty spelling his name and documents are not available to indicate the correct Latin spellings, a duplicate card should be filled out in the alternate spelling and the card should be labeled clearly as a duplicate.

The term "interviewer" will be used in this key to indicate person securing the information from the applicant.

The term "applicant" will be used in this key to indicate the person best equipped to give the information requested.

A ~~separate~~ separate family card shall be made on each family unit in the camp even if the family unit consists of only one person.

The applicant may be unwilling or uneasy about giving all data necessary to complete the form. While much of this information is essential for planning in the best interests of the applicant, he should not be pressed to give information that he seems unwilling to relate.

When dates are given, the day of the month should appear first, then the name of the month abbreviated, then numerals indicating the year. By the surname of the family all records should be filed, alphabetically.

When the interviewer wishes to explain further an item appearing in the form the item should be marked with an asterisk and explained under "Notes" (left column).

When addresses are called for they should be given in the name actually in use for the city or village, province, or country on the date to which the data applies.

(3) _____
REG. NO. _____

(6) X-REFERENCE

MEDICAL DATA

| (19) PHYSICAL CONDITION | | | | (20) IMMUNIZATION | | | | (21) MOVEM'T AUTH. OR VISA | | | | (22) DATES OF DISINFESTATION | | | | | | | |
|-------------------------|---|------|----|-------------------|------|------|----------|----------------------------|--|--|--|------------------------------|---|---|---|--|--|--|--|
| L. | M | C.D. | D. | TYPE | DOSE | DATE | INITIALS | | | | | A | B | C | D | | | | |
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| DATE | | | | | | | | | | | | | | | | | | | |
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| MED. EXAMINER | | | | | | | | | | | | | | | | | | | |

REPATRIATION DATA

24) LAST HOME ADDRESS OR RESIDENCE AS OF JANUARY 1, 1938

| NAME 25 | CITIZEN- SHIP 26 | NATION- ALITY 27 | BIRTHPLACE | | | REASON DISPLACED 31 | DESIRED REP. | | AM'T AND KIND CUR- RENCY IN POSSESSION 34 |
|------------|------------------------|------------------------|----------------|----------------|---------------|---------------------------|----------------|----------------|---|
| | | | LOCALITY 28 | DISTRICT 29 | COUNTRY 30 | | CHOICE 1 32 | CHOICE 2 33 | |
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RELATIVES OR INTERESTED PERSONS OUTSIDE OF CAMP

(46) REMARKS

| NAME 35 | ADDRESS | | REL. TO HEAD 38 | CITIZEN- SHIP 39 |
|------------|----------------|-------------|-----------------------|------------------------|
| | LOCATION 36 | AS OF 37 | | |
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IDENTIFYING DOCUMENTS

| KIND OF DOCUMENT 40 | NO. OF DOCUMENT 41 | DATE ISSUED 42 | PLACE ISSUED 43 | ISSUING AUTHORITY 44 | EXP. DATE 45 |
|------------------------|--------------------------|----------------------|--------------------|-------------------------|-----------------|
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(47) REMARKS

DATE PREPARED

BY (SIGNATURE)

HANS J. LOWENSTEIN, M. D.

WARRENSBURG, N. Y.

PHONE 3601

Sept. 5., 1943

D

Hon. Herbert H. Lehman
Director, Office of Foreign Relief and Rehabilitation
Washington D.C.

Dear Sir:

I beg to submit a little pamphlet dealing with some projects and ideas to help in the rescue of European Jews.

The plan of compiling a roster of relatives and friends of stranded Jews, willing and able to serve as sponsors for these Jews, might be of some assistance in your work.

As soon as an area or any country will be liberated such a roster giving the names and address of the sponsors and the names and particulars of the persons to be sponsored by them should be printed and posted. Then many of the thousands of interned and stranded Central-European Jews there could at once get in touch with their relatives and friends, and the necessary steps for their legal admission to this country could be undertaken immediately, thus taking away from your office the burden of spending time and money for the relief of this particular group.

Respectfully yours,

H. H. J. Lowenstein

12306

SEP-8 1943



RECEIVED

SEP-8 1943



RECEIVED

Registration
of Relief Recipients
x ref. Lowenstein
x ref. Refugees - Jewish
25

September 13, 1943

My dear Doctor Lowenstein:

I am in receipt of your letter of September 5, addressed to Governor Lehman, with the attached pamphlet of "Round Table Discussion" on the registration of relatives and friends of stranded Jews throughout the world.

Much thought has been given to the registration of dislocated populations. There is no doubt that a method will have to be worked out which can be put into use in all countries for the purpose of uniting dislocated populations.

Thank you for forwarding your pamphlet to the Governor.

Yours very sincerely,

Carolyn A. Flexner
Staff Assistant

Dr. Hans J. Lowenstein
Warrensburg
New York

OFR:CAFLEXNER:dd

Refugees in Jewish

ANOTHER
"ROUND TABLE DISCUSSION"

Another "Round Table Discussion"

MOD.: The topic of our discussion today is the project of rescuing many thousands of victims of Nazi oppression, without burdening the Government or the taxpayers either financially or economically.

Q. What type of oppressed victims do you have in mind?

A. I am thinking of the Jews, formerly citizens of Germany and her satellites, now either deported to Nazi occupied countries or in concentration camps.

Q. Why should these people be treated differently from Belgians, Dutch, Norwegians, Greeks, and other conquered peoples, likewise deported or confined in prison and concentration camps?

A. For the following reasons: All these people, the Belgian, the Poles, the Frenchmen, the Yugoslaves, etc., have a fatherland, a homeland, which longs for their return. After we have victoriously terminated the war and upon their liberation from the prisons and concentration camps, they will be welcomed most heartily to their former places of abode by their families, friends, and neighbors who are anxiously awaiting their release. **But the situation of the Jews of Germany and her satellites in Central and Southern Europe is entirely different.** Their former fatherland has deprived them of their citizenship, has confiscated all their property, and has finally subjected them to the most horrible slavery. **They no longer have any homeland.** They are uprooted from their soil where their ancestors have lived for centuries; their families, relatives, and friends are either spread all over the globe, murdered, or starved to death. No one is awaiting them in their former fatherland. **If they were to return, they would have to face not friendly fellowmen, but a most hostile population full of hatred against everyone and everything connected with Jewry.**

Q. What makes you think that the people of these Axis countries will be hostile to a resettlement of their former countrymen of Jewish faith?

A. My rather intimate knowledge of the social and mental attitude of the German people because I had closest contact in my capacity as a physician having a large practice among all classes of the German population for a period of almost forty years. As a result I have had an excellent and unusual opportunity to observe and study their frame of mind and general demeanor. Before the Nazis rose to power there were, roughly divided, about 20 % professed Jewbaiters, about 50 % hidden and latent anti-semites, and the balance of 30 % consisted of unprejudiced and impartial people. Now, contemplate the generation which has grown up under the influence of the Nazi slogans that Jewry is a plague to be destroyed completely by any and all manner and means. How can anyone even plan the resettlement of Jews in Germany under such circumstances?

Q. I believe you are right. The unhappy remainder of the Jews in Central and Southern Europe are homeless and have no fatherland. But what can be done for these unfortunate human beings?

A. The purpose and project is to arouse the conscience of the relatives and friends of these homeless people here, and to organize a group movement for their liberation. **They should determine as rapidly as possible how many would be willing, ready, and able to take care of their kinsmen and friends after legal admission into this country.**

As you are aware, under the present quota the law permits the entry of approximately 30,000 quota immigrants annually from Central Europe. I feel certain that the Bureau of Immigration, which is fully aware of the dreadful situation as outlined above, will not hesitate **to direct the pertinent Consulates**

to facilitate and speed up the admission of this granted annual quota once a definite project has met with their approval.

Q. Is there any estimate of how many persons would have to be rescued and how many citizens of the U.S.A. would be willing to serve as sponsors?

A. Of the more than 5 million Jews, formerly in Central and Southern Europe, it is pretty certain that not more than approximately 2 million may be alive at this time. No one can predict how many more will be "exterminated" by the Nazis before the war has ended, and one can only hope that many thousands of them may still be alive at that time. As to the second question, a very cautious estimate would show that **at least about 50,000 sponsors would be available. This project, of course, is a great necessity, and it will be a noble task for the great philanthropic organizations of every creed to compile a roster of people willing and able to serve as sponsors.**

Q. Do you know that there is considerable opposition to the increase of immigration shown in Congress right now and that proposals have been submitted to cut down the annual immigration quota?

A. Yes, I do know, but I cannot believe that the Representatives of the American people would shut their eyes to such an emergency unparalleled in the history of mankind. I cannot believe that Congress should cut off the only bright prospect for helping this section of unfortunate humanity in its misery, **particularly if this help does not entail the cost to the Government or to the taxpayers of any money whatsoever.**

I know that some Congressmen fear competition in the professional and business world by these immigrants. But this fear is baseless. Our group of potential immigrants would not compete at all as they are mostly elderly people, bodily and mentally broken after the sufferings they had to endure for years, entirely unfit and unable to take up any work for compensation or profit. Besides, a well sponsored plan would

make certain that they would not become public charges. Furthermore, their number is infinitely small in relation to the more than 60,000,000 working Americans, i. e., one single immigrant to 20,000 workers annually. These figures show that there is not and will not be any danger of economic competition at all.

Q. How about the cost of such an action as you have in mind?

A. It goes without saying that all of the expenses entailed before embarkation, as gathering these people from all over Central and Southern Europe, maintaining them in some sort of encampment, medical care, quarantine, hospitalization, and also their transportation across the sea, will have to be taken over by the Axis which is alone and fully responsible for their plight. These expenses have to be considered as part of the compensation due to the Jews for the confiscation of their property by the Axis. **Provision for the payment of these expenses will have to be included in the Peace Treaty in the form of monetary reparations.**

After this group of immigrants has safely arrived in the U.S.A., they will be taken care of by their sponsors.

Q. There will probably be a lot of immigration applicants beyond the annual quota. What about them?

A. The United Nations have solemnly adopted the plan of helping and rehabilitating the populations of every conquered country liberated from the Axis. The help required for the applicants you are asking about will certainly be included in the post-war plans of the United Nations.

Q. Then, what is the sense in favoring a different procedure for the small group of Jews, I may inquire?

A. I have to emphasize again and again that this particular group is entirely different from all the other subjugated people insofar as they are now left without any fatherland to which they may return and be warmly welcomed. They can only be

welcomed by their relatives and friends. My plan would solve the problem of this particular group.

Another advantage would be that it would **solve the problem in a very short time.** Finally, it would rescue many decent, intelligent and truly democratic people which would be an asset to the U.S.A., and would provide shelter and freedom to kinsmen who are now nothing but human flotsam.

Q. Why should America alone bear the burden of this plan?

A. The United States of America will certainly not be alone in this rescue work. A start has to be made. If the most powerful and democratic nation will take the lead, most of the allied nations will follow, e. g., England, the Dominions, particularly Canada and Australia, and the South Americas. In this way, salvation and a haven would be provided for many additional thousands of our group.

But once more I should like to point out that **the success of such an action will depend mainly on the directives issued to the various Consulates to carry out the planned procedure. Let us hope for the sake of democracy and humanity that the regulations in the immigration law will be interpreted much more liberally than at present or that they will be modified in some feasible and reasonable way.**

The same idea was expressed in a speech made recently at a mass meeting in San Francisco by THOMAS MANN, the famous writer, wherein he said:

"The Immigration Laws of the great democracies are designed for normal times when there was a limited need for emigration from Europe, and they are not adapted to the monstrous conditions now prevailing there. It is not human and not democratic if one clings with bureaucratic coldness to these laws under present circumstances, instead of proving by their timely modification that this war is indeed waged for humaneness and human dignity."

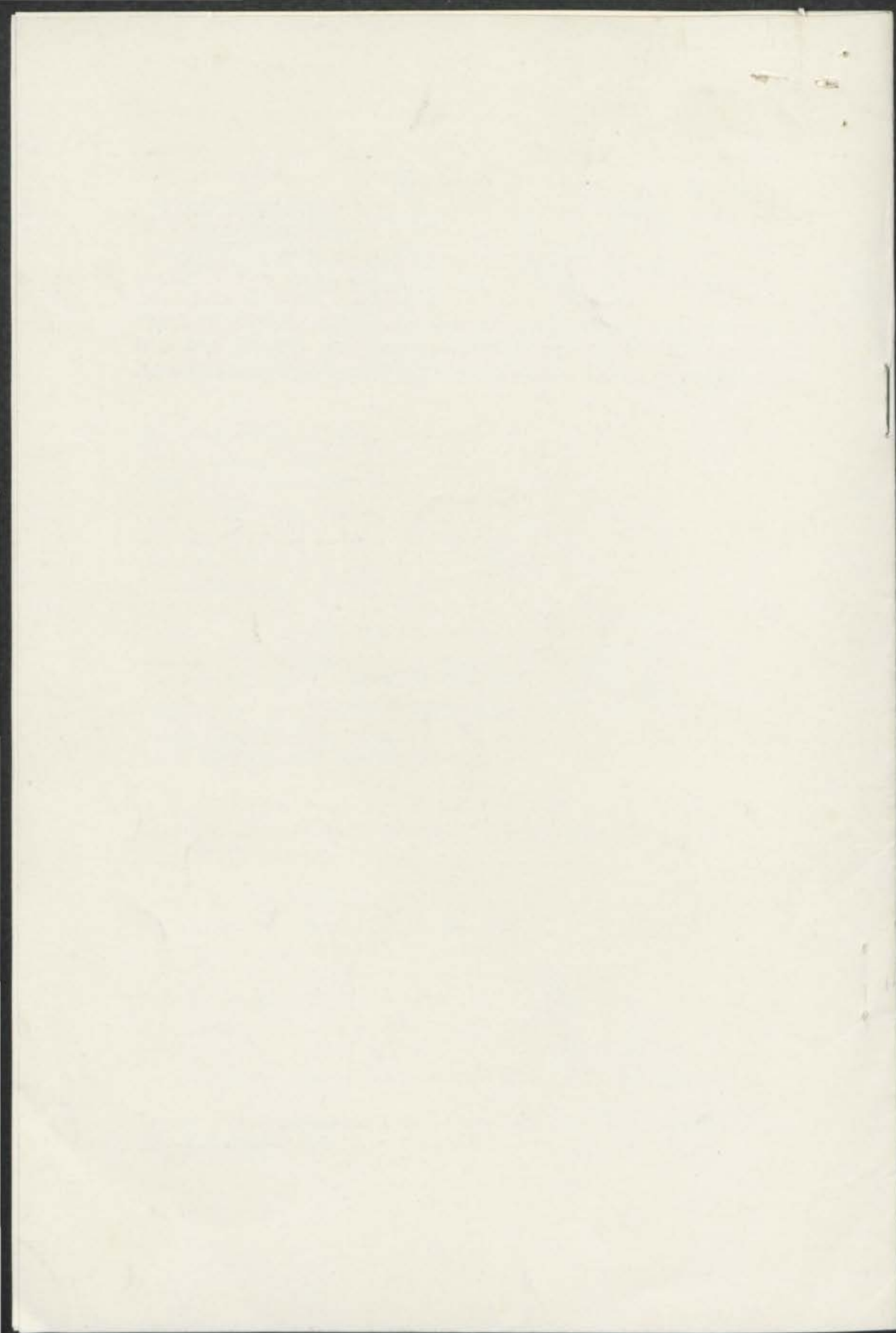
These words expressed the old and noble tradition of the U.S.A. engraved on the Statue of Liberty.

The lines—

GIVE ME YOUR TIRED, YOUR POOR,
YOUR HUDDLED MASSES YEARNING TO BREATHE FREE,
THE WRETCHED REFUSE OF YOUR TEEMING SHORE.
SEND THESE, THE HOMELESS, TEMPEST-TOST TO ME,
I LIFT MY LAMP BESIDE THE GOLDEN DOOR!

**are not mere words. Their meaning is to demonstrate by deeds
that the United States of America have not ceased, and will
never cease, to be a haven and shelter for humanity and liberty.**

H. J. Lowenstein, M. D.
Warrensburg, N. Y.



DEPARTMENT OF STATE

DIRECTOR OF FOREIGN RELIEF
AND REHABILITATION OPERATIONS

9/7/43

These letters copied from correspondence which was returned to Mr. Xanthaky, together with summary of Thinking and Findings by Committee on Registration Forms for Post-War Relief

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September 1, 1943

Miss Mary E. Hurlbutt
New York School of Social Work
122 E. 22nd Street
New York, New York

My dear Miss Hurlbutt:

I wish to acknowledge your very interesting letter of August 26th, in which you say you are leaving on a month's vacation and would like to discuss certain matters with me upon your return. Let me say that I should be delighted if you will come to the office here when your vacation is over so that we can discuss some of the matters touched upon in our correspondence.

My secretary informs me that you will be representing the International Migration Service at the meeting of private agencies this afternoon. I am looking forward to the opportunity of meeting you.

Yours very sincerely,

Harry A. Hill
Executive Vice-President

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The New York School of Social Work
Columbia University
122 E. 22nd Street
New York, N.Y.

August 26, 1943

Mr. Harry A. Hill, Executive Vice-President
Greek War Relief Association, Inc.
730 Fifth Avenue
New York, New York

Dear Mr. Hill:

I appreciated your thoughtful note in response to the material which our committee on Registration sent you. I shall be interested in taking up with the committee your suggestion together with some received from one or two other sources when we reconvene in the fall.

I utterly agree with your conviction of the need for cooperative planning of agencies operating in any area. It is after all an extension of the principle of "council of social agencies" which has proved so essential in our work in local communities here in America. In fact, I have regretted that the headquarters here in America of those private agencies looking forward to post-war work in Europe have not taken steps to set up some sort of a council for cooperative planning even at this advanced stage.

I was interested in one item of information in your discussion of the registration which has to do with already established registration in connection with rationing. Our committee considered this possibility but had not realized it was customary to leave ration cards on deposit with local stores, which would make it impracticable to use them. There are so many questions like this that it would be useful to discuss, and perhaps it would be possible for me to have an opportunity to talk with you about this whole area when I return to the City as I am just leaving on a month's vacation.

Very sincerely,

/s/ Mary E. Hurlbutt

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August 23, 1943

Miss Mary E. Hurlbutt
Chairman, Committee on Registration,
The New York School of Social Work,
Columbia University,
122 East 22nd St.,
New York City

Dear Miss Hurlbutt:

I have gone over very carefully your letter of August 12 together with enclosure. I must congratulate you on the work done. Any comments I make are not made in the spirit of criticism, but are ideas which have materialized from the special studies we have made in connection with Greece.

In the first place, I think it is essential that whenever several private agencies are authorized to go into a country, a council be set up for exchange of ideas, coordination of efforts, and avoidance of duplication. However, much their work is defined, there is always the possibility of duplication.

Now in connection with the question of registration, I note your statement that operating a central registration system may seem prohibitive but experience demonstrates that the gains outweigh the work entailed. This is certainly true, and an initial registration is absolutely essential. As a matter of fact, in most countries a registration in some form exists in connection with the rationing system. However, in some countries ration cards are left on deposit with the grocers, bakers and butchers and therefore the owners of such cards do not have them in their possession.

It would seem to me that the matter of the identity card is very essential, and the first draft suggested is on the whole good. However, I believe it would be very difficult, if not impossible, for all agencies engaged in relief to keep records and to inform the central registration office of the daily, weekly or periodical assistance given to any registrant. A practical solution would be: any individual obtaining relief should have an identification card, and no supplies or services should be given by any agency without entering upon the card such assistance given. If any individual

claimed

claimed that he had no identification card, then he would have to go through the routine investigation and a special check would have to be made to determine whether or not he ever had a card. Such a procedure would do much to eliminate the hiding or destroying of cards, or obtaining duplicate cards. In any event, the original registration records would be on hand at a central office, all cards would be numbered, and it would be easy to ascertain if any duplication had been made.

Yours sincerely,

Harry A. Hill
Executive Vice-President

HAH.OR

Copy to Geo. Xanthaky August 24

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THE NEW YORK SCHOOL OF SOCIAL WORK
Columbia University
122 E. 22nd Street
New York, N. Y.

August 12, 1943

Mr. Harry Hill
Greek War Relief Ass'n., Inc.
730 Fifth Avenue
New York, New York

Dear Mr. Hill:

Knowing your interest in post-war relief and reconstruction, I am taking the liberty of sending you the enclosed report with the hope that you will give us the benefit of your opinion on the general plan implied as well as in regard to the specific recommendations. We should be glad to have you show it to others who may be concerned with preparation for post-war work so that we may also have the benefit of their counsel and eventual cooperation.

The report has been prepared by a small volunteer committee prompted by the conviction that any post-war relief work undertaken by individuals in Europe will be a hundredfold more effective if joint planning and cooperation could be developed at the outset.

We realize that however attractive and self-evident this general principle may be, the work of translating it into effective practice would involve far-reaching as well as detailed preparation which should be gotten underway as soon as possible.

As you will see from the enclosed report, our committee has been working in a very limited area thus far and the results are of most modest dimensions, that is, we set ourselves the task of exploring a plan for a central registration system for all persons requiring health and welfare services in a given region. We are offering these suggestions to private agencies and to public agencies concerned for whatever use they might make of them. To anyone who has had no previous experience in setting up an effective system of relief following disaster, the labor involved in organizing and operating a centralized registration system may seem prohibitive, but experience has demonstrated that the gains in more effective service and economy of effort far outweigh the work entailed.

You doubtless are aware of some of the advantages of a centralized registration system:

1. It is

1. It is a device through which any agency interested in helping a family can most quickly get in touch and confer with other agencies also serving the same family.
2. Information assembled in a central registration office could be utilized in arriving at a statistical picture of the number of persons helped, the types of need and the resources in a given region.
3. Such a registration center could be used as a locale for regular consultation, cooperation, planning and joint action on the part of all the agencies, official and voluntary, working in a given region.

In drawing up our recommendations, you will note that paragraphs included in brackets indicate briefly some of the alternatives which the committee considered and rejected. We believe that the inclusion of this material may be helpful in your thinking. We shall be awaiting your comments with interest. It would be helpful if you would let us know of any other groups undertaking related preparatory work so that we may communicate with them.

Whether or not our committee, having completed this task, will go on exploring further problems will depend in part on the opinions and suggestions which we receive from our colleagues. Therefore, may I finally suggest that if there are other subjects which you think we might undertake to explore, we should be happy to have you indicate this also.

Very sincerely yours,

/s/ Mary E. Hurlbutt
Chairman, Committee on Registration

Members of Committee

- Mr. Franz Auerbach - was connected with the refugee work in Germany and with the Hebrew Immigrant Aid Society (HIAS), New York City; now on staff of Community Service Society, NYC
- Miss Martha Branscombe - on staff of U.S. Federal Children's Bureau, cooperating with the Office of Foreign Relief and rehabilitation.
- Miss Mary E. Hurlbutt - formerly with the International Migration Service in Europe; now a member of faculty of the New York School of Social Work.

Members of Committee (continued)

Miss Ruth Larned - with the International Migration Service, both in Europe and America.

Miss Gladys Meyer - Member of the Faculty of the New York School of Social Work; on the staff of the U. S. Federal Children's Bureau, cooperating with OFRRO

Miss Marguerite Pohek - worked in Vienna, 1939, on behalf of refugee children; no on the staff of the Community Service Society, New York City.

Miss Meverette Smith - worked on staff of Near East Relief in Greece and expects to return to that country in the near future.

Miss Mary Rogers - on staff of American Friends Service Committee

AUG 16 1943

August 12, 1943

Mr. George Warren
International Migration Service
122 East 22nd Street
New York, New York

Dear Mr. Warren:

Knowing your interest in post war relief and reconstruction, I am taking the liberty of sending you the enclosed report with the hope that you will give us the benefit of your opinion on the general plan implied as well as in regard to the specific recommendations. We should be glad to have you show it to others who may be concerned with preparation for post war work so that we may also have the benefit of their counsel and eventual cooperation.

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1. It is a device through which any agency interested in helping a family can most quickly get in touch and confer with other agencies also serving the same family.

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3. Such a registration center could be used as the locals for regular consultation, cooperation, planning and joint action on the part of all the agencies, official and voluntary, working in a given region.

In drawing up our recommendations, you will note that paragraphs included in brackets indicate briefly some of the alternatives which the committee considered and rejected. We believe that the inclusion of this material may be helpful in your thinking. We shall be awaiting your comments with interest. It would be helpful if you would let us know of any other groups undertaking related preparatory work so that we may communicate with them.

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Very sincerely yours,

Mary E. Hurlbutt

MARY E. HURLBUTT

Chairman, Committee on Registration

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- Miss Mary Rogers - on the staff of the American Friends Service Committee

COMMITTEE ON REGISTRATION FORMS FOR POST WAR RELIEF.

Summary of Thinking and Findings.

The Committee on Registration Forms for Post War Relief discussed technical questions related to the post war relief work to be offered abroad by public and private organizations. The following is a summary of the work of the committee which held 8 meetings during the period of April 22nd and August 4th, 1943.

I. Co-operation of service organizations.

All public, semi-public and private agencies participating in post war relief should co-operate in planning and carrying out their work in the interest of the highest possible efficiency of the services.

While it is assumed that the official agencies would have the initial responsibility, it is hoped that voluntary agencies would supplement and, when the emergency would be over, would participate in an increasing degree in the rehabilitation work. This illustrates the need for a close co-operation between public and voluntary agencies as well as among the voluntary agencies.

II. Central registration for local areas.

As far as the service at the place of operation is concerned, all agencies should agree on certain identical procedures concerning registration and identification of persons seeking help. Wherever more than one social agency is functioning, a central registration service would be helpful. This also would be a starting point for co-operation and would give a natural opportunity for the different agencies to meet and discuss their common problems and to determine division of responsibilities.

III. Administration of central registration.

The central registration office should be in charge of the representatives of the United Nations. Local agencies should be invited to participate.

1. Each co-operating agency would accept applications. If the applicant does not already hold an identification card, one would be issued to him. Form and content of the identification card, used by all agencies, should be uniform (see suggested form). One copy would be filed in the local agency and another one sent to the central registration office for checking and filing. If, upon checking, it appears that the applicant is already known to one or more agencies, the last agency would be so notified.

(Note: The group arrived at this plan of all agencies accepting applications after having considered the advisability of setting up a central application office. This was ruled out as possibly delaying the rendering of quick services.)

2. If a client applies to a second agency for service without informing it of a previous registration with another agency, this would become apparent as soon as the second agency checks the application with central registration office which would notify the second agency.

3. People may need several kinds of services from different agencies. In order that these services may be well coordinated, all co-operating agencies would send to central registration office regularly lists of persons coming to

them who already hold identification cards. The name of the new agency would have to be added to the registration card at central file for reference by any agency concerned.

IV. Identification card.

1. Contents of identification card.

The suggested identification card has been made as simple as possible and the same card should be used by all agencies. It is a family card covering all persons living in the same household who have the same family name. Persons living in the same household as another family unit or having a different family name should receive separate cards but cross references should be made.

(Note: The group had considered the use of an emergency identification card to be exchanged for a more permanent one for persons requiring services beyond an emergency period. This original plan assumed that the more permanent identification card would be used by a smaller group of service recipients than the emergency card and, therefore, could give more detailed information about the person's background and community relationships. This plan was relinquished as it was felt inopportune to require anyone to carry with him too complete an information of his personal history as, in some instances, this might lead to abuse and discrimination rather than to service. It also was felt that with the rather limited supply of trained workers the use of two sets of registration cards at central registration office might be confusing.)

2. Prerequisites for issuance of identification card.

Our committee assumed that before any relief system goes into operation, it is probable that the army of occupation may have registered the population and may have issued to each person some official identification document (military card or food ration card). Where this is the case, clients when first applying to a relief agency could be asked to show this document as a prerequisite to receiving a relief identification card. Only one type of document should be designated by public proclamation for this purpose. By arrangement with occupation authorities, the official document could be marked to indicate that a relief identification card had been issued to this person. Such a procedure would do much to prevent the abuses which occasionally arise when applicants go to several agencies procuring new identification cards from each one and thereafter using these to get additional relief grants.

3. Language of identification card.

Identification cards should be kept in the official language (s) of the country as this will contribute to accuracy.

V. Information sheets.

It is expected that each agency will keep its own information sheet for each applicant. The form may vary in the type of information necessary for different services. For example, information recorded by a health agency would be different from that recorded by a repatriation agency. However, it is suggested that the top part of the information sheet in every agency should be identical with the identification card.

VI. International registration center.

The committee recognized that the need of large numbers of displaced persons cannot be met entirely locally and that some system of international registration will have to supplement local registration for selected cases.

It seems wise to learn very early the names of members of the family who have been lost; space is left to make a memo of these persons.

On the back of the card, the number refers to the number opposite the name of the person on the front of the card.

Under "Referred to", give the name of the agency, organization or institute to which the individual is sent. In the next column indicate type of service such as: clothing, health, location of missing relative, seeds, food, etc.

Under "Service Given", the agency which provides the care or service should enter their name and the date the service is given.

File: 24

CASE RECORDING AND REGISTRATION

In broad scale relief and rehabilitation operations, it is often necessary to register large groups of the population, if not, in fact, the total population. This might be the case, for example, in establishing or re-establishing rationing systems. Agencies and personnel concerned with welfare services may be called upon to assist in such registrations. When this is done, welfare agencies will, of course, register persons in accordance with instructions issued by those in charge of the registration.

In temporary communities (such as refugee camps, temporary hostels, shelters and the like), the registration of all members of the community is normally required. In such cases the registration process may well be made the responsibility of welfare officers.

Apart from any general registrations that may be carried out, it will be necessary to secure from individuals requesting welfare services various types of information.

CASE RECORDING:

Welfare units should have available such recorded information as will enable them to identify persons, initiate the necessary services, and substantiate action taken.

Case recording has two major aspects:

1. The Registration Card
2. The Case Record

For mass operations a standard type registration form, which should allow on the reverse of the card, space for brief notations, may suffice for recording most of the emergency welfare services.

This short form or record must, however, be supplemented by the case history or case record when longer and more involved welfare services must be accounted for.

CONFIDENTIAL NATURE OF INFORMATION:

The confidential nature of all personal information on the registration card, in the central index, or in the case record should be carefully safeguarded. Personal information should be released only with the knowledge and consent of the recipient to social welfare agencies, or to individuals or accredited organizations acting on behalf of the individual or the family at its request. Proper assurances should be obtained in all instances or general agreements be reached that the use of information will be limited to the purpose for which it is intended. Only information relevant to the service which the inquiring agency is prepared to give should be furnished.

Many people who have suffered from secret police methods will be suspicious of any registration process. Every assurance should be given them as to the objective nature of the data and its sole purpose as that of helping them to make the best possible adjustment. Likewise, every precaution should be taken to protect registration cards from inspection by unknown persons or those with unfriendly intent.

REGISTRATION:

Registration is a basis for:

Services to individuals and families through adequate identification.

Establishing a census of a given relief population as in a camp or temporary community,

ADDRESSES - PREVIOUS AND CURRENT
First and middle names of all members of the immediate family
Maiden name of wife
Mother's and father's names
Date and place of birth of all members of family
Sex
Citizenship (present, or if stateless, last claimed)
Mother tongue and languages spoken
Religion (optional)
Marriage
Military service
Occupation or trade and special skills
Family status

The purpose of the enquiry as to religion is to facilitate arrangements for religious observances; to place children, when desired, with households of their own faith; to conform to dietary customs, etc. It is not a basis for intervention nor discrimination of any kind. If the person chooses to withhold an answer, he should not be pressed.

It is important to record the names of relatives living elsewhere if the file is to be used in helping separated families to re-unite. Experience has shown that for general purposes the registration card should be a family card. Simpler registration forms may be used for food, clothing, or other commodity issuance. (See section on clothing).

Whenever a registration service is maintained, the methods used in identifying persons are very important. Accuracy is a first essential. Interviewers should, if possible, have a good ear for sounds and tones. Interpreters must not only be able to speak the language used locally, but must also be familiar with customary ways of self-identification and patient and helpful in explaining the items to registrants speaking another tongue.

Providing the basis of a central index or exchange for local, inter-area, and inter-country relocation and service.
Establishing various categories of persons, refugees or residents, and classifying family groups and unattached persons.

So far as possible uniform systems of registration should be used. This is important for subsequent as well as for immediate operations, and particularly so when there is considerable mobility of population and inter-agency activities are assumed, and a common approach is desirable. People should be assisted to recover their personal identity papers, such as wage or unemployment books, social insurance, etc. Many persons will have lost these regular means of identification, and other methods must be resorted to for adequate identification. Whenever possible, however, the registrant should produce his own papers as a basis for identification.

Registration is best done in the agency giving service, that is to say, it is best decentralized, whereas the central index or clearance process (see below) is best centralized. The active process of registration may have to be done by clerks, but if clerical or untrained voluntary personnel is used, careful instruction and supervision will be necessary in order to have the data accurate, complete, and useful.

For any sound operations, a certain amount of basic data have to be secured. Experience has shown that the following objective facts are essential for anything but the most elementary emergency services.

Family name

In general, the language commonly in use in the area should be employed for the registration, e.g. in France registration items are printed in French. In international exchanges, where competent international staffs are available, it has been customary to use the language of the registrant with translated versions on duplicate cards. For operating purposes, however, the problem is somewhat different from that of the international index. Registration cards, in addition to those items standardized for international clearance, should contain items necessary for the administrative purposes of the unit. Therefore, in areas with mixed population, it is best that registration items be printed in the official language used by administration in that area, which in turn would normally be the prevailing tongue.

Registration cards obviously should be designed to serve at one time the basic identification purposes for health, welfare, displaced persons, and others. Supplementary forms or funds of a specialized sort will have to be used for the respective functions and running notations of the several divisions. There is obviously great advantage in having one common central administrative registration card which may be transferrable as between areas, camps and main operations as needed.

Under "Remarks" on the back of the registration card, medical clearance certificate, visa and transportation clearance, authorization for relief, special skills, place of destination desired, etc. may be noted. Also with difficult place names, a careful notation should be made, often by the registrant

himself on the back of the original card. It is not advisable to have a printed outline on the back of the card, since this very much restricts its use in other ways.

Common pitfalls in registration include the following:

- Confusing nationality with citizenship.
- Failing to get accurately the place of birth, as well as the claimed citizenship.
- Lack of recognition of difference in ethnic and political divisions within one government.

For purposes of re-uniting families, sorting and sifting of the registration cards may be the basis of important classifications or categories, such as:

- The stateless
- Women whose husbands should be located if in another area
- Orphans or formerly institutionalized children
- Those who might qualify for absorption in the country in which they are at present residing, because of the needs for certain types of labor.

CASE RECORDS:

Whenever the necessary action can be completed in a few interviews or whenever purely objective services are being provided, the registration card may serve as the complete record. Whenever the problem is complicated, service contacts are continuous, and correspondence becomes necessary, a case folder or record should be prepared as a supplement to the registration card.

Case recording should, in general, be held at a minimum, but when case papers or records must be kept, there is usually a face sheet or outline, containing identifying items similar to those on the registration card, but giving more complete

information on such matters as occupation, passport status, economic resources, relatives, work history, education, social security data, etc. This social data sheet will be followed with additional pages as required by the circumstances. The relevant history of the family will be given followed by chronological notes showing the services given and the response of the family. Important correspondence will be attached and copies of official documents as needed for reference. While case papers may be merely clipped together, if cases are complicated or of long duration, a folder or binder must be used. Case records are filed alphabetically preferably in a locked file.

In all large scale relief operation, recording the issuance of grants and commodities is simplified by having the recipient carry a book or card on which relief items as authorized may be stamped under the appropriate date line. The recipient should be asked to present this identification book on request for any specific welfare service.

CENTRAL INDEX:

The registration card as described may be the basis for a central index as well as for the administrative index of the operating agency. In any locality in which emergency services are rendered, immediate consideration should be given to the establishing, if none exists, of an exchange or central index, or to coordinating or expanding existing systems of clearance. It is assumed that the foundation for such an index will usually have been started by the Division of Displaced Persons, or there

may be remnants of a local index in the locality or country. Whenever feasible all existing systems should be consolidated under a representative administration or committee. Even if the existing systems are not wholly satisfactory, it is usually more practical to start with whatever cards exist, replacing them gradually as necessary. Whenever possible, multiple registrations of people should be avoided. If an individual card, rather than the family card which is more desirable for welfare purposes, should happen to be in use, the composition of the family and relatives may be added without a complete re-registration. As new cases are added to the file, a family type of card, however, such as is illustrated, should be used. A central index file is always kept alphabetically with cross references indicated. The main purpose of a central index is for clearance through adequate identification. Unlike the registration card used for services, the back of the index card ✓ be used chiefly for clarification of the identification data and to list the names of agencies inquiring. In reporting the finding of a name, workers at the central index will also indicate the agency already interested.

Hospitals or health and welfare agencies should all be urged to clear against the central file so as to avoid duplication of effort and to increase the effectiveness of the services provided. Experience has shown that it is usually best in any given area to have a single consolidated file for displaced persons and those requesting welfare services. Since the overlapping between these groups is great, the single index

will afford quicker identification.

It is expected that each area or local index may be the basis for tying in with an inter-area or inter-country clearance system, such as has been in use in Geneva for a long time. In most countries in Europe, local and international clearance is already a familiar procedure, and in the larger towns persons will be found among the welfare agencies suitable to help with such a clearance system.