

	WWI DRAFT REGISTRATION 1917	WWI DRAFT REGISTRATION 1918	ABSTRACT OF WWI MILITARY SERVICE	WWII DRAFT REGISTRATION	VA BIRLS DEATH FILE
Name	x	x	x	x	x
Age	x	x		x	
Residence	x	x	x	x	
Telephone number				x	
Date of Birth	x	x	x	x	x
Citizenship-natural born, naturalized, alien	x				
Citizenship-natural born, naturalized, citizen by father's naturalization, alien (declared or non-declared)		x			
Birthplace-Country and City	x		x	x	
If not a US citizen, of what country are you a citizen	x	x			
Occupation	x	x			
Employer	x	x		x	
Address of employment	x	x		x	
Do you have parent, wife, child under 17 or sibling 17 solely dependent on you	x				
If so, specify which	x				
Marital status	x				
Nearest relative-name and address		x			
Race	x	x		x	
Prior military service	x				
Do you claim exemption from service	x				
Description-height, build, eye color, hair color	x	x			
Description-height, weight, complexion,eye color, hair color				x	
Have you lost arm, leg, hand, foot, both eyes or otherwise disabled	x	x			
Army serial number			x		
Date and place of induction			x		
Branch of military with dates of assignments and transfers			x		
Grade with date of appointment			x		
Engagements			x		
Date of enlistment					x
Date of release/discharge					x
Wounds received in action			x		
Dates of service overseas			x		
Date of honorable discharge			x		
Per centage disabled upon discharge			x		
Name and address of person who will always know your address				x	
Date of death					x
Social Security Number					x