

(1) REGISTRATION No.

400005205

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

For coding purposes

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

M.  Single  Married   
 F.  Widowed  Divorced

Other Given Names *Armand*

(3) Sex

(4) Marital Status

(5) Claimed Nationality  
*Luxembourg*

(8) Number of Accompanying Family Members:

(7) Religion (Optional)  
*Cath.*

(11) Full Maiden Name of Mother  
*Christine Reiland*

(13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.  
*Goldsbach* City or Village *Luxembourg* Province *Luxembourg* Country

(10) Full Name of Father

Province *Luxembourg*  
Country *Luxembourg*

(12) DESIRED DESTINATION

Province *Luxembourg*  
Country *Luxembourg*

(14) Usual Trade, Occupation or Profession *musicicien*

(15) Performed in What Kind of Establishment

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

(16) Other Trades or Occupations  
*200 Ru + 2000 francs*

(17) Languages Spoken in Order of Fluency *Luc. b. c. alle*

(19) Amount and Kind of Currency in your Possession  
*200 Ru + 2000 francs*

(20) Signature of Registrant

(21) Signature of Registrar: *671000*

(22) Destination or Reception Center: *Gorniv*

Date: *17.5.45*  
 Assembly Center No.

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

(24) REMARKS  
*Richard 13.7.44  
 Luxembourg 15.11.44  
 Reiland 1.3.1945*

(1) REGISTRATION No.

400055235

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

For coding purposes

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

*Luxembourg*

M.  Single  Married   
 F.  Widowed  Divorced

(4) Marital Status

(3) Sex

Other Given Names

(2) Family Name

*Gamine*

*Armand*

*Luxembourg*

(5) Claimed Nationality

(6) Birthdate *24.12.1926* Birthplace *Gabslange* Province *Luxembourg* Country *Luxembourg*

(7) Religion (Optional)

*Cath.*

(9) Number of Dependents:

(10) Full Name of Father

*Henri*

(8) Number of Accompanying Family Members:

(11) Full Maiden Name of Mother

*Christine Reiland*

(12) DESIRED DESTINATION

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

*Gabslange* Province *Luxembourg* Country *Luxembourg*

*Gabslange* City or Village *Luxembourg* Province *Luxembourg* Country *Luxembourg*

(14) Usual Trade, Occupation or Profession

(15) Performed in What Kind of Establishment

(16) Other Trades or Occupations

(18) Do You Claim to be a Prisoner of War

Yes  No

(19) Amount and Kind of Currency in your Possession

*200 Ru + 2000 Francs*

(17) Languages Spoken in Order of Fluency

*Lu. b. c. alle*

(20) Signature of Registrant:

*[Signature]*

(21) Signature of Registrar:

*[Signature]*

Date: *17.5.45*

Assembly Center No.

(22) Destination or Reception Center: *Gamine*

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
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(24) REMARKS

*Richard J. S. 1945*  
*Richard J. S. 1945*  
*Richard J. S. 1945*

# MEDICAL CLEARANCE CERTIFICATE

(25) Dates of Disinfection  
 (26) PHYSICAL CONDITION ON ARRIVAL  
 L.  M.  C. D.  D.  
 REMARKS

Types		(27) IMMUNIZATION RECORD	
Type	Dose	Date	Initials
T (Epid)	1.		
	2.		
	3.		
D.	1.		
	2.		
T. T. (Tab.)	1.		
	2.		
	3.		
O.			
S.	Date	Initials	Reaction
Vacc.			L. V. VA.
Read.			

(28) Final Medical Inspection ---  
 Arrival Medical Inspection ---  
 Date  
 M. R.

(29) MOVEMENT AUTHORIZATION OR VISA  
 Medical Examiner  
 (30) RECEPTION CENTER RECORD  
 Date

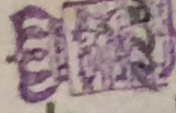
## (31) SUPPLEMENTARY RECORD

Temporary identity certificate issued---

Number \_\_\_\_\_ Date \_\_\_\_\_ Signature of Authority \_\_\_\_\_

Centre d'Accueil  
CERCLE MUNICIPAL  
LUXEMBOURG

cartes supplém. de l'in. le 20.8.45



E. K. J. J.

"Ons Jongen"

Ligue Luxembourgeoise

(31) SUPPLEMENTARY RECORD

Temporary  
identity  
certificate  
issued—:

Number

Date

Signature of Authority

Centre d'Accueil  
CERCLE MUNICIPAL  
LUXEMBOURG

cartes supplém. n° 20.8.45

*E. Heller*



"Ons Jongen"

Ligue

1945