

(1) REGISTRATION NO.

L 0 0 0 7 1 5 8 1

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

(2) Family Name *Nicolas Leon Michel*

Other Given Names

(3) Sex

(4) Marital Status

(5) Claimed Nationality *Lucasly*

(6) Birthdate *1.2.21*

Birthplace

Province *Luxemb*

Country

(7) Religion (Optional) *Cath*

(8) Number of Accompanying Family Members:

(9) Number of Dependents:

(10) Full Name of Father *Antoine*

(11) Full Maiden Name of Mother *Lucas Leonie*

(12) DESIRED DESTINATION

diffundange

City or Village

Province

Country

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

me 12

City or Village

Province

Country

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

(15) Performed in What Kind of Establishment

(16) Other Trades or Occupations

(17) Languages Spoken in Order of Fluency
a. *French* b. *Lucasly* c. *German*

(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: *N. Nicolas*

(21) Signature of Registrar: *Heffen*

Date: *23.11.45*

Assembly Center No. *137*

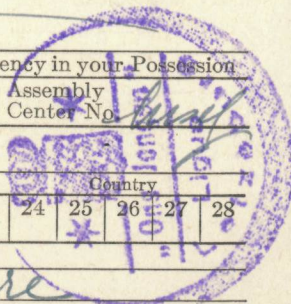
(22) Destination or Reception Center:

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

(24) REMARKS

parti du 7 D. 19. 9. 41 rap. de l'Angleterre

pour l'Angleterre 23. 11. 45



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

(27) IMMUNIZATION RECORD

ARRIVAL

L.	M.	C. D.	D.
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Type	Dose	Date	Initials
T (Epid)	1.		
	2.		
	3.		
D.	1.		
	2.		
T. T. (Tab.)	1.		
	2.		
	3.		
O.			

REMARKS

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

Centre d'Accueil
L'Esplanade
L'Esplanade

Delivré cartes suppl.
le 24 NOV 1945
Commissariat au Repatriement