

PERSONNEL CARD

Date Filed Ref

FULL NAME (Print)

HOME

ADDRESS

BIRTH:

Date Place Cities of

☐ Male ☐ Ancestral ☐ Single ☐ Married ☐ Separated ☐ Widowed☐ Female ☐ Other Group ☐ Married (Date)Number of
Dependents

Race

Date
EnteredDescribe
HealthYears of
SchoolingMilitary
Class

Social

Composition

Height Weight Hair Eyes Languages

Full-Time
Service as

Season

Stopped

Season

Is You
Typewriter?

WFO

KEY NUMBER

HEALTH & DODS

VACATION DATE

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