

EMERGENCY ADDRESSEE AND PERSONAL PROPERTY CARD



0-501923
(SERIAL NUMBER)

CHECK ONE ☒ OFFICER

☐ ARMY NURSE

☐ WARRANT OFFICER

☐ ENLISTED MAN

☐ A.S.C.

☐ W.A.A.C.

WILLIAMS
(LAST NAME)

OGDEN
(FIRST NAME)

(NMI)
(MIDDLE INITIAL)

1ST LT.
(GRADE)

A.C.
(ORGANIZATION)

COMPONENT
(CHECK ONE)

☐ 1
(REG. ARMY)

☐ 3
(RES.)

☐ 2
(R.A.R.)

☐ 4
(N.G.)

☒ 6
(A.U.S.)

☐ 7
(S.S.)

RACE
(CHECK ONE)

☒ 1
(WHITE)

☐ 2
(COLORED)

☐ 3
(CHINESE)

☐ 4
(JAPANESE)

☐ 5
(HAWAIIAN)

☐ 6
(AMER. IND.)

☐ 7
(FILIPINO)

☐ 8
(P.R.)

☐ 9
(OTHER)

PERMANENT OR
LEGAL RESIDENCE:

N.Y.
(STATE)

☐
(STATE)

N.Y.
(STATE)

(COUNTY)

☐
(STATE)

N.Y.
(STATE)

(CITY)

PERSON TO BE NOTIFIED
IN CASE OF EMERGENCY:

MR.
(MR.-MRS.-MISS)

ANDREW
(FIRST NAME)

M.
(MIDDLE INITIAL)

WILLIAMS
(LAST NAME)

FATHER
(RELATIONSHIP)

ADDRESS OF PERSON
TO BE NOTIFIED:

455 E. 57th ST.
(STREET NO. & NAME)

N.Y.
(CITY)

N.Y.
(COUNTY)

N.Y.
(STATE)

LOST OR MISLAIN
PERSONAL PROPERTY
TO BE SHIPPED TO:

SAME
(MR.-MRS.-MISS)

(FIRST NAME)

(MIDDLE INITIAL)

(LAST NAME)

WHOSE ADDRESS IS:

SAME
(STREET NO. & NAME)

(CITY)

(COUNTY)

(STATE)

SIGNATURE OF INDIVIDUAL

Ogden Williams

DATE

20 JAN 44

VERIFIED BY

K. E. Williams

DATE

20 Jan 44

DO NOT USE

STATE COUNTY

RACE
COMP.