

Miami, Florida 33143
May 28, 1970

Richard Altshuler
Attorney at Law
709 Biscayne Building
19 West Flagler Street
Miami,
Florida 33130

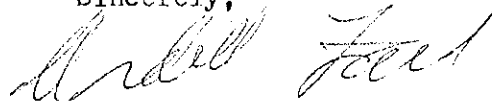
373
3336

Dear Sir:

Enclosed please find a copy of SSS FORM 127 which was sent to me by my Selective Service Local Board, plus my statement in regards to the section on my physical and mental condition. I will mail them as soon as I receive your permission and suggestions.

Also, I have enclosed a copy of the letter I received from the Professor of Military Science. Please inform me of any actions I should take prior to and including my commissioning date of 5 June, 1970.

Sincerely,



Ardell Faul

3 Incl.
af

**SELECTIVE SERVICE SYSTEM
CURRENT INFORMATION QUESTIONNAIRE**

Form Approved.
Budget Bureau No. 33-R178.11

SELECTIVE SERVICE
LOCAL BOARD NO. 51
WARD COUNTY
MINOT, N. DAK. 58701

(Local Board Stamp)



DATE QUESTIONNAIRE RECEIVED BY LOCAL BOARD

TO:

Mr. Ardell R. Faul

Miami, Florida 33143

Selective Service No.	Date of birth	Class
	July 9	I-D
	(Month) (Day)	

Date of Mailing 25 May 1970

COMPLETE AND RETURN BEFORE 31 May 1970

(The above items, except the date questionnaire returned, are to be filled in by the local board clerk before questionnaire is mailed)

The law requires you to fill out and return this questionnaire on or before the date shown to the right above in order that your local board will have current information to enable it to classify you. When a question or statement in any series does not apply, enter "DOES NOT APPLY," or "NONE"; otherwise complete all series. You may attach any additional information you believe should be brought to the attention of the local board. After completing the statements be sure to date the form and sign your name. **FILL OUT WITH TYPEWRITER, OR PRINT IN INK.**

(Member, Executive Secretary, or Clerk of Local Board)

STATEMENTS OF THE REGISTRANT
CONFIDENTIAL AS PRESCRIBED IN THE SELECTIVE SERVICE REGULATIONS

SERIES I.—MAILING ADDRESS

- Name(s) and address(es) of person(s) other than a member of your household who will always know your address Mrs. Artvin C. Faul, Miami, Fla. Apt #9.
Mr. Artvin C. Faul, Velva, North Dakota.
- My current mailing address is Miami, Fla. 33143
(ZIP code)
- My telephone number (home or business) is 661-5704

SERIES II.—MARITAL STATUS AND DEPENDENTS

- (a) I (Check one) ☐ HAVE NEVER BEEN MARRIED ☐ AM A WIDOWER
☒ AM MARRIED ☐ AM DIVORCED
(b) I (Check one) ☒ DO ☐ DO NOT live with my wife; if not, her address is
Same
(c) We were married at Moorehead, Minnesota on 21 Jan, 1968
(Place) (Date)
- (a) I have the following children under 18 years of age who live with me in my home:
Name Darla Susan Faul Age 19 Mo Name Age
Name Age Name Age
(b) If you have no child other than an unborn child, attach a statement from a physician showing the basis for his diagnosis of pregnancy and the expected date of birth.
- I (Check one) ☐ DO ☒ DO NOT have dependents other than those listed above.

SERIES III.—MILITARY RECORD

- If you are now on or have been separated from active military service enter (a) Armed Force
(b) Service number NONE (c) Date of entry
(d) Date of separation (e) Type of separation
- If you are now a member of a reserve component (including the National Guard) give (a) Name and address of unit NONE
(b) Service number (c) Date of enlistment, transfer, or appointment
- If you are now a member of a Reserve Officer Training Corps or any other officer procurement program describe fully Grad. Univ. of Miami ROTC, Sched. to be Commissioned 5 June 1970

SERIES IV.—PRESENT OCCUPATION

1. I am now employed as a (give full title: for example, bricklayer, farmer, teacher, auto mechanic, steel worker. If not employed, so state) Store Keeper
2. I do the following kind of work. (Give a brief statement of your duties. Be specific) Stock and issue aircraft parts.
3. My employer is National Airlines
(Name of organization or proprietor, not foreman or supervisor; enter "Self" if self-employed)
Miami International Airport, Miami, Florida
(Address of place of employment—Street, or R.F.D. Route, City, and State)
 whose business is Air travel.
(Nature of business, service rendered, or chief product)
4. I have been employed by my present employer since Jan 31, 1969
(Month and year)
5. Other occupational qualifications, including hobbies, I possess are None.
6. I speak fluently the following foreign languages or dialects None
7. I read and write well the following foreign languages or dialects None

SERIES V.—EDUCATION

1. (a) Grade or year completed
(Line through all grades or years successfully completed)
(Exclude trade or business schools)

Elementary and High School												College				Post Graduate					
None	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	5
- (b) I graduated from high school in (month) June (year) 1965
2. (a) I am a full-time student in (check one) ☐ High School ☐ Trade School ☐ Business School ☒ College
(Name and address of institution)
 majoring in Economics preparing for no specific occupation.
(Occupation or profession)
 and expect to (check one) ☐ finish course on ☒ complete degree requirements on June, 1970
(Date)
- (b) I will be a full-time student next semester at _____
3. (a) I have completed 4 years of college, majoring in Economics
 at the Univ. of Miami, Coral Gables Fla and (check one) ☐ HAVE ☒ HAVE NOT received a
(Name and address of institution)
 degree. (b) I have received the degree(s) of AB Date June, 70 Date _____, _____ Date _____

SERIES VI.—COURT RECORD

1. If you have been convicted or adjudicated of a crime or crimes other than minor traffic violations complete this series. If none enter "NONE."

Offense (other than minor traffic violations)	Date of Conviction (Month, Day, Year)	Court (Name and Location)	Sentence
None			

2. I (Check one) ☐ AM ☒ AM NOT now being retained in the custody of a court of criminal jurisdiction, or other civil authority. Specify _____
(Awaiting trial, on parole, etc.)

SERIES VII.—PHYSICAL CONDITION

1. If you were ever rejected for service in the Armed Forces state (a) when _____
 (b) where None
2. If you have any physical or mental condition which, in your opinion, will disqualify you for service in the Armed Forces, state the condition and submit a physician's statement, if you have one, with this form or submit such a statement at a later date.
See attachment
3. If you have ever been an inmate or a patient in a mental or tuberculosis hospital or institution, give the name and address of each _____
None

SERIES VIII.—SOLE SURVIVING SON

- I (Check one) ☐ AM ☒ AM NOT the sole surviving son of a family of which the father or one or more sons or daughters were killed in action or died in line of duty while serving in the Armed Forces of the United States or subsequently died as a result of injuries received or disease incurred during such service.

NOTICE.—Imprisonment for not more than 5 years or a fine of not more than \$10,000, or both such fine and imprisonment, is provided by law as a penalty for knowingly making or being a party to the making of any false statement or certificate regarding or bearing upon a classification.

REGISTRANT MUST DATE AND SIGN BELOW

May 28, 1970
(Date)


(Registrant's signature)

Continuation of SSS FORM 127 (Revised 4-22-69).
Mr. Ardell R. Faul
May 28, 1970

Series VII.-PHYSICAL CONDITION

2. My ideals in opposition to war have recently crystalized. I cannot, in good conscience, permit myself to contribute any of my time, effort, or body to the Armed Forces, regardless of the position held.

Therefore, I feel I should be disqualified from service in the Armed Forces, since I could be neither an effective leader nor a willing worker in any position.

Ardell R. Faul

A handwritten signature in cursive script, reading "Ardell R. Faul". The signature is written in dark ink and is positioned below the typed name.