

SOURCE Adair Lee

(Organization or firm registering woman)

Date registered.....

Fee..... Contribution.....

Correspondence regarding woman.....

If registered before, give name of organization and character of service for which registered.....

ASSIGNMENT

PERSONAL EQUIPMENT:

- Health.....
- Physical defects.....
- Voice.....
- Sight.....
- Hearing.....

DATE	SENT TO—	RESULT	REMARKS

REMARKS:

REGISTRAR'S NAME	ADDRESS IN FULL	DATE	SENT TO—	RESULT	REMARKS