

# SELECTIVE SERVICE SYSTEM CURRENT INFORMATION QUESTIONNAIRE

Form Approved  
Budget Bureau No. 33-R178.11

Green Co. Local Board 5  
Selective Service System  
Room 235, Federal Bldg.  
Green Bay, Wis. 54301

(Local Board Stamp)



Selectiv  
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SELECTIVE SERVICE SYSTEM  
NOTICE OF CLASSIFICATION

This is to certify that

Peter B. Cardinal  
(First name) (Middle initial) (Last name)

Selective Service No.

47 5 52 120

is classified in Class 2-S  
until OCT 1972  
by Local Board unless otherwise  
checked below:

☐ by Appeal Board  
☐ by President

NOV 17 1971

*Helena Fersley*  
(Date of mailing)

*Peter B. Cardinal*  
(Signature)

888 Form 110 (Rev. 5-25-67)  
(Previous printings are obsolete)  
(Approval not required)

(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.

*Donna M. Hoopman*  
(Member, Executive Committee, Clerk of Local Board)

## STATEMENTS OF THE REGISTRANT

CONFIDENTIAL AS PRESCRIBED IN THE SELECTIVE SERVICE REGULATIONS

### SERIES I.—MAILING ADDRESS

1. Name(s) and address(es) of person(s) other than a member of your household who will always know your address Helen Fersley  
830 Shawano  
Green Bay WI 54303

2. My current mailing address is 419 N Locust  
Green Bay WI 54303

3. My telephone number (home or business) is Home: 414/494-0958 Bus: 312/357-1996 (ZIP code)

### SERIES II.—MARITAL STATUS AND DEPENDENTS

1. (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 (obviously)

(c) We were married at DNA on DNA

2. (a) I have the following children under 18 years of age who live with me in my home: (Place) (Date)  
Name NONE Age        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.

3. I (Check one) ☐ DO ☒ DO NOT have dependents other than those listed above.

### SERIES III.—MILITARY RECORD

1. If you are now on or have been separated from active military service enter (a) Armed Force NONE  
(b) Service number NONE (c) Date of entry NONE  
(d) Date of separation NONE (e) Type of separation NONE

2. 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 NONE (c) Date of enlistment, transfer, or appointment NONE

3. If you are now a member of a Reserve Officer Training Corps or any other officer procurement program describe fully NONE