## SELECTIVE SERVICE SYSTEM **CURRENT INFORMATION QUESTIONNAIRE**

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

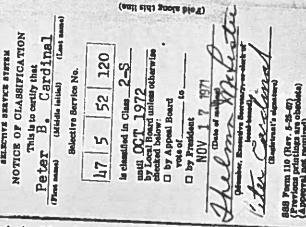
smown Co. Incal Board 5 Salcotive Service System Room 235, Federal Bldg. Green Bay, Wis. 54301

(Local Board Stamp)

Peter B. Cardinal 419 N. Locust Green Bay, Wisconsin 54303



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(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 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 ad-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 SERIES II.-MARITAL STATUS AND DEPENDENTS 1. (a) I (Check one) HAVE NEVER BEEN MARRIED ☐ AM A WIDOWER ☐ AM MARRIED (b) I (Check one) DO XX DO NOT live with my wife; if not, her address is (obviously) (c) We were married at \_\_\_\_\_DNA \_\_\_\_ 2. (a) I have the following children under 18 years of age who live with me in my home: Age\_\_\_\_ Name\_\_\_\_\_ Name Age \_\_\_\_ Name\_ (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 (d) Date of separation NONE (c) Date of entry NONE \_\_\_\_ (e) Type of separation 2. If you are now a member of a reserve component (including the National Guard) give (a) Name and address (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