

(1) REGISTRATION NO.  
F101782800

A.E.F. D.P. REGISTRATION RECORD

For coding purposes  
A. B. C. D. E. F. G. H. I. J.

Original ☐ Duplicate ☒

M. ☒ Single ☐ Married ☒  
F. ☐ Widowed ☐ Divorced ☐

Cyngisser Alter jew

(2) Family Name Other Given Names (3) Sex (4) Marital Status (5) Claimed Nationality

12.6.1915 Skrzynno Polska mos

(6) Birthdate Birthplace Province Country (7) Religion (Optional)

(8) Number of Accompanying Family Members:

(9) Number of Dependents: Samuel Cyngisser Mania geb Gelbart

(10) Full Name of Father (11) Full Maiden Name of Mother

(12) DESIRED DESTINATION (13) LAST PERMANENT RESIDENCE OR RESIDENCE JANUARY 1, 1938.

Palästina Skrzynno Polska

City or Village Province Country City or Village Province Country

Kuniec

(14) Usual Trade, Occupation or Profession (15) Performed in What Kind of Establishment (16) Other Trades or Occupations

Jewish Polish German

(17) Languages Spoken in Order of Fluency (18) Do You Claim to be a Prisoner of War Yes No (19) Amount and Kind of Currency in your Possession

2000 G M

(20) Signature of Registrant: (21) Signature of Registrar: Skarbek Date: 4.4.46 Assembly Center No. Mittenwald

(22) Destination or Reception Center: Team 568

(23) Code for Issue

Name or Number City or Village Province Country

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

(24) REMARKS

K.Z. Dachau, Nr 150494 Garmisch.-P., Bräuhaustr. 19  
Cyngisser, Mania zena 01782801

DP-2  
16-50781-1

MEDICAL CLEARANCE CERTIFICATE										(31) SUPPLEMENTARY RECORD																
1st		2nd		1.		2.		1.		2.		1.		2.		1.		2.		Temporary identity certificate issued—:						
D. D. T.		AL. G. M. E. J.		HEAT.		OTHER																				
(25) Dates of Disinfestation				Types																						
(26) PHYSICAL CONDITION ON ARRIVAL				(27) IMMUNIZATION RECORD																						
L.				M.				C. D.				D.				Type		Dose		Date		Initials		Number      Date      Signature of Authority		
												T		1.												
												(Epid)		2.												
												3.														
												D.		1.												
												2.														
												T. T.		1.												
												(Tab.)		2.												
												3.														
												O.														
												S.		Date		Initials		Reaction								
												Vacc.						1.		V.		VA.				
												Read.														
Arrival Medical Inspection —:				(28) Final Medical Inspection —:																						
Date				Date																						
				M. R.																						
Medical Examiner				Medical Examiner																						
(29) MOVEMENT AUTHORIZATION OR VISA				(30) RECEPTION CENTER RECORD																						

JAN 9 1957  
SENT TO FILE  
No 365902  
AUG 6 1954