



FORM APPROVED
Budget Bureau No. 33-R012-42

REGISTRATION CARD (Men born on or after July 1, 1924, and on or before December 31, 1924)
(Also for the registration of men as they reach the 18th anniversary of the date of their birth on or after January 1, 1943.)

| | | |
|-------------------------------|---|------------------------------|
| SERIAL NUMBER W <u>586</u> | 1. NAME (Print) <u>Robert Edward Covelusky</u> | ORDER NUMBER <u>12773</u> |
| | (First) (Middle) (Last) | |

2. PLACE OF RESIDENCE (Print)
110 East Oak Street, Frackville, Schuylkill, Penna.

(Number and street) (Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON LINE 2 ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS

(Mailing address if other than place indicated on line 2. If same, insert word same)

| | | |
|-----------------------------|---|--|
| 4. TELEPHONE <u>None</u> | 5. AGE IN YEARS <u>18</u> | 6. PLACE OF BIRTH <u>Frackville</u> |
| (Exchange) (Number) | DATE OF BIRTH <u>August 29, 1927</u> | (Town or county) <u>Penna.</u> |
| | (Mo.) (Day) (Yr.) | (State or country) |

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS
Mrs. Eva Covelusky, 110 East Oak Street, Frackville, Pa.

8. EMPLOYER'S NAME AND ADDRESS
Shrage and Pines

9. PLACE OF EMPLOYMENT OR BUSINESS
Pottsville, Pennsylvania.

(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

DSS Form 1 (Rev. 11-16-42)

c16-21630-4

(OVER)

Robert E. Covelusky
(Registrant's signature)

REGISTRAR'S REPORT

DESCRIPTION OF REGISTRANT

| RACE | | HEIGHT (Approx.) | WEIGHT (Approx.) | COMPLEXION | |
|------------|---|---------------------|---------------------|-------------|---|
| White | X | 5' 11" | 145 | Sallow | |
| Negro | | | | Light | X |
| Indian | | | | Ruddy | |
| Philippine | | | | Dark | |
| Japanese | | | | Freckled | |
| Other | | | | Light brown | |
| Oriental | | | | Dark brown | |
| | | | | Black | |
| | | | | | |

Other obvious physical characteristics that will aid in identification.....
None

I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

Grace A. Young
 Registrar for Local Board # 5, Schuylkill Co., Penna.
(Signature of Registrar)
 Date of registration August 29, 1945.
(Date)

Local Board No. 5
 Schuylkill County 32
 5 Legion Place 107
 Ashland, Pa. 008

(The stamp of the Local Board having jurisdiction of the registrant shall be placed in the above space)

