## WWI DRAFT REGISTRATION REQUEST FORM

## Copy requests must be prepaid

Date:				
Person submitting request form: _				
Address:			Telephone:	
City: S		Zip:	E-mail:	
Please fill in information requested Registration Cards collection. The covers the search service, photocop the front of the card and the back of	fee for mal y charge aı	king a copy	of the card is \$4.00 pe	er card which
Full Name	Roll	No.	Target No.	Cost (\$4/Card)
		Т	OTAL	

Make your check payable to Columbia Co. Hist. & Gen. Society or CCHGS.

Please allow 2 weeks to fill your request.

Mail to: Columbia County Historical & Genealogical Society

225 Market Street, P. O. Box 360

Bloomsburg, PA 17815