

PRINT CLEARLY DEUTLICH IN DRUCKSCHRIFT SCHREIBEN

53,093

1. **WARLIMONT, Walter** General d. Art. 3 Oct 94, Osnabrueck
(Surname—Zuname) (First name—Vorname) (Rank—Dienstgrad) (Date and place of birth—Geburtsdatum und Geburtsort)

2. **Mrs. Anita Warlimont, Gmund am Tegernsee** 31G 350048
(Name and address of next of kin—Name und Anschrift des nächsten Angehörigen) (Internment serial number)

3. **23 May 45** Gmund
(Date of capture—Datum der Gefangennahme) (Place of capture—Ort der Gefangennahme)

4. **50** **1.70 m.** **135 lbs.** **Blue** **Dark, graying**
(Age—Alter) (Height—Grösse) (Weight—Gewicht) (Eyes—Augenfarbe) (Hair—Haarfarbe)

5. _____
(Unit—Truppeneinheit) (Serial number—Nr. der Erkennungsmarke)

6. **Stoffe** **Second in Command, Armed Forces Operations Staff**
(Distinguishing marks—Besondere Kennzeichen) (Occupation—Beschäftigung) (Army—Heer) (Civil—Zivilberuf)

7. Branch of service—Waffengattung: Air Corps—Luftwaffe _____ Army—Heer Navy—Marine _____

(Signature—Unterschrift)

MEDICAL RECORD: Date of stimulating dose typhoid _____
Date atebine therapy started _____
Other inoculations or medical data _____

Date of arrival **2 Jun 45** _____ P/W camp _____
Date of transfer _____ Group No. _____
Theater _____

PRISONER OF WAR PRELIMINARY RECORD
VORLÄUFIGE ERKLÄRUNG DES KRIEGSGEFANGENEN

Right Hand

1. Thumb	2. Index finger	3. Middle finger	4. Ring finger	5. Little finger

Left Hand

6. Thumb	7. Index finger	8. Middle finger	9. Ring finger	10. Little finger

fName

Rank :....:

ISN.

Unit.

TRANSFER DATA

IT

NUMBER OF DAYS WORKED

1.	16.	1.	16.	1.	16.
2.	17.	2.	17.	2.	17.
3.	18.	3.	18.	3.	18.
4.	19.	4.	19.	4.	19.
5.	20.	5.	20.	5.	20.
6.	21.	6.	21.	6.	21.
7.	22.	7.	22.	7.	22.
8.	23.	8.	23.	8.	23.
9.	24.	9.	24.	9.	24.
10.	25.	10.	25.	10.	25.
11.	26.	11.	26.	11.	26.
12.	27.	12.	27.	12.	27.
13.	28.	13.	28.	13.	28.
14.	29.	14.	29.	14.	29.
15.	30.	15.	30.	15.	30.
	31.		31.		31.

Total due for. (Month)

Total due for. (Month)

Total due for (Month)

INDEBTEDNESS (Due U. S.)

DATE	P. X.	OTHER	SIGNATURE OF P/W	DATE	P. X.	OTHER	SIGNATURE OF P/W
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Monthly allws due \$.
Work allws due \$.

Total due P/W, %.
Total due U. S., \$*.
Balance, \$.

Last paid to include
*I certify that I have verified the foregoing entri(and found them correct.

(Signature)

•Certificate to be signed only on transfer of P/W without W. D.. P. M. G. Form No. 20.

(Name typed)

(Official title)