

SELECTIVE SERVICE SYSTEM

Form approved.  
Budget Bureau No. 33-R102.13.

CLASSIFICATION QUESTIONNAIRE

DATE QUESTIONNAIRE RETURNED

(Local Board Stamp)



Date of Mailing .....

COMPLETE AND RETURN BEFORE .....

1. Name of Registrant (First)	(Middle)	(Last)	2. Selective Service No.				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
3. Mailing address (Number and street, city, county and State, and Zip code)							

(The above items, except the date received back at local board, are to be filled in by the local board clerk before the questionnaire is mailed.)

INSTRUCTIONS

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 information to enable it to classify you. A notice of your classification will be mailed to you. When a question or statement in any series does not apply, enter "DOES NOT APPLY," or "NONE," otherwise complete all series.

The law also requires you to notify your local board in writing, within ten days after it occurs, of (1) every change in your address, physical condition and occupation, marital, family, dependency and military status, and (2) any other fact which might change your classification.

Fill out with typewriter or print in ink.

SAMPLE

.....  
Member or Clerk of local board

STATEMENTS OF THE REGISTRANT  
Confidential as Prescribed in the Selective Service Regulations  
Series I.—IDENTIFICATION

1. Name			2. Date of birth	
..... (Last)	..... (First)	..... (Middle)	4. Place of birth	
3. Other names used (If none, enter "None")			6. Citizen or subject of (country)	
5. (a) Color eyes	(b) Color hair	(c) Height	(d) Weight	7. If naturalized citizen, give date, place, court of jurisdiction and naturalization number
8. Current mailing address				
..... (Number and street or R.F.D. route) (City, town, or village) (County) (State) (Zip code)				
9. Telephone No. (If none, enter "None")			10. Social Security No. (If none, enter "None")	
11. Name and address of person other than a member of my household who will always know my address				
..... (Name) (Address)				

SSS Form 100 (Revised 9-15-66) Supplies of previous printings shall be used until exhausted.

**Series II.—MILITARY RECORD**

(Use Page 6, if necessary)

1. If you are now on or have been separated from active military service enter: (a) Armed Force .....  
 (b) Service number ..... (c) Date of entry .....  
 (d) Date of separation ..... (e) Character of service .....  
 (f) Type of transfer or discharge .....
  2. If you are now a member of a Reserve component (including the National Guard) give: (a) Name and address of unit .....  
 (b) Service number ..... (c) Date of enlistment or appointment .....
  3. If you are now a member of a Reserve Officer Training Corps or any other officer procurement program, state the program, the Armed Force, date of entry, and any identifying number .....
- (Enter on page 6 military service other than in Armed Forces of the United States.)

**Series III.—MARITAL STATUS AND DEPENDENTS**

(Use Page 6, if necessary)

1. (a) I (check one):  have never been married;  am a widower;  am divorced;  am married.  
 (b) I (check one if applicable):  DO  DO NOT live with my wife; if not, her address is .....  
 (c) We were married at ..... (Place), on ..... (Date)
2. I have ..... children under 18 years of age of whom ..... live with me in my home.  
 (Number) (Number)
3. 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.
4. The following other persons are wholly or partially dependent upon me for support:

Dependent	Relationship	Age	Approximate Income (Annual)	Amount Contributed by Me
Name ..... Address .....			\$ .....	\$ .....
Name ..... Address .....			\$ .....	\$ .....
Name ..... Address .....			\$ .....	\$ .....
Name ..... Address .....			\$ .....	\$ .....

**Series IV.—REGISTRANT'S FAMILY**

(Use Page 6, if necessary)

List below all the living members of your immediate family who are 14 years of age or over (except those shown in Series III) including your father, mother, brothers, sisters, father-in-law, and mother-in-law.

Relatives	Relationship	Age	Can This Relative Contribute to Support of Claimed Dependents <sup>1</sup>
Name ..... Address .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name ..... Address .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name ..... Address .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name ..... Address .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name ..... Address .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name ..... Address .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> If your answer is "Yes," state extent of ability to contribute in detail on page 6.

### Series V.—OCCUPATION

(Use Page 6, if necessary)

**If Engaged in Agriculture, Also Fill in Series VI**

1. I am now employed as a (Give full title, for example: bricklayer, farmer, teacher, auto mechanic, steelworker. If not employed, so state.) .....
2. I do the following kind of work (Give a brief statement of your duties. Be specific.)  
.....
3. My employer is .....  
(Name of organization or proprietor, not foreman or supervisor. Enter "Self" if self-employed.)  
 .....  
(Address of place of employment—Street, or R.F.D. Route, City, and State)  
 whose business is .....  
(Nature of business, service rendered, or chief product)
4. (a) I have been employed by my present employer since .....  
(Month and year)  
 (b) I am paid at the rate of \$.....  Per Hour  Day  Week  Month.  
 (c) I work an average of ..... hours per week.
5. Other business or work in which I am now engaged is .....  
(Nature of business, if none, enter "NONE")
6. Other occupational qualifications, including hobbies, I possess are .....
7. My work experience prior to that described in items 1 and 2, this series, is .....
8. I speak fluently the following foreign languages or dialects .....
9. I read and write well the following foreign languages or dialects .....

SAMPLE

### Series VI.—AGRICULTURAL OCCUPATION

(Use Page 6, if necessary)

1. I have been engaged continuously in farmwork since .....  
(Month and year)
2. I am (check appropriate box):  Sole owner-operator of a farm  Joint owner-operator with another  Hired manager  Cash tenant or renter  Standing rent tenant  Sharecropper  Share tenant  Wage hand (hired man)  Unpaid family worker.
3. I (check one):  AM  AM NOT personally responsible for the operation of the farm where I work.
4. The principal crops and livestock of the farm I operate or work on are:

Names of Crops	Acres Devoted to Each	Kinds of Livestock	Number of Each Now on Farm
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

5. Principal products marketed during the last 2 years .....
6. Total value of products sold from this farm during the last crop year \$.....
7. The number of year-round workers on this farm is ..... of whom ..... are hired hands.  
(Number) (Number)
8. Other farm experience .....

**Series VII.—MINISTER OR STUDENT PREPARING FOR THE MINISTRY**

(Use Page 6, if necessary)

1. I have been a minister of the ..... since .....  
(Name of sect or denomination) (Month) (Day) (Year)  
 and (check one):  HAVE  HAVE NOT been formally ordained.
2. I was formally ordained at .....  
 on (date) ..... by .....
3. I am a student preparing for the ministry pursuing a full-time course of instruction at the .....  
(Name and address of theological or divinity school)  
 ..... under the direction of .....  
(Name of church or religious organization)
4. I am a student preparing for the ministry under the direction of .....  
(Name of church or religious organization)  
 pursuing a full-time course of instruction at the .....  
(Name and address of school)  
 leading to my entrance into .....  
(Name and address of theological or divinity school)  
 in which I have been pre-enrolled.

**Series VIII.—CONSCIENTIOUS OBJECTOR**

**(DO NOT SIGN THIS SERIES UNLESS YOU CLAIM TO BE A CONSCIENTIOUS OBJECTOR)**

I claim to be a conscientious objector by reason of my religious training and belief and therefore request the local board to furnish me a Special Form for Conscientious Objector (SSS Form 150).

.....  
(Signature)

**Series IX.—EDUCATION**



1. (a) <small>(Line through all grades or years successfully completed) (Exclude trade or business schools)</small>	HIGH SCHOOL												COLLEGE				POST GRADUATE						
	NONE	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	5	
.....																							

- (b) I graduated from high school in (month) ..... (year) .....
2. (a) I have completed ..... years of college, majoring in .....  
 at ..... and (check one):  HAVE  HAVE NOT  
(Name and address of institution)  
 received a degree.  
 (b) I have received the degree(s) of .....
3. (a) I am a full-time student in (check one):  High school  Trade school  Business school  College  
 ..... majoring in .....  
(Name and address of institution)  
 preparing for ..... and expect to (check one):  
(Occupation or profession)  
 Finish course on .....  Complete degree requirements on .....  
(Date) (Date)  
 (b) I will be a full-time student next semester at .....  
(Name and address of institution)

**Series X.—STATEMENT OF ALIEN**

1. I was admitted to the United States for (check one):  PERMANENT RESIDENCE  TEMPORARY RESIDENCE on .....  
(Date of entry)
2. My Alien Registration Number is .....  
 If you have not been admitted to the United States for permanent residence, enter on page 6 a supplemental statement setting out the date you first entered the United States, with the dates of each subsequent departure and reentry when applicable. Attach copies of documentary evidence in your possession verifying your claimed alien status.

**Series XI.—PHYSICAL CONDITION**

(Use Page 6, if necessary)

1. If you were ever found not qualified for service in the Armed Forces state (a) when .....  
(b) where .....
2. If you have any physical or mental condition which, in your opinion, will disqualify you for service in the Armed Forces, state the condition and attach a physician's statement.  
.....
3. If you have ever been an inmate or a patient in a mental or tuberculosis hospital or institution, give the name and address of each hospital or institution, and the period of hospitalization.  
.....  
.....

**Series XII.—COURT RECORD**

(Use Page 6, if necessary)

1. I (check one):  HAVE  HAVE NOT been convicted or adjudicated of a criminal offense or offenses, other than minor traffic violations. (If "HAVE" box is checked, complete this series.)

Offense (other than minor traffic violations)	Date of Conviction (Month, Day, Year)	Court (Name and Location)	Sentence

2. I (check one):  AM  AM NOT now being retained in the custody of a court of criminal jurisdiction, or other civil authority. Specify .....  
(Awaiting trial, on probation, on parole, etc.)

**Series XIII.—SOLE SURVIVING SON**

I (check one):  AM  AM NOT the sole surviving son of a family of which the father or one or more sons or daughters were killed in action or died in line of duty while serving in the Armed Forces of the United States or subsequently died as a result of injuries received or incurred during such service.

**REGISTRANT'S CERTIFICATE**

INSTRUCTIONS.—You are required to make the registrant's certificate. If you cannot read, the questions and your answers shall be read to you by the person who assists you in completing this questionnaire. If you are unable to sign your name, you shall make your mark in the space provided for your signature in the presence of a person who shall sign as witness.

NOTICE.—Imprisonment for not more than 5 years or a fine of not more than \$10,000, or both such fine and imprisonment, is provided by law as a penalty for knowingly making or being a party to the making of any false statement or certificate regarding or bearing upon a classification. (Universal Military Training and Service Act, as amended.)

I CERTIFY that I am the registrant named and described in the foregoing statements in this questionnaire; that I have read (or have had read to me) the statements made by and about me, and that each and every such statement is true and complete to the best of my knowledge, information, and belief.

.....  
 (Date) **Registrant sign here** ..... (Signature or mark of registrant)  
 .....  
 (Date) ..... (Signature of witness to mark of registrant)

If anyone has assisted you in completing this questionnaire, such person shall sign the following statement: I have assisted the registrant herein named in completing this questionnaire because .....

(For example—registrant unable to read and write English, etc.)

.....  
(Signature of person who has assisted)

.....  
(Number and Street or R.F.D. Route)

Date ..... (City) ..... (State) ..... (Zip code)

**Series XIV.—STATEMENT OF REGISTRANT**

(Refer to Series Number)  
(Use additional sheets if necessary)

**SAMPLE**

\_\_\_\_\_  
(Signature of Registrant)

\_\_\_\_\_  
(Date)