

2649

SERIAL NUMBER 1780	1. NAME (Print) Walter Matthew Cummins <small>(First) (Middle) (Last)</small>	ORDER NUMBER 563 2654
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2. ADDRESS (Print)
University of Santa Clara, Santa Clara, Santa Clara, Calif.
(Number and street or R. F. D. number) (Town) (County) (State)

3. TELEPHONE Santa Clara 2 <small>(Exchange) (Number)</small>	4. AGE IN YEARS 23 <small>DATE OF BIRTH</small> March 3 1917 <small>(Mo.) (Day) (Yr.)</small>	5. PLACE OF BIRTH Honolulu <small>(Town or county)</small> Territory of Hawaii <small>(State or country)</small>	6. COUNTRY OF CITIZENSHIP U.S.
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7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Mr. Thomas Patrick Cummins <small>(Mr., Mrs., Miss) (First) (Middle) (Last)</small>	8. RELATIONSHIP OF THAT PERSON Father
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9. ADDRESS OF THAT PERSON
821-18th Ave. Kaimuki, Honolulu, Oahu, Territory of Hawaii
(Number and street or R. F. D. number) (Town) (County) (State)

10. EMPLOYER'S NAME
Student

11. PLACE OF EMPLOYMENT OR BUSINESS
University of Santa Clara, Santa Clara, Santa Clara, Calif.
(Number and street or R. F. D. number) (Town) (County) (State)

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

REGISTRATION CARD
D. S. S. Form 1

(over) 16-17105

Walter M. Cummins
(Registrant's signature)