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1. NAME IN FULL Last First Middle <b>SANDERS BERNARD (NMN or I)</b>				SELECTIVE SERVICE NUMBER <b>50 41 41 481</b>	
2. PLACE OF RESIDENCE Street and Number or RFD Route <b>1525 E. 26th Street</b>				3. DATE OF BIRTH <b>September 8, 1941</b>	
City, Town, or Village <b>Brooklyn</b>		Zone <b>29</b>	County <b>Kings</b>	State <b>N.Y.</b>	
5. MAILING ADDRESS (If different from place of residence) Street and Number or RFD Route <b>1525 East 26th Street</b>				4. PLACE OF BIRTH <b>New York, N.Y.</b>	
City, Town, or Village <b>Brooklyn</b>		Zone <b>29</b>	County <b>Kings</b>	State <b>N.Y.</b>	
6. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS <b>Mrs. E. Glassberg (aunt) 1525 E. 26th Street Brooklyn 29, N.Y.</b>					
7. OCCUPATION <b>Student</b>			8. NATURE OF BUSINESS, SERVICE RENDERED, OR CHIEF PRODUCT <b>Education</b>		
9. FIRM OR INDIVIDUAL BY WHOM EMPLOYED <b>Brooklyn College</b>					
10. PLACE OF EMPLOYMENT OR BUSINESS <b>Brooklyn, N.Y.</b>					
Form Approved Budget Bureau No. 33-R099.7.				SELECTIVE SERVICE SYSTEM <b>REGISTRATION CARD</b>	

B.C. # from French Hospital, N.Y.

SSS Form No. 1 (Revised 6-11-58)

(over)

11. Active duty in the Armed Forces of the United States or a cobelligerent nation since Sept. 16, 1940:

BRANCH OF ARMED FORCES OR COUNTRY	SERVICE NO.	DATE OF ENTRY	DATE OF SEPARATION
<b>None</b>			

12. Present membership in a reserve component of the Armed Forces:

BRANCH OF ARMED FORCES	SERVICE NO.	DATE OF ENTRY	GRADE
<b>None</b>			

ORGANIZATION

I affirm that I have verified the foregoing answers and that they are true:

Bernard Sanders  
(Signature of registrant)

DESCRIPTION OF REGISTRANT

13. Color of eyes **Brown** Color of hair **Brown** Complexion **Medium** Height (approx.) **6** ft. **-** in.

Weight (approx.) **153** 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:

**None**

**September 18, 1959**

(Date of registration)

Edith Scherman  
(Signature of registrar)

Registrar for Local Board

**Group B**

(Number)

**Kings**

(City or county)

**N.Y.**

(State)