

1 **827** Name in full **Adrian Daniel Chalen** Age, in yrs. **23**
(Given name) (Family name)

2 Home address **Camden N.Y. N.Y.**
(No.) (Street) (City) (State)

3 Date of birth **June 7 1894**
(Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? **Natural Born**

5 Where were you born? **Flouner N.Y. U.S.A.**
(Town) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject?

7 What is your present trade, occupation, or office? **Farming**

8 By whom employed? **By myself & father**

Where employed? **Flouner**

9 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? **Father depends on me for labor**

10 Married or single (which)? **Single** Race (specify which)? **Caucasian**

11 What military service have you had? Rank **None**; branch _____; years _____; Nation or State _____

12 Do you claim exemption from draft (specify grounds)?

I affirm that I have verified above answers and that they are true.

Adrian Daniel Chalen
(Signature or mark)

If person is of African descent, tear off this corner

1 Tall, medium, or short (specify which)? **Medium** Slender, medium, or stout (which)? **Slender**

2 Color of eyes? **Blue** Color of hair? **Black** Bald? **no**

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? **No**

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

John Dillon
(Signature of registrar)

Precinct **Flouner**
City or County **Quida**
State **New York**

June 5
(Date of registration)

**A.K.
C.N.C.**