

LOCAL BOARD NO. 1
OCT 28 1942
18-AM
STAMP OF LOCAL BOARD

OFFICIAL BUSINESS

c16--19071-1

REGISTRATION CERTIFICATE

This is to certify that in accordance with the
Selective Service Proclamation of the President of the United States

Julian (First name) *John* (Middle name) *Viccelli* (Last name)
25820 Plymouth Rd, Redford Town, Mich (Place of residence)

(This will be identical with line 2 of the Registration Card)

has been duly registered this *30* day of *June*, 19*42**Ruth W. Jones*

(Signature of registrar)

Registrar for Local Board

61 (Number) *WAYNE* (City or county) *MICH* (State)

THE LAW REQUIRES YOU TO HAVE THIS CARD IN YOUR
PERSONAL POSSESSION AT ALL TIMES

D. S. S. Form 2
(Revised 6/9/41)

16-21631

QUADRUPLICATE WAR SAVINGS BOND, CLASS A PAY PRESERVATION
(See Instructions and conditions on reverse)

CLASSIFICATION

☐ OFFICER. ☐ NURSE. ☐ WARRANT OFFICER.
☐ SOLDIER. ☐ CIVILIAN. ☐ CONTRACT SURGEON.

1. Place *Battery 117 27th Corp Ballaco, Texas* Date *January 2*, 19*43*
☐ Mrs. (Station, post, or camp) (City) (State)
2. I, ☐ Mr. *Private* *Viccelli* *Julian* *J.* *36544872*
☐ Miss (Grade) (Last name) (First name) (Initial) (Serial number)
3. of *Battery 117 27th Corp Ballaco, Texas* (Regiment and Arm or Service) hereby request and authorize a Class A Pay Reservation from my pay for the
4. purchase of War Savings Bonds, Series E, in the denomination of: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$500 ☐ \$1,000 MATURITY VALUE,
at the rate of \$ *18.75* each pay day beginning with pay due me on *January 31*, 19*43*,
5. my pay-roll period being ☐ monthly, ☐ semimonthly, ☐ weekly. I FURTHER AGREE that in signing this form I understand that this author-
ization will remain in effect to include last full month of my enlistment, period of active duty, or employment with War Department, unless
revoked by me, in writing, prior to that date, and that sums reserved pursuant to this authorization will not bear interest before they have been
converted into War Savings Bonds.
6. Register bonds in my name—At *25820 Plymouth Road* *Plymouth* *Michigan*
☐ Co-owner—☐ Mrs. (Number and street) (City) (State)
7. List as my ☐ or ☐ Mr. *Viccelli* *Giovanna* *(MIL)*
☐ Beneficiary—☐ Miss. (Grade) (Last name) (First name) (Initial)
CAUTION.—See instruction No. 7 on reverse.
8. Mail bonds to*—At *25820 Plymouth Road* *Plymouth* *Michigan*
☐ Mrs. (Number and street) (City) (State)
☐ Mr. *Viccelli* *Giovanna* *(MIL)*
☐ Miss. (Grade) (Last name) (First name) (Initial)
At *25820 Plymouth Road* *Plymouth* *Michigan*
(Number and street) (City) (State)
9. Hold bonds in safekeeping in the Treasury Department at no expense to me and mail receipt therefor to me*—
At (Number and street) (City) (State)
10. I direct that when my Bond Account is closed out the unapplied balance thereof be refunded to me—
At *25820 Plymouth Road* *Plymouth* *Michigan*
(Number and street) (City) (State)
11. Entered on Service Record or Pay Card by (Initials only)

*Select plan desired.—USE ONE, NOT BOTH.

Wherever a box ☐ appears, it is essential that
subscriber indicate by check mark (✓) the ap-
propriate title, status, or designation. Mark not
more than ONE box under each heading.

W. D., A. G. O. Form 29-5—Revised
Form Approved by Comptroller General, U. S.
May 28, 1942

12. *Julian J. Viccelli*
(Signature of subscriber)

13. *Joe L. Wiley, 2nd Lt, CAG*
(Signature of personnel or other responsible officer with grade and organization)

16-28500-1

NOTICE OF CLASSIFICATION

Registrant:

Order No. 12789
has been classified by—

LOCAL BOARD NO. 61
Wayne County
328 N. Main Street
Flint, Michigan
(STAMP OF LOCAL BOARD)

Local Board ☒ Board of Appeal, by vote of ____ to ____ ☐

President ☒ In class 1A (Until 19____).

Date of mailing Oct 22, 1942

BE ALERT
The law requires you—
To keep in touch with
the local board.
To notify it of any
change of address.
To notify it of any
fact which might change
classification.

NOTE: RIGHT TO APPEAL

Appeal from classification by local board or board of appeal must be made at office of local board, by signing appeal form on back of questionnaire or by filing written notice of appeal, within ten days after the mailing of this notice. Before appeal, a registrant may file a written request for appearance within the same ten-day period; and, if he does so, the local board will fix a day and notify him to appear personally before the local board; if this is done, the time to appeal is extended to ten days beyond the day set by the local board for such appearance. There is a right in certain dependency cases, of appeal from appeal board decision to the President; see Selective Service Regulations, Volume Three.

16-19071 U. S. GOVERNMENT PRINTING OFFICE

DESCRIPTION OF REGISTRANT

RACE	HEIGHT (Approx.)	WEIGHT (Approx.)	COMPLEXION
White	5'9"	160	Sallow
	EYES	HAIR	Light
Negro	Blue	Bonde	Ruddy
	Gray	Red	Dark
Oriental	Hazel	Brown	Freckled
	Brown	Black	Light brown
Indian	Black	Gray	Dark brown
		Bald	Black
Filipino			

Other obvious physical characteristic that will aid in identification _____

16-21631

INSTRUCTIONS AND CONDITIONS

Numbers used refer to items on face of form

- Enter place and date form is executed.
- State proper title, grade (if any), name of subscriber, and serial number (if any). Every individual whose name appears on form must be further identified by one of the following titles: Mrs., Mr., Miss, Grade. If there are TWO given names the initial of ONE may be used. Married women must use their own given names, i. e., Mrs. Mary A., NOT Mrs. John R.
- State Arm or Service of subscriber. Give regiment, if known, of military subscriber.
- Indicate denomination of bond desired; state amount to be deducted each pay day.
- Indicate subscriber's pay-roll period.
- Give home address or other permanent post-office address, if any.
- Co-owner or Beneficiary is not necessary, but if desired. ONE person may be named as either a Co-owner or a Beneficiary, NOT BOTH. In cases of married women, see (2) above. If a Co-owner is designated, either the Co-owner or the subscriber may redeem the bond without the signature of the other. If a Beneficiary is designated the bond can be redeemed ONLY by the subscriber during his lifetime, and by the Beneficiary ONLY if he or she survives the subscriber.
- If subscriber desires bonds to be mailed, give name and address of person to whom bonds are to be sent. Subscribers who are seldom at home when mail is delivered should designate their business or place of employment address rather than their residence address.
- If subscriber desires Treasury Department to hold bonds in safekeeping, give address to which receipt therefor is to be mailed.
CAUTION.—If name and address are given on line 8, line 9 should be left blank or vice versa.
- Give address to which refunds are to be sent.
- Enter initials of person making required entries on Service Records and on other pertinent records.
- Subscriber must sign original and duplicate copies of application in ink or indelible pencil.
- Personnel or other Responsible Officer must sign original and duplicate copies of applications submitted by civilian and enlisted subscribers.

ADDITIONAL INSTRUCTIONS AND CONDITIONS

Disposition of forms:

ORIGINAL and DUPLICATE copies sent to Chief of Finance, War Bond Division, New Armory Building, 19th and A Streets SE., Washington, D. C.
TRIPPLICATE copy retained by Commanding or Personnel Officer.
QUADRUPLICATE copy retained by Subscriber.

Amounts:

Only multiples of \$1.25 acceptable.

Minimum Reservations: (a) Officers, Nurses, Warrant Officers, Contract Surgeons, \$3.75 per month; (b) Enlisted men, \$1.25 per month; (c) Civilian employees (if paid weekly), \$1.25 per pay day; (d) Civilian employees (if paid semimonthly), \$2.50 per pay day; (e) Civilian employees (if paid monthly), \$5 per pay day.

For further instructions, see War Department Circular No. 77, March 16, 1942