File Number

TO:

REGISTRATION BRANCH, G. R. S.

10-25-20 Date

FROM:

INQUIRY BRANCH.

Please furnish information as checked (\checkmark) below regarding the following soldier:

Serial Number | 2 | 5 | 8 9

RANK:

ORGANIZATION: Co. M. - 108 &

QUESTION 1. Do particulars of soldiers given above agree with records? 2. Date of death. 3. Cause and place of death. 4. Number of casualty cablegram. 5. Date buried. 6. Grave location. (a) Complete record required. (b) Name of cemetery or commune only required. (c) Note reinterments. 7. Who reported burial? 8. Confirmed by G. R. S.? 9. Report as to grave marker. 10. Identification tags: (a) Buried with body? (b) Attached to grave marker? 11. Complete emergency address? 12. Has been notified? (Give date.) 13. Report the exact position of your inquiry on this case. (Reply in all cases if no information on record.)

14. What is the photograph number?

in PLAIN BLOCK LETTERS.

N. B .- All proper names to be typewritten, or printed

15. Inquiry made by.

REPLY Fouron, Son

RELEASED BY INFORMATION CONTROL DEPARTMENT

Confirmed.

... Unconfirmed.