

<u>PRISONER OF WAR MAIL</u>	
<p style="text-align: center;">IMPORTANT</p> <p>This card must be completed by each prisoner immediately after being taken prisoner and each time his/her address is changed (<i>by reason of transfer to a hospital or to another camp</i>).</p> <p>This card is distinct from the special card which each prisoner is allowed to send to his/her relatives.</p>	<p>TO:</p> <p style="text-align: center;">CENTRAL PRISONERS OF WAR AGENCY</p>

DA FORM 2665-R, MAY 1982

EDITION OF 1 JUL 63 IS OBSOLETE.
APD LC V1.01ES

(Front)

CAPTURE CARD FOR PRISONER OF WAR			
For use of this form, see AR 190-8; the proponent agency is PMG.			
<i>WRITE LEGIBLY IN BLOCK LETTERS. DO NOT ADD ANY REMARKS</i>			
NAME (<i>Last, First, MI</i>)		GRADE	
SERVICE NUMBER	POWER SERVED	PLACE OF BIRTH	
DATE OF BIRTH	FIRST NAME OF FATHER	MAIDEN NAME OF MOTHER	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN		DATE OF CAPTURE OR TRANSFER	
PHYSICAL CONDITION (<i>Check applicable box</i>)			
<input type="checkbox"/>	GOOD HEALTH	<input type="checkbox"/>	RECOVERED
<input type="checkbox"/>	NOT WOUNDED	<input type="checkbox"/>	CONVALESCENT
<input type="checkbox"/>		<input type="checkbox"/>	SICK
<input type="checkbox"/>		<input type="checkbox"/>	SERIOUSLY WOUNDED
<input type="checkbox"/>		<input type="checkbox"/>	SLIGHTLY WOUNDED
FORMER ADDRESS		INTERMENT SERIAL NO.	
PRESENT ADDRESS (<i>Name of Camp, or Hospital, and Location</i>)			
DATE		SIGNATURE OF PRISONER	

REVERSE OF DA FORM 2665-R, MAY 1982

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(Reverse)