

Form 1 **2037** REGISTRATION CARD No. **2**

1 Name in full **James Frank Montena** Age, in yrs. **29**

2 Home address (No.) **Longview Ave. Jamaica N.Y.**

3 Date of birth **December 15 1887**

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 Citizen**

5 Where were you born? **New York N.Y. U.S.**

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

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

8 By whom employed? **Self.**

Where employed? **Jamaica N.Y.**

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)? **No**

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

11 What military service have you had? Rank _____; branch _____; years _____; Nation or State _____

12 Do you claim exemption from draft (specify grounds)? **No.**

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

1992 **James Frank Montena**
(Signature or mark)

*if printed in full
address or number
that all this
data*

29-1-7-A

REGISTRAR'S REPORT

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

2 Color of eyes? **Brown** Color of hair? **Dark Brown** 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:

Matthew L. Gahan
(Signature of registrar)

Precinct _____

City or County **Jamaica N.Y.**

State _____

June 5, 1917
(Date of registration)