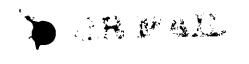
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OMC FORM 1121

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MOMN 293 GHS. Far Fast

SUBJECT: Unidentifiable Demains

MAR - 3 1950

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Commanding Officer
American Graves Registration Service
Philogn Rone
AFO 900, c/o Postmester
San Francisco, California

1. Reference is made to letter, your Hendquarters, file URP2 29), dated 20 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-13, X-18, X-19, X-21, X-27, X-29, X-30, X-31, X-35, X-36 and X-40, Asan Guas Genetery (1, as unidentifiable.

FOR THE QUARTERMATER CENTRALISTS

T. H. METZ Lt Colonel, GC Memorial Sivision

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RECORD OF CUSTODIAL TRANSFER

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HEADQUARTERS AMERICAN GRAVES REGISTRATION SURVICE PHILOOM ZONE

APO 900 20 January 1950

GRPZ 293

SUBJECT: Unidentifiable Remains

TO:

The Quartermaster General Department of the Army Washington 25, D. C. ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	×-13	Asan	Guam	Cem.	#1	UNKNOVIN-	X-31	Asan	Guam	Cem.	#1
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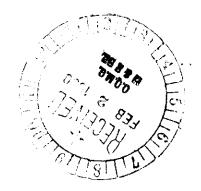
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

14 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPVA 1st Lt., infentry Adjutant gas HA The Eins

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HEADQUARTERS FHILCON ZOLD ALERICAN GRAVES REGISTRATION STRVICE

20 January 1950 Date

SUEJECT: Unidentifiable Remains

TO: The

: The Guartermaster Washington 25, D. G.

Attn: Memorial Division

The records pertaining to Unknown X-13, Plot 1,

Row 2, Grave 26, USMC Guam, Asan, Cem #1, have

been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this

deceased, and that these remains should be classified as unidentifiable.

APPROVED UNIDENTIFIABLE

FOR THE COMMANDING OFFICER:

FEB 2 3 1950

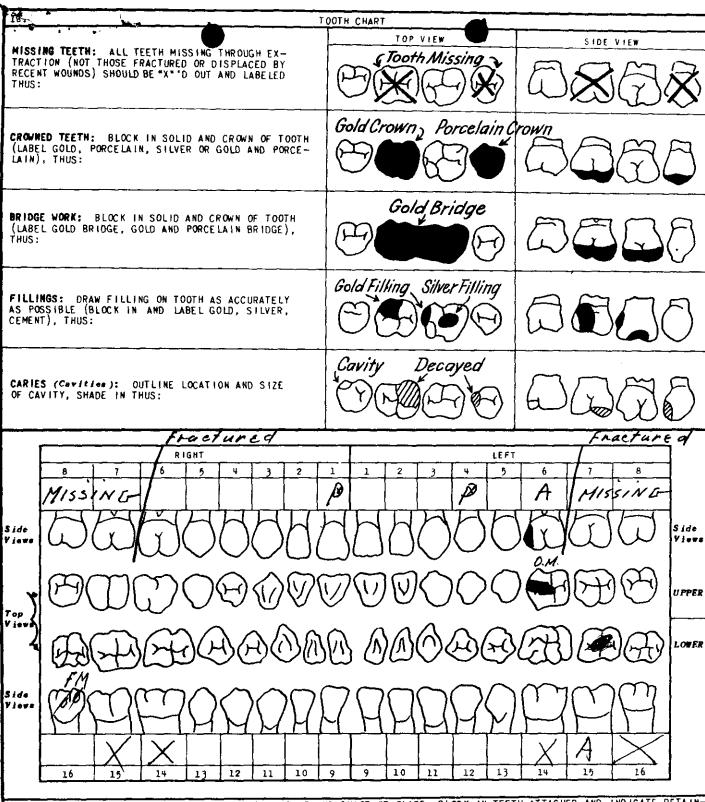
M. B. MCNELIAR Captain, QMC

Chief, Records Branch

Attch: Form 1044

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16. DESCRIBE EVIDENCE OF HE	ALED FRACTURES AND BONE MALF	ORMATIONS				
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ONC FORM PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



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REMARKS: Maxilla fractured, parts missing.

PAUL R. NICHOLS

Chief, Identification Sec.

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SIGNATURE

Paul R. Nuhals

OMC FORM 1 044b

PAUL R. NICHOLS

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

Chief, Identification Sec.

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OMC FORM REV 11 FEB 48 1194

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RECORD OF CUSTODIAL TRANSFER

HEADQUARTERS UNITED STATES ARMY FORCES, MIDDLE PACIFIC OFFICE OF THE COMMANDING GENERAL APO 958

30 January 1947

In reply refer to: MPYQM 210.86 (ML) (

SUBJECT: Verification of Burial Data in the Case of First Lieutenant

Harold Norton Le Vine, 020118, USMCR

or: Commanding General

Marianas-Bonins Command

APO 249

Forwarded for compliance with preceding indorsement and return of correspondence to this Headquarters.

FOR THE COMMANDING GENERAL:

4 Incls

1. Ltr, BuMed, 24 Jul 46 w/2 Inds 2. Ltr, Bu Med, 15 Oct 46 w/1 Ind 3. 4th Ind, OQMG, 10 Jan 47

4. Dental Records, 7 Cy

W.A.AMDERSON

Major, AGD

Asst Adj Gen

	· 10	DENTIFICATION DENTAL	CHART		DATE	72 No	v 47
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CMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Army Prinzing Plans Booms #472

IDENTIFICATION DENTAL CHART TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON. AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED. 13 February 1947 UNKNOWN # 13 LAST NAME INITIAL SERIAL NO. USMC UNIT ORGANIZATION 26. Cemetery #1, Asan, Guam 1 GUAM, M. I. PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. RIGHT UPPER TEETH 3 3 6 2 2 6 7 TYPE TYPE LOCATION LOCATION INSIDE - LOOKING OUT RIGHT LOWER TEETH **LEFT** 10 10 15 14 13 12 11 11 12 13 14 15 TYPE TYPE LOCATION LOCATION KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING LOCATION OF FILLING IN WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX **AMALGAM** MESIAL EXTRACTED (SILVER) (BETWEEN-TOWARD FRONT) m CAVITY. INDICATE G OCCLUSAL GOLD LOCATION (BITING SURFACE BACK TEETH) 0 FIXED BRIDGE SILICATE OR DISTAL (INCL. ABUTMENTS) PORCELAIN (BETWEEN - TOWARD BACK) d **OXYPHOSPATE** LINGUAL 0 TEETH REPLACED (CEMENT) BY DENTURE (TOWARD TONGUE) POSTHUMOUSLY MISSING FACIAL (LOST AFTER DEATH) (TOWARD CHEEK)

OMC FORM 1045 5 FEB 46

Inel 6

REVERSE SIDE FOR INSTRUCTIONS

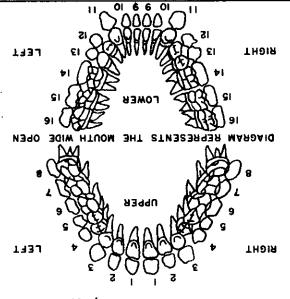
INSTRUCTIONS:

IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE. IN ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT

IN TOMER HALE OF BOX. UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN S. <u>NOTE CAREFULLY</u> THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW, BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, &g., PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



BEMARKS:

-eretranghadi Dentel Chart made does not check with charts sent to this

VERIFIED BY GRS OFFICER

ROBERT J. MARROOM, Caute, Carl

NAME AND RANK TYPED OR PRINTED

3TA0 73 LADRICHA TOTAL

SIGNATURE OF PERSON WHO PREPARED CHART

H. O. COALE, LT. (JG) DC

NAME AND RANK TYPED OR PRINTED

Onem, Marienne Inlands

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

TRIKNOWN # 13 LAST NAME FIRST INITIAL RANK SERIAL NO. UNIT ORGANIZATION ORGANIZATIO		, .	AND T	O BE AT	TACHE	U IQAN	ID FURT	WARDED	WITH '	THESE I	ACE OF	WHEN A	CCOMPL		uary 19	47
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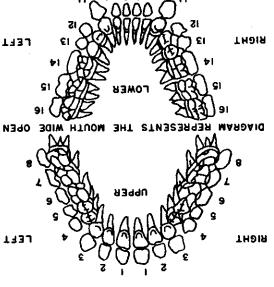
: SNOITOUSTENI

I. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN UNDICATING LOCATION OF FILLING ARE TO BE INSERTED IN UNDICATING LOCATION OF FILLING ARE TO BE INSERTED IN UNDICATING LOCATION OF FILLING ARE TO BE INSERTED IN UNDICATING LOCATION OF FILLING ARE TO BE INSERTED IN UNDICATING LOCATION OF FILLING ARE TO BE INSERTED IN UNDICATING LOCATION OF FILLING ARE TO BE INSERTED.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, $e_{\mathcal{G}}$, Porcelain Crowns, Gold Growns (full or $3_{\mathcal{G}}$), $3_{\mathcal{G}}$ Gold Crown with Silicate Window.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



01 6 6 01

BEMARKS:

Heatquerters.

VERIFIED BY GRS OFFICER

ROBERT J. MARROOM, Capte OMC

SARA TENTION EL

SIGNATURE OF PERSON WHO PREPARED CHART

H. O. COALE, LT. (JC) DC

Guerre Serientes Inlends
PLACE OR HO. WHERE THIS FORM ACCOMPLISHED

Ship or Station Attached at Time of Death

Date Report Filled Out 15 April 1946

Copy of Identification Tag	Name (Last)	(1	ilet)	سث.)	(دينة
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Date of Death		Date oí	Burial]		had developed to
7/2 <u>1/</u> 14	3) 	بلبا/23	1	and a supposite the supposite	
Name of Cemetery		Locatio	n of Ce	emetery		
Army Navy Marine Cemetery	#1		Asan, G	luam		-
Grave Marker Type	Plot No.	Row No.			Grave No.	
Cross	1		2		26	————————————————————————————————————
Buried at Sea (Date)		Area				
Type of Religious Ceremony		Religio	on of D	eceased		
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promise the same of the same o	The state of the same of the s	carus	TGOOCT	s, etc.)		
Complete Dental Chart on Rev	_ No	i : 1				
Complete Fingerprint Chart on Reverse	of bot Hands			- Marija - M		
List of Personal Effects for	und on Body an	nd Dispos	ition o	of Same		
Identification Tag Buried w	ith Body	Identi	ficatio	on Tag Att	cached to L	arker
Yes [No	İ		Yes	I.o.	
If Identification Tags not what Kind of Container	present, what	other Id	entific	cation Dat	ta buried a	nd in
Information extracted from	om Cemetery Re	cords				7.70
IF BURIAL OTHER THAN ESTABL REVERSE	ISHED CELETERY	, FURNIS				
Body on Left, Name (Last,fi	rst, middle)	Rank o	r Rate	•	Service No.	1
Krizanic, A.		PFC	-	510 117		27
Body on Right, Name (Last,f	irst, middle)	1		ì	Service No.	τ.
McCullough, D. Q.		i P/Sgt		297 851		25
Person Reporting Burial (Na Rank)	me)(Rate oi .	Person	ı Condu	cting Bur	ial Rites	
R. L. RIDOLFI, 2nd Lt.,	The same of the last of the la		* = -1 - = × A	Tammanda.		-
In Reburial, Give Location Burial	of Previous	Veri	ied and	Forwarde	u	
puriar			UTZ Co ma)	l usuc	Assit Chief (Rank)	ef st
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RESTRICTED

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JVD Q. 1 Apr. 1042 (Rev. 1 Apr. 1045) (Supersedes GRS Form 1)		INTERMEN		DATE	E OF REPORT	
	(AR 30-1810 a	nd AR 30-18	315)		12 1	lev 47
Imprint Identification Tag If Possible DO NOT TYPE						
	NAME (Last, first, middle initial)	1			IAL No.	
(Platter	UNIDENTIFIE	_ 	. 20x =			
REPORT OF	GRADE	ORGANIZATION		BRAN	NCH OF SERVI	1CE
DISINTERMENT	7 1	III.	a	,	USKC	
	RACE	RELIGION			HAN U. S. DEA	AD, GIVE
PLACE OF DEATH	CAUSE OF DEATH			DATE	E OF DEATH	
Guan	That	mown.		7	27 Jr	-3- AA
EMERGENCY ADDRESSEE (Name, relationship		TOWN			21. Ju	11 7 **
IDENT:FICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY,					f on reserve)
Hone		A DODAY	EN HNINEN	TIFIARI	¢	I
WERE SUBSTITUTE TAGS PROVIDED? (Yes or	, no)	Affruv	ED UNIDEN FEB 2 3 1950	ili inuu	lies .	
LIST PERSONAL EFFECTS FOUND ON BODY						
Section 2.—BURIAL. If other than in earnings. NAME, NUMBER, COORDINATES, AND LOCATION.		:h and map coord	linates on reverse.			
Cometery #1	Asan, Guam					·
DATE OF BURIAL HOUR	BURIED IN (Shroud, blanket, or m	same of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 July 44				1	2	26
	IAL, INDICATE NAME, NUMBER, COORI	DINATES OF PREVI	OUS CEMETERY, AND	LOCATION OF (GRAVE	
(Yes or no)				PLOT No.	ROW No.	GRAVE No.
NO DEFECT OF LOCAL CONTROL OF LOCAL CONT						
TYPE OF RELIGIOUS PERSON CON	NDUCTING BURIAL RITES		FION TAGS NOT USED, BURIED WITH BODY	, DESCRIBE IDE	ENTIFICATION	N DATA AND
	DENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME ((Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	VE No.
Krizanie, Albe		Pfe7	510117	USM		de
BODY BURIED ON DECEASED RIGHT, NAME		RANK	SERIAL NO.	ORGANIZATIO		VE NO.
						/E IN.
McCullough, Du		P/Sg5	297853	USM	<u> C </u>	/25
SIGNATURE OF PERSON PREPARING REPOR	of Espital	SIGNATURE OF	GRS OFFICER VERIFY	•		
TEODORICO	J. ESPITAL	EMILIC	O S. ZAPIC	0, 2nd	Lt., /I	nf,
DISTRIBUTION OF REPORT: Signed or through Headquarters GRS Officer. C				y dead, to the	Quartermas	stez General

RESTRICTED

		Section 3.—UNIDENTIFIE	REMAINS,			9
i*.	LEFT LITTLE FINGER	mains. Fill in anatom social security number; planes, vehicles, and ta (b) A fingerprint, o	ical characteristics position of body fonks. or prints, are the m	below, and any other und in airplanes, vehic ost valuable of all clue	for the future identity of clues under "Other," su les, and tanks; and serial s. Imprint all fingers an	ch as shoe size, numbers of air- d thumbs in the
	20	every tooth will be indic	cated on the tooth o	hart in accordance with re secured.	an be secured, the condit diagram below. Tooth	chart will not be
	LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR T	
		WEAPON AND SERIAL NO.	LAUNDR	Y MARKS	WHERE BODY WAS BURIED	OR FOUND
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ger de la constant	LEFT MIDDLE FINGER	OTHER IDENTIFICATION CL	ues	···-	1	
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-		MISSING TEETH	W - C I	- 8 Q	N I	Bo.
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		CROWNED TEETH	PORCELAIN O			77)16 70):
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	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE AND COO	RDINATES FOR BURIAL IN	OTHER THAN ESTABLISHED	CEMETERY
	-IT INGER					^
 	<u> </u>					
	RINGR					
	RIGHT RING FINGER					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	<u>.</u>	REMARKS: Condit	ion of Rem	ains: Naril	la detached f	rom skull
· · · · · · · · · · · · · · · · · · ·	RIGHT LITTLE FINGER	NOTE: feet away		rapped remai	ns. Body bur	ried 4

REPORT OF BURIAL

NAVMED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through head-quarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

Crobs BURIED AT SEA (Date) AREA RELIGION OF DECE RELIGION OF D	TERY	GRAVE NO.	SERVICE USMC
FILE OR SERVICE NO. RANK OR RATE CORPS OF RESERVE CLASSIFICATION PLACE OF DEATH SW-KIA ADDRESS OF NEXT ADDRESS OF NEXT ADDRESS OF NEXT ADDRESS OF NEXT AREA PLOCATION OF CEM ASRD G ROW NO. 2 WAY MARKER TYPE Cross AREA PLOT NO. AREA PLOT NO. AREA PLOT NO. PRELIGIOUS CEHEMONY MIlitary Honors. DENTIFICATION TAGS FOUND ON BODY TOMPLETE DENTAL CHART OF BOTH HANDS ON REVERSE YOS NO. DENTIFICATION TAGS FOUND ON BODY AND DISPOSITION OF SAME DENTIFICATION TAGS BURIED WITH BODY TOMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE YOS NO. DENTIFICATION TAG BURIED WITH BODY TOMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE YOS NO. DENTIFICATION TAGS BURIED WITH BODY TOMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE YOS NO. DENTIFICATION TAGS BURIED WITH BODY TOMPLETE FINGERPRINT CHART OF PERSENT. WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY INFO CEMETERY, FURNISH SKETCH A IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH A	TERY	RACE RACE GRAVE NO.	USMC
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IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH A			
	D MAP REF	FRENCES ON I	REVERSE
Radies Rusied on Fither Side			
BODY ON LEFT. NAME (Last, first, middle) RANK OR RATE	ŀ	SERVICE NO.	GRAVE NO.
Krizanic, A. PFC	1510,		127
BODY ON RIGHT. NAME (Last, first, middle)	FILE OR	SERVICE NO.	GRAVE NO.
McCullough, D.Q. P/Sqt.		<u> 7853 </u>	25
PERSON REPORTING BURIAL (Name) (Rank or rate) PERSON CONDUCTI		TES .	
R.L. RIDOLFI 2dLt., USMCR.			13/
IN REBURIAL. GIVE LOCATION OF PREVIOUS BURIAL VERIFIED AND FO	IG BURIAL RI		
/	IG BURIAL RI		Misam
L.R. UTZ-Co	IG BURIAL RI	MAJO	AMES K. LANE

	L. THO	When without sm	ISOLATED BURIALS.	Have body examined	d to establish IDENTIT	MARKINGS OF GRAVES OF Y. If body is unidentified, take
	THUMB	unident	four (4) sets of fingerpr ESTIMATED HEIGHT	rints of all available to	color of eyes	COLOR OF HAIR
	ŗ	Old	BIRTHMARKS, SCARS, OR TA	TTOOS		
	INDEX	, take rolled i stain sharp, cl	LAUNDRY MARKS		WEAPON AND SERI	AL NO.
		impressi clear cont]	J	ight are used, delete est	
	ר אוסטרפ	sion of fingerprints.	to five feet or in hasty bur •nly one body in grave. tag and attach to grave m to BuPers, Marine Corps pencil of identifying data	rials, to sufficient depth Securely fasten one narker (when body is s, or Coast Guard, as on form in duplicate,	h to prevent destruction identification tag to book disinterred or properly indicated). If no tag i place in bottle, cantee	er suitable substance. Dig grave of body or loss of identity. Place dy. Remove other identification or recorded, remove and forward is present, make a notation with n, spent shell or other available
		Cleanse fingers o	container which can be m	ade watertight, bury o lable, write identifying	one with remains and the data on marker. Wher	e other, one (1) foot below grave n pegs are not available, use other
	RING	fingers of all foreign ervening space. Do	For all other burials, prep	oare sketch in space pr o prominent, permane	rovided below; and give ent landmarks. Informa	s by plot, row, and grave number. location by means of map referation must be specific, accurate, ried to the left and right.
	ר. בודדנים R. י	matter. Roll finger not overlnk.	If the body is otherwise unid dental conditions in conformity para. 2318 (b) (1) & (2))(1945 CHARTING EXAMPLE: (C Tooth No. 1, missing: No. 2, go crown; No. 4, cavity; No. 5, two fixed bridge supplying missing:	with Instructions In MM Ed. para. 2234.1 & .2). Thart Cavities In BLACK; old inlay and two silver filling procession or temporary fill	D (1942, 1938-43 Ed. hls must be accurate. otherwise use RED) ings: No. 3, full gold lings; Nos. 6, 7, 8, gold	
	тнимв	to include	Missing teeth Nos		444HHMH/	1MMMHHHH
		crease	Occlusion (Type of)		JABBAQAC	
	л 5	of first	Malposed teeth (Describe)			
	INDEX	joint through	Removable appliances			
		ough 180°	Other defects	17 COMP.	19 20 21 22 23 2 CHEEK	4 25 26 27 28 29 30 31 32 30 31 32
	R. MIDDLE	9	Remarks		- -	VMED-H-4 (DENTAL RECORD) REVEALS:
)LE	inked surface		(Si _i	gnature of dental examiner)	(Rank or rate)
	Z)	,				
	RING	Record impression			N	
	א. נודדנו	on of same motion				. ,
<u></u>	· 171	Š	-			

(Place of death)	(Nan	ne of Cemetery)	(Name or	coordin	ates of location	
	A N & M #	1	Guam Island			
	(First) (Init	ial) (Serial	Number)	(Rank)	(Organization)	
_UNIDENTIFIED # 13						
F.N.F. PAC Form (9) Graves Registration	REPORT O	F INTERMENT	•		-	

APPROVED UNIDENTIFIABLE	One Buried with body Yes No No One Attached to marker Yes No No
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(If no identification tags, what means of identification are buried with body?)

FEB 231959

(If no identification tags, but identity definitely established, give particulars) BODY BURIED ON RIGHT (Org) (Grave No.) (Ser. No.) (Rank) (Name)

or coordinates of location)

BODY BURIED ON LEFT (Ser. No.) (Rank) (Org) (Grave No.) INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC

as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible. EASE DEPUT REPRODUCTION

тнимв	(Signature of officerson reporting burial.)		THUMB
	OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.		
<u> </u>	MOTE below any identifying clues found, such as letters, photographs, probable organizat- ion of deceased, etc.:		
2	tooth chart) In space below, locate and describe any scars, LH birthmarks, moles, deformities, etc.: LH D	LEFT HAND	7
33	HEIGHT: APPARENT NATIONALITY: COLOR OF HAIR: RACE COLOR OF HAIR: RACE IS TOOTH CHART ATTACHED? (If possible, have medical personnel take a		m
4	TAKE THOSE YOU CAN, And fill in as many of to obtain a complete set of fingerprints, to obtain a complete set of fingerprints, and fill in as many of TAKE THOSE YOU CAN, And fill in as many of the following as possible.		4