(Name and address of requesting agency)

Berlin Document Center,
U.S. Mission Berlin
APO 742, U.S. Army

Dr

It is requested that your records on the following named person be checked:

Name:
Place of birth:
Date of birth:
Occupation:
Present address:
Other information:
It is understood that the requested information will be supplied at cost to this organization, and that payment will be made when billing is received.

(Telephone No.) (Signature)

(This space will be filled in by the Berlin Document Center)

	Pos. Neg.		Pos. Neg.		Pos. Neg.
1. NSDAP Master File		7. SA		12. Volksgerichtshof	
2. PKC		8. OPG		13. NS-Lehrerbund	
3. Gau Correspondence		9. RWZ		14. NS-Aerztebund	
4. SS Officers		10. EWZ		15.	
5. RUSHA		11. Kulturkammer		16.	
6. Other SS Records					

Findings of Berlin Document Center:

[illegible]

(Date Request Received) (Date Answer Transmitted)

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2003 2005