

PRISONER OF WAR MAIL

DO NOT WRITE HERE

TO:

STREET

CITY

COUNTRY

PROVINCE OR DEPARTMENT

DA FORM 2666-R, MAY 1982

EDITION OF 1 JUL 63 IS OBSOLETE.

APD LC v1.01ES

PRISONER OF WAR NOTIFICATION OF ADDRESS

For use of this form, see AR 190-8; the proponent agency is PMG.

LANGUAGE

POWER SERVED

PRINT CLEARLY THE INFORMATION CALLED FOR. DO NOT ADD ANY REMARKS.

NAME *(Last, First, MI)*

GRADE

INTERMENT SERIAL NUMBER

DATE OF CAPTURE OR TRANSFER

DATE OF BIRTH

PLACE OF BIRTH

PHYSICAL CONDITION *(Check applicable box)*

GOOD HEALTH

RECOVERED

SICK

SERIOUSLY WOUNDED

NOT WOUNDED

CONVALESCENT

SLIGHTLY WOUNDED

FORMER ADDRESS

PRESENT ADDRESS *(Name of Camp or Hospital, and Location)*

DATE

SIGNATURE OF PRISONER

REVERSE OF DA FORM 2666-R, MAY 1982

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