

PRISONER OF WAR MAIL	
<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DA FORM 2665-R, MAY 82 EDITION OF 1 JUL 63 IS OBSOLETE.
APD V1.00

(Front)

CAPTURE CARD FOR PRISONER OF WAR For use of this form, see AR 190-8; the proponent agency is PMG.					
WRITE LEGIBLY IN BLOCK LETTERS. DO NOT ADD ANY REMARKS					
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"/>	SICK
<input type="checkbox"/>	NOT WOUNDED	<input type="checkbox"/>	CONVALESCENT	<input type="checkbox"/>	SERIOUSLY WOUNDED
FORMER ADDRESS				DATE OF CAPTURE OR TRANSFER	
PRESENT ADDRESS <i>(Name of Camp, or Hospital, and Location)</i>					
DATE		SIGNATURE OF PRISONER			

REVERSE OF DA FORM 2665-R, MAY 82 APD V1.00

(Reverse)