PRISONER OF WAR MAIL

DO NOT WRITE HERE	**TO:**
	STREET
	CITY
	COUNTRY
	PROVINCE OR DEPARTMENT

DA FORM 2666-R, MAY 82 EDITION OF 1 JUL 63 IS OBSOLETE. APD V1.00

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
INTERNMENT 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 82 APD V1.00