

Identification Card for Medical Care and/or Hospitalization
U. S. Army Hospital, U.S.M.A., West Point, N. Y.

Name and Address of Dependent	Relationship	Age
Mitsuye Roeslin	Wife	27

River Crest Cabins, RFD, Highland Falls, NY

DEPENDENT(S) OF (Name)

Charles Roeslin Jr.

Cpl	RA12256430	Mil Pol	MP Det
Rank	Serial No.	Branch	Org.

Signature of Applicant

Mitsuye Roeslin

The applicant named on the reverse side hereof has submitted adequate proof of dependency of his named dependent(s) who is/are eligible for medical care at the U. S. Army Hospital, West Point, New York, under the provisions of current regulations.

In case of maids or servants, they are registered by Provost Marshal, U.S.M.A., as such.

1802d Sp Regt, USMA, West Point, NY

10 Jun 52

Headquarters

Date

Personnel Officer

Ike Thomas
IKE THOMAS

Rank CWO USA

If applicant has definite termination date for term of service—date of

ETS: 15 Dec 52

This card will be surrendered prior to separation or transfer from the Post.