

1. NAME IN FULL				SELECTIVE SERVICE NUMBER					
Last TRUMP		First DONALD		Middle JOHN		50	63	46	580
2. PLACE OF RESIDENCE				3. DATE OF BIRTH					
Street and Number or RFD Route 85-14 Midland Parkway				June 14, 1946					
City, Town, or Village Jamaica		County Queens		State N. Y.		4. PLACE OF BIRTH		City Queens	
5. MAILING ADDRESS (If different than Item 2)				State or Country N. Y.					
Street and Number or RFD Route same as above				6. DATE OF REGISTRATION					
City, Town, or Village		County		State		Zip Code		June 24, 1964	
7. Name and address of person other than a member of your household who will always know your address Mrs. Maryann Desmond 172-70 Highland Ave., Jamaica, N. Y.									

8. Description of Registrant

COLOR OF EYES blue	COLOR OF HAIR blond	HEIGHT (APPROX.) 6 ft 2 in.	WEIGHT (APPROX.) 180
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OTHER OBVIOUS PHYSICAL CHARACTERISTICS THAT WILL AID IN IDENTIFICATION:  
birthmark on both heels

Form Approved  
Budget Bureau No. 33-R099.7

SELECTIVE SERVICE SYSTEM  
REGISTRATION CARD