REGISTRATION OF WAR TROPHY FIREARM

The original of this registration form will be retained by the person authorized possession. This registration is not transferable.

1. THEATER		
2. NAME OF OWNER *(Last name, first name, middle initial)*	3. SERVICE NO./SSAN	4. GRADE
5. ORGANIZATION		
6. PERMANENT HOME ADDRESS *(Street, City, State and ZIP Code)*		

7. DESCRIPTION OF FIREARM		
a. MAKE	b. TYPE *(Rifle, pistol, shotgun, etc.)*	c. MODEL
d. SERIAL NUMBER	e. CALIBER	f. COUNTRY OF MANUFACTURE
8. DATE	9. TYPED NAME, GRADE, AND ORGANIZATION OF EXECUTING OFFICER	
10. STATION	11. SIGNATURE OF EXECUTING OFFICER	

DD FORM 603, OCT 51 (EG)

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