

PRINT CLEARLY+DEUTLICH IN DRUCK+DRUCKT SCHREIBEN

1. **LANG** **RENE** **GRIN.** **21.Okt.1926** **Algrange, Frankreich**
 (Surname—Zuname) (First name—Vorname) (Rank—Dienstgrad) (Date and place of birth—Geburtsdatum und Geburtsort)

2. **Vat.: Georg Lang, Algrange, Bismarckstr. 2 (Els. Lothr.)** **31G 1.109.708**
 (Name and address of next of kin—Name und Anschrift des nächsten Angehörigen) (Internment serial number)

3. **20. Jan. 1945** **Saarlautern (Deutschld.)**
 (Date of capture—Datum der Gefangennahme) (Place of capture—Ort der Gefangennahme)

4. **18** **5'6"** **160** **brown** **black**
 (Age—Alter) (Height—Grosse) (Weight—Gewicht) (Eyes—Augenfarbe) (Hair—Haarfarbe)

5. **J. Sgt. 723** **719.Div.** **St.Kp.I.d.Schtz.E.B.13** **No. 13299**
 (Unit—Truppeneinheit) (Serial number—Nr. der Erkennungsmarke)

6. **Schtz.** **Oberschueler**
 (Distinguishing marks—Besondere Kennzeichen) (Occupation—Beschäftigung) (Army—Heer) (Civil—Zivilberuf)

7. Branch of service—Waffengattung: Air Corps—Luftwaffe Army—Heer **XX** Navy—Marine

8. **Franzose** **Form No. 6**
Completed

Lang Rene
 (Signature—Unterschrift)

MEDICAL RECORD: Date of stimulating dose typhoid
KT Date atebriane therapy started
 Other inoculations or medical data

Date of arrival P/W camp **16**
 Date of transfer Group No.
 Theater

PRISONER OF WAR PRELIMINARY RECORD
VORLÄUFIGE ERKLÄRUNG DES KRIEGSGEPANGENEN

Right Hand				
1. Thumb	2. Index finger	3. Middle finger	4. Ring finger	5. Little finger
Left Hand				
6. Thumb	7. Index finger	8. Middle finger	9. Ring finger	10. Little finger

W. D., P. M. G. Form No. 2-11
 11 March 1944
 This form supersedes W. D., P. M. G. Form No. 2-1, 21 July 1943, which will not be used after receipt of this revision.

TO ACCOMPANY PRISONER

Note amputations in proper space

aus BArch, ZB 12/53075

LANG	RENE	SOLD	31G-1109708
(Last name)	(First) (Middle)	(Rank)	(Internment Serial Number)
20	4 FEBR 45-R 2007		(1109708)
TRSF to touch with 26 mar 45 (20)			

aus BArch, ZB 12/53075

C. Electro-Comptable, 360, rue St-Honore, Paris

Name LANG, RENE Rank GRN. ISN 31G 1.109708 Unit _____

TRANSFER DATA

TREED. 2. FRENCH - 26 MARCH 45

DATE LOCATION ROSTER		NUMBER OF DAYS WORKED					
1. <u>4 FEB 45</u>	16. <u>20R 2007</u>	1.	16.	1.	16.	1.	16.
2.	17.	2.	17.	2.	17.	2.	17.
3.	18.	3.	18.	3.	18.	3.	18.
4.	19.	4.	19.	4.	19.	4.	19.
5.	20.	5.	20.	5.	20.	5.	20.
6.	21.	6.	21.	6.	21.	6.	21.
7.	22.	7.	22.	7.	22.	7.	22.
8.	23.	8.	23.	8.	23.	8.	23.
9.	24.	9.	24.	9.	24.	9.	24.
10.	25.	10.	25.	10.	25.	10.	25.
11.	26.	11.	26.	11.	26.	11.	26.
12.	27.	12.	27.	12.	27.	12.	27.
13.	28.	13.	28.	13.	28.	13.	28.
14.	29.	14.	29.	14.	29.	14.	29.
15.	30.	15.	30.	15.	30.	15.	30.
	31.		31.		31.		31.

Total due for _____ \$ _____ (Month) Total due for _____ \$ _____ (Month) Total due for _____ \$ _____ (Month)

INDEBTEDNESS (Due U. S.)

DATE	P. X.	OTHER	SIGNATURE OF P/W	DATE	P. X.	OTHER	SIGNATURE OF P/W

Monthly allws due \$ _____ Total due P/W, \$ _____ Last paid to include _____
 Work allws due \$ _____ Total due U. S., \$ _____
 Balance, \$ _____

*I certify that I have verified the foregoing entries and found them correct.

*Certificate to be signed only on transfer of P/W without W. D., P.M. G. Form No. 20. ★ U.S. GOVERNMENT PRINTING OFFICE: 1944 680494 (Name typed) (Official title)

(Signature)

(PRINT CLEARLY+DEUTLICH IN DRUCKSCHRIFT SCHREIBEN)

1. **LANG** **FRITZ** **COMM. 21. Okt. 1926 Alenango, Frankreich**
 (Surname—Zuname) (First name—Vorname) (Rank—Dienstgrad) (Date and place of birth—Geburtsdatum und Geburtsort)

2. **Yat. George Lang, Alenango, Bismarckstr. 2 (bis. Lothr.) 510 1.109.708**
 (Name and address of next of kin—Name und Anschrift des nächsten Angehörigen) (Internment serial number)

3. **20. Jan. 1945** **Saarlautern (Deutschl.)**
 (Date of capture—Datum der Gefangennahme) (Place of capture—Ort der Gefangennahme)

4. **18** **5'6"** **160** **brown** **black**
 (Age—Alter) (Height—Grosse) (Weight—Gewicht) (Eyes—Augenfarbe) (Hair—Haarfarbe)

5. **J. Sgt. 725 719. Div.** **St. Kp. d. Schtz. R. P. 13 No. 13299**
 (Unit—Truppeneinheit) (Serial number—Nr. der Erkennungsmarke)

6. **Schitz.** **Oharschueler**
 (Distinguishing marks—Besondere Kennzeichen) (Occupation—Beschäftigung) (Army—Heer) (Civil—Zivilberuf)

7. Branch of service—Waffengattung: Air Corps—Luftwaffe Army—Heer Navy—Marine.....

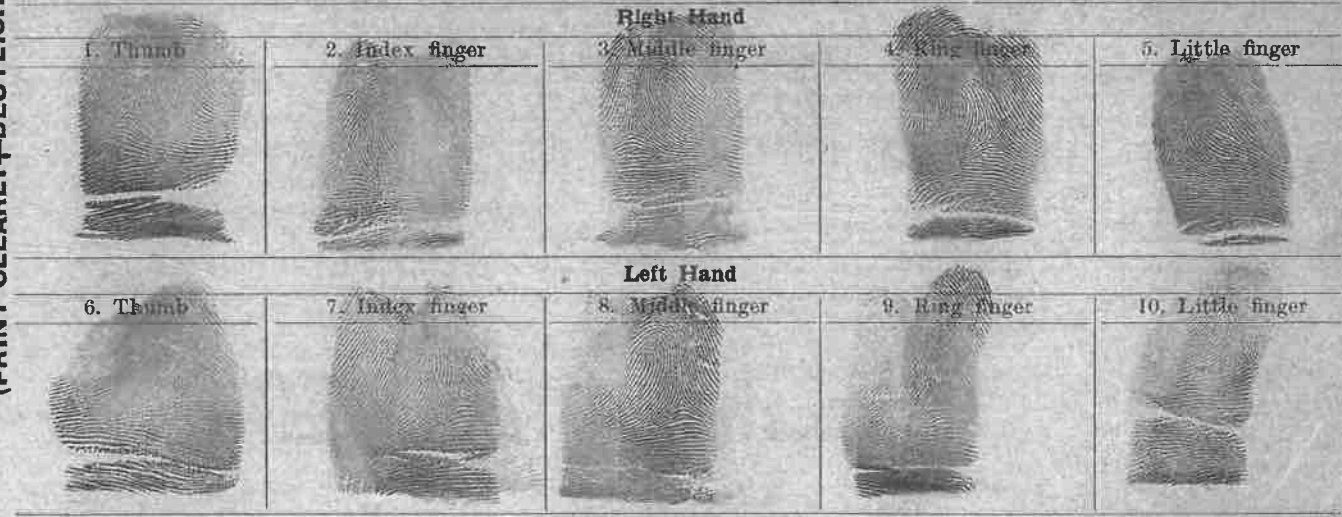
8. **Franzose Form No. 6 Completed**
 (Signature—Unterschrift)

MEDICAL RECORD: Date of stimulating dose typhoid
KT Date atebriane therapy started
 Other inoculations or medical data

Date of arrival
 Date of transfer

PRISONER OF WAR PRELIMINARY RECORD
VORLÄUFIGE ERKLÄRUNG DES KRIEGSGEFANGENEN

P/W camp **18**
 Group No.
 Theater



W. D., P. M. G. Form No. 2-1
 11 March 1944
 This form supersedes W. D., P. M. G. Form No. 2-1, 24 July 1943, which will not be used after receipt of this revision.

TO ACCOMPANY PRISONER

Note amputations in proper space

aus Bank, 20/12/53075

Name LANG, RENE Rank GRM. ISN 1.109708 Unit _____

TRANSFER DATA

NUMBER OF DAYS WORKED

1.	16.	1.	16.	1.	16.
2.	17.	2.	17.	2.	17.
3.	18.	3.	18.	3.	18.
4.	19.	4.	19.	4.	19.
5.	20.	5.	20.	5.	20.
6.	21.	6.	21.	6.	21.
7.	22.	7.	22.	7.	22.
8.	23.	8.	23.	8.	23.
9.	24.	9.	24.	9.	24.
10.	25.	10.	25.	10.	25.
11.	26.	11.	26.	11.	26.
12.	27.	12.	27.	12.	27.
13.	28.	13.	28.	13.	28.
14.	29.	14.	29.	14.	29.
15.	30.	15.	30.	15.	30.
	31.		31.		31.

Total due for \$ Total due for \$ Total due for \$
 (Month) (Month) (Month)

INDEBTEDNESS (Due U. S.)

DATE	P. X.	OTHER	SIGNATURE OF P/W	DATE	P. X.	OTHER	SIGNATURE OF P/W
			<i>Lang Rene</i>				

Monthly allws due \$ Total due P/W, \$ Last paid to include
 Work allws due \$ Total due U. S., \$
 Balance, \$

*I certify that I have verified the foregoing entries and found them correct.

 (Signature)

*Certificate to be signed only on transfer of P/W without W. D., P.M. G. Form No. 20. U.S. GOVERNMENT PRINTING OFFICE: 1944 280404 (Name typed) (Official title)