

# SS Soldbuch Completion Form

Items marked with an asterisk are required

Pg 1

Soldbuch number (unless you want me to create one) \_\_\_\_\_

\* Beginning rank \_\_\_\_\_

\* Promotions & date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Current rank \_\_\_\_\_

\* Name \_\_\_\_\_

\* Identity disk number \_\_\_\_\_

\* Blood group \_\_\_\_\_

\* Gas mask size \_\_\_\_\_

\* Wehrnummer - Registration number \_\_\_\_\_

(unless you want me to create one for you)

Pg 2

\* Date & place of birth \_\_\_\_\_

\* Religion \_\_\_\_\_

\* Civilian occupation \_\_\_\_\_

\* Height \_\_\_\_\_

\* Build \_\_\_\_\_

\* Face shape (narrow, round, etc.) \_\_\_\_\_

\* Hair color \_\_\_\_\_

\* Beard or moustache \_\_\_\_\_

color \_\_\_\_\_

Sight/glasses required \_\_\_\_\_

\* Shoe size & width \_\_\_\_\_

\* Date Soldbuch was issued \_\_\_\_\_

\* Original issuing unit \_\_\_\_\_

Pg 3

Other units (List oldest units first)

Date      unit                      officer                      rank & position

.....  
.....  
.....  
.....  
.....

Pg 4

\*A. Where you volunteered for duty

\*B. Reserve unit for basic training

\*C. Field units / location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Reserve units trans. from / location

Pg 5

\*Your full name

\*Next of kin:

Wife's name & address

OR

Parent's names & address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Binoculars type\_\_\_\_\_

Date\_\_\_\_\_

Pick type\_\_\_\_\_

Date\_\_\_\_\_

Entr tool type\_\_\_\_\_

Date\_\_\_\_\_

hatchet type\_\_\_\_\_

Date\_\_\_\_\_

Pg 14-16

Wire cuttrs type\_\_\_\_\_

Date\_\_\_\_\_

MG34 cleaning kit  
type\_\_\_\_\_

Date\_\_\_\_\_

gas mask type\_\_\_\_\_

Date\_\_\_\_\_

filters type\_\_\_\_\_

Date\_\_\_\_\_

ammo pchstype\_\_\_\_\_

Date\_\_\_\_\_

Additional items (these were usually written in by hand; be sure to give correct nomenclature and date of issue)

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Immunizations

List date(s) for the following immunizations

smallpox\_\_\_\_\_

dysentery\_\_\_\_\_

other\_\_\_\_\_

typhoid\_\_\_\_\_

Cholera\_\_\_\_\_

\_\_\_\_\_

Pg 18-19

Eye chart

Date of exam

Prescription

\_\_\_\_\_

R\_\_\_\_\_

L\_\_\_\_\_

Type of glasses (reading, normal, bifocals, etc)\_\_\_\_\_

Pg 20-21

Hospitalizations

Hospital

Date admitted

Nature of illness

Unit Officer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want me to leave the officer name blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

Date of discharge

Remarks from hospital

\_\_\_\_\_

\_\_\_\_\_

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Hospital \_\_\_\_\_  
Date admitted \_\_\_\_\_  
Nature of illness \_\_\_\_\_  
Unit Officer \_\_\_\_\_  
Do you want me to leave the officer name blank so one of your own  
officers can sign this?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of discharge \_\_\_\_\_  
Remarks from hospital \_\_\_\_\_

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Hospital \_\_\_\_\_  
Date admitted \_\_\_\_\_  
Nature of illness \_\_\_\_\_  
Unit Officer's rank and position \_\_\_\_\_  
Do you want me to leave the officer name blank so one of your own  
officers can sign this?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of discharge \_\_\_\_\_  
Remarks from hospital \_\_\_\_\_

Pg 22-23

These pages recorded the disposition of any valuables while you were in the hospital. If no hospital stay has been recorded, the pages might be used for additional security checks. Write, word for word, what you want in here, if anything; otherwise, please leave this blank:

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Dental

Date checked \_\_\_\_\_

Put an "x" on any teeth you had pulled:

8 7 6 5 4 3 2 1 - 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 - 1 2 3 4 5 6 7 8

Treatments (filled, pulled, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pg 26-27

Wartime pay record

I will use the same information as your promotion record from pg 1

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Pay received while away from unit

Date \_\_\_\_\_

Amount \_\_\_\_\_

Issuing unit \_\_\_\_\_

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Date \_\_\_\_\_

Amount \_\_\_\_\_

Issuing unit \_\_\_\_\_

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Date \_\_\_\_\_

Amount \_\_\_\_\_

Issuing unit \_\_\_\_\_

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Date \_\_\_\_\_

Amount \_\_\_\_\_

Issuing unit \_\_\_\_\_

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Pg 30

\*Awards

Date \_\_\_\_\_

Award\_\_\_\_\_

Date \_\_\_\_\_

Award\_\_\_\_\_

Date \_\_\_\_\_

Award\_\_\_\_\_

Date \_\_\_\_\_

Award\_\_\_\_\_

Date \_\_\_\_\_

Award\_\_\_\_\_

Do you want me to leave the officer's names blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

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\*Leave

Date From\_\_\_\_\_

To\_\_\_\_\_

Destination\_\_\_\_\_

Reason\_\_\_\_\_

Date approved\_\_\_\_\_

Officer's Rank\_\_\_\_\_

Officer's position\_\_\_\_\_

Do you want me to leave the officer name blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

Date From\_\_\_\_\_

To\_\_\_\_\_

Destination\_\_\_\_\_

Reason\_\_\_\_\_

Date approved\_\_\_\_\_

Officer's Rank\_\_\_\_\_

Officer's position\_\_\_\_\_

Do you want me to leave the officer name blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

Date From\_\_\_\_\_

To\_\_\_\_\_

Destination\_\_\_\_\_

Reason\_\_\_\_\_

Date approved\_\_\_\_\_

Officer's Rank\_\_\_\_\_

Officer's position\_\_\_\_\_

Do you want me to leave the officer name blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

-----  
Date From\_\_\_\_\_

To\_\_\_\_\_

Destination\_\_\_\_\_

Reason\_\_\_\_\_

Date approved\_\_\_\_\_

Officer's Rank\_\_\_\_\_

Officer's position\_\_\_\_\_

Do you want me to leave the officer name blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

-----  
Date From\_\_\_\_\_

To\_\_\_\_\_

Destination\_\_\_\_\_

Reason\_\_\_\_\_

Date approved\_\_\_\_\_

Officer's Rank\_\_\_\_\_

Officer's position\_\_\_\_\_

Do you want me to leave the officer name blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

-----  
Date From\_\_\_\_\_

To\_\_\_\_\_

Destination\_\_\_\_\_

Reason\_\_\_\_\_

Date approved\_\_\_\_\_

Officer's Rank\_\_\_\_\_

Officer's position\_\_\_\_\_

Do you want me to leave the officer name blank so one of your own officers can sign this?

Yes\_\_\_\_\_

No\_\_\_\_\_

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Your Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

When is it best to call?

\_\_\_\_\_

This form works best if you print it, fill it out, and mail it with your Soldbuch to:

**Matt DiPalma**  
**PO Box 357517**  
**Gainesville, Florida 32635**

I must often have the correct stamps made to complete your Soldbuch (at no additional cost to you), so please allow 3-6 weeks for completion.