

Wehrmacht / Heer 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

Pick type_____

Date_____

Entr tool type_____

Date_____

hatchet type_____

Date_____

Pg 8B

Wire cuttrs type_____

Date_____

MG34 cleaning kit

type_____

Date_____

gas mask type_____

Date_____

filters type_____

Date_____

ammo pchs type_____

Date_____

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

Pg 9

Immunizations

List date(s) for the following immunizations

smallpox_____

typhoid_____

dysentery_____

Cholera_____

other_____

Pg 10-11

Eye chart

Date of exam

Prescription

R_____

L_____

Type of glasses (reading, normal, bifocals, etc)_____

Pg 12-13

Hospitalizations

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

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 _____

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 14-15

These pages recorded the disposition of any valuables while you were in the hospital. If no hospital saty 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:

Pg 16-17

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.)

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Peacetime (pre-war) pay record (if any)

Date_____

Pay Grade_____

Amount_____

Unit_____

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Wartime pay record

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

Pg 20-21

Pay received while away from unit

Date_____

Amount_____

Issuing unit_____

Date_____

Amount_____

Issuing unit_____

Date _____ Amount _____
Issuing unit _____

Date _____ Amount _____
Issuing unit _____

Date _____ Amount _____
Issuing unit _____

Date _____ Amount _____
Issuing unit _____

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*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 _____

Pg 23-25

*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 _____

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.