

SELECTIVE SERVICE SYSTEM  
REGISTRATION CERTIFICATE

SSS Form 2  
(Rev. 4-20-67)

THIS IS TO CERTIFY THAT IN ACCORDANCE WITH THE SELECTIVE SERVICE LAW

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	
Gordon	Craig	SIMPSON	
SELECTIVE SERVICE NO.	10	53	
(DATE OF BIRTH)	(PLACE OF BIRTH)		
2 AUG. 1951	Bethesda, Md.		
COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT
Blue	Blond	6 FT. 2 IN.	165

REGISTRANT'S SIGNATURE

Other obvious physical characteristics

None

WAS DULY REGISTERED ON THE 12 DAY OF Sept. 19 69

*Dr. C. Caligaris*

(MEMBER, EXECUTIVE SECRETARY, OR CLERK OF LOCAL BOARD)

SELECTIVE SERVICE SYSTEM

LOCAL BOARD NO. 03

SEP 12 1969

JESSUP-BLAIR HOUSE  
SILVER SPRING, MD. 20910

The law requires you to have this certificate in your personal possession at all times and to surrender it upon entering active duty in the Armed Forces.

The law requires you to notify your local board in writing within 10 days after it occurs, (1) of every change in your address, physical condition and occupational (including student), marital, family, dependency and military status, and (2) of any other fact which might change your classification.

Any person who alters, forges, knowingly destroys, knowingly mutilates or in any manner changes this certificate or who, for the purpose of false identification or representation, has in his possession a certificate of another or who delivers his certificate to another to be used for such purpose, may be fined not to exceed \$10,000 or imprisoned for not more than 5 years, or both.

Your Selective Service Number, shown on the reverse side, should appear on all communications with your local board. Sign this form immediately upon receipt.

**FOR INFORMATION AND ADVICE,  
GO TO ANY LOCAL BOARD**