

DATE	TIME	PLEDGE <input type="checkbox"/>		SOLD <input type="checkbox"/>		TICKET #			
PLEDGER SELLER	NAME LAST, FIRST, MI						TYPE OF IDENTIFICATION		
	RESIDENCE # STREET			TOWN / CITY		STATE	ZIP	IDENTIFICATION NUMBER	
	DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR	PAID BY CHECK NUMBER	
ARTICLE DESCRIPTION									

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