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| 38. REMARKS (Continue on reverse)  39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN  2 Days lost under section 6 (a) appendix 2b MCM 1951  Blood Group "A"  Excess leave 61 days  40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)  COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.  41. DATES OF LAST CIVILIAN EMPLOYMENT:  80M  TO  NO WORK History  42. MAIN CIVILIAN OCCUPATION  A4. UNITED STATES CITIZEN  45. MARITAL STATUS  46. NON-SERVICE EDUCATION (Years successfully completed)  GRAM. HIGH COL.  MARY SCHOOL LEGE  MAJOR COURSE OR FIELD  WOJG  WAJOR COURSE OR FIELD  WAJOR COURSE OR FIELD  WAJOR COURSE OR FIELD  WAJOR COURSE OR FIELD  WOJG  WAJOR COURSE OR FIELD  WAJOR COURSE OR FIELD  WAJOR COURSE OR FIELD  WAS SCHOOL LEGE  WAJOR COURSE OR FIELD  WAS SIGNATURE OF PERSON BEING SEPARATED   | AANCE AND (Y DATA                             | GOVERNMENT INSURANCE INFO payable to the Treasurer of the Unjurisdiction of area in which you may be terrain Administration, Washington policy number(s), if known.  32. KIND OF INSURANCE (amount and N. S. L. 1.   | DRMATION: 14 pited States. Formitain your mailin 25, D. C. Whei  | Disb. Div Accts: H D Symbol Nu realism is ne and payments ng address for n making insu each month)   | 59 (   | Col FC<br>142<br>due, or wi<br>Service Li<br>Irposes, For<br>nts be sure        |                                    | ty-one days to the Coments for Ur full name an   | thereafter,<br>collections<br>nited State<br>d mailing   | the ben  | NA NA  ee will laps oferans Adn ment Life for insuran  | se. Make ch<br>ninistration<br>Insurance tr<br>nee purposes  | ecks or m<br>District (<br>) Collectio<br>, service  | navi<br>na<br>ina<br>anti-  |
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| 40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)  COMPENSION. INSURANCE BENEFITS. ETC.  NONE  41. DATES OF LAST CIVILIAN EMPLOYMENT:  REOM  A4. UNITED STATES CITIZEN  A5. MARITAL STATUS  A6. NON-SERVICE EDUCATION (Years successfully completed)  GRAM. High COL.  MARY SCHOOL LEER  A7. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)  48. SIGNATURE OF PERSON BEING SEPARATED  | INSURANCE AND<br>PAY DATA                     | GOVERNMENT INSURANCE INFO payable to the Treasurer of the Unjurisdiction of area in which you may be terrans Administration, Washington policy number(s), if known.  32. KIND OF INSURANCE (amount and N. S. L. I. NONE  | DRMATION: 16- ited States. Forw intain your maili n 25, D. C. Whei  U. S. G. L. I.  36. TRAYEL OF  | Disb. Div Accts: H D Symbol Nu reconstruction is no ard address for making insu each month)  NONE R MILEAGE ALLON  | 59 (Lloyd, Lt mber 215. t paid when for National insurance payme   | Col FC 142 due, or wi Service Li riposes. For nts be sure 33.                   | MONTH A                            | ty-one days tance to the Coments for Ur full name an   | thereafter, ollections nited State d mailing   | insurand<br>Unit, Ve<br>so Govern<br>address   | NA  De will laps sterans Adn ment Life for insurar   | se, Make ch<br>ninistration<br>Insurance to<br>noe purposes  | ecks or m<br>District (<br>O Collection<br>, service   | maun<br>men<br>A a<br>an) (<br>aigna<br>mai   |
| 40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)  COMPENSION. INSURANCE BENEFITS. ETC.  NONE  41. DATES OF LAST CIVILIAN EMPLOYMENT:  REOM  A4. UNITED STATES CITIZEN  A5. MARITAL STATUS  A6. NON-SERVICE EDUCATION (Years successfully completed)  GRAM. High COL.  MARY SCHOOL LEER  A7. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)  48. SIGNATURE OF PERSON BEING SEPARATED  | INSURANCI<br>PAY DA                           | GOVERNMENT INSURANCE INFO payable to the Treasurer of the Un Jurisdiction of area in which you may be terans Administration, Washington policy number(s), if known.  32. KIND OF INSURANCE (amount and N. S. L. I. NONE  35. TOTAL PAYMENT UPON SEPARATION  \$\frac{1}{2} \frac{2}{3} \frac{9}{3}\$  36. REMARKS (Continue on reverse  | DRMATION: 14   lited States. Forw intain your mailin 25, D. C. Where U. S. G. L. I.  36. TRAVEL OF IN TOTAL PAYN   | Disb. Div Accts: H D Symbol Nu reconting the series of t   | 59 (Lloyd, Lt mber 215. paid when for National insurance payme   | Col FC 142 due, or wi Service Li riposes. For nts be sure 33.                   | DISBURS                            | ty-one days tance to the Coments for Urfull name and LILOTMENT DISC  | thereafter, therea | insurant<br>Unit, Ve<br>es address<br>address  | NA  De will laps oferans Adment Life for insurar  34. MONTH  | se. Make che ininistration Insurance to Purposes H NEXT PREMI  | ecks or m<br>District C<br>Collectio<br>, service  | maun<br>men<br>A a<br>an) (<br>aigna<br>mai   |
| 40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)  COMPENSATION, PENSION. INSURANCE BENEFITS, ETC.  NO. WORK  41. DATES OF LAST CIVILIAN EMPLOYMENT:  FROM  TO  NO. WORK History  42. MAIN CIVILIAN OCCUPATION  NO. WORK History  A4. UNITED STATES CITIZEN  45. MARITAL STATUS  46. NON-SERVICE EDUCATION (Years successfully completed)  GRAM. High COL.  GRAM. SCHOOL LEEE  MAY  47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)  48. SIGNATURE OF PERSON BEING SEPARATED  | INSURANCI<br>PAY DA                           | GOVERNMENT INSURANCE INFO payable to the Treasurer of the Un Jurisdiction of area in which you may Veterans Administration, Washington policy number(s), if known.  32. KIND OF INSURANCE (amount and N. S. L. 1.  NONE  35. TOTAL PAYMENT UPON SEPARATION  4. 3.98  38. REMARKS (Continue on reverse 2. Days lost under   | DRMATION: 14   lited States. Forw intain your mailin 25, D. C. Where U. S. G. L. I.  36. TRAVEL OF IN TOTAL PAYN   | Disb. Div Accts: H D Symbol Nu reconting the series of t   | 59 (Lloyd, Lt mber 215. paid when for National insurance payme   | Col FC 142 due, or wi Service Li riposes. For nts be sure 33.                   | DISBURS                            | ty-one days tance to the Coments for Urfull name and LILOTMENT DISC  | thereafter, therea | insurant<br>Unit, Ve<br>es address<br>address  | NA  De will laps oferans Adment Life for insurar  34. MONTH  | se. Make che ininistration Insurance to Purposes H NEXT PREMI  | ecks or m<br>District C<br>Collectio<br>, service  | navi<br>na<br>ina<br>anti-  |
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| AC. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)  COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.  COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.  A1. DATES OF LAST CIVILIAN EMPLOYMENT:  A2. MAIN CIVILIAN OCCUPATION  A3. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER  A4. UNITED STATES CITIZEN  A5. MARITAL STATUS  A6. NON-SERVICE EDUCATION (Years successfully completed)  A7. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)  A7. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)  A8. SIGNATURE OF PERSON BEING SEPARATED  | INSURANCI<br>PAY DA                           | GOVERNMENT INSURANCE INFO payable to the Treasurer of the Unitrisdiction of area in which you may be terrains Administration, Washington policy number(s), if known.  32. KIND OF INSURANCE (amount and N. S. L. I. NONE  35. TOTAL PAYMENT UPON SEPARATION  \$ 163.98  38. REMARKS (Continue on reverse 2 Days lost under Blood Group "A"   | DRMATION:  ifed States. Forwintain your mailin 25, D. C. When U. S. G. L. I.  38. TRAVEL OF IN TOTAL PAYN  SECTION   | Disb. Div Accts: H D Symbol Nu reconting the series of t   | 59 (Lloyd, Lt mber 215. paid when for National insurance payme   | Col FC 142 due, or wi Service Li riposes. For nts be sure 33.                   | DISBURS                            | ty-one days tance to the Coments for Urfull name and LILOTMENT DISC  | thereafter, ollections nited State d mailing ontinued NAME AND 39. SI  | insurance unit, Vess Govern address  | NA  De will laps oferans Adn ment Life for insurar  34. MONTH  DATITLE (T.   | Se. Make cheministration Insurance trace purposes H NEXT PREMI   | ecks or m<br>District C<br>Collectio<br>, service  | navi<br>na<br>ina<br>anti-  |
| A1. Dates of Last civilian employment:  ROM  TO  NO Work History  42. Main civilian occupation  NO Work History  43. Name and address of Last civilian employer  NA  44. United states citizen  45. Marital status  46. Non-service education (Years successfully completed)  GRAM. High college begins of the state of person being separated  47. Permanent address for mailing purposes after separation (St., R.F.D., County, City and State)  48. Signature of person being separated   | INSURANCI<br>PAY DA                           | GOVERNMENT INSURANCE INFO payable to the Treasurer of the Unitrisdiction of area in which you may be terrains Administration, Washington policy number(s), if known.  32. KIND OF INSURANCE (amount and N. S. L. I. NONE  35. TOTAL PAYMENT UPON SEPARATION  \$ 163.98  38. REMARKS (Continue on reverse 2 Days lost under Blood Group "A"   | DRMATION:  ifed States. Forwintain your mailin 25, D. C. When U. S. G. L. I.  38. TRAVEL OF IN TOTAL PAYN  SECTION   | Disb. Div Accts: H D Symbol Nu reconting the series of t   | 59 (Lloyd, Lt mber 215. paid when for National insurance payme   | Col FC 142 due, or wi Service Li riposes. For nts be sure 33.                   | DISBURS                            | ty-one days tance to the Coments for Urfull name and LILOTMENT DISC  | thereafter, ollections lited State d mailing on tinued NAME AND 39. SI   | insurandunit, Vess Govern address  SYMBOL NU  GNATURE (  GRADE AN  JAMES   | NA  De will laps oferans Adn ment Life for insurar  34. MONTH  DATITLE (T.   | se. Make che chinistration Insurance trace purposes of NEXT PREMI  | ecks or m<br>District C<br>Collectio<br>, service  | maun<br>men<br>A a<br>an) (<br>aigna<br>mai   |
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| 45. MARITAL STATUS 46. NON-SERVICE EDUCATION (Years successfully completed)  AFAM: HIGH College School Leeg MARY School Leeg MARY 1. Permanent address for mailing purposes after separation (St., R.F.D., County, City and State)  48. SIGNATURE OF PERSON BEING SEPARATED  | AUTHENTICATION INSURANCE PAY DA               | GOVERNMENT INSURANCE INFO payable to the Treasurer of the Universition of area in which you may be terans Administration, Washington policy number(s), if known.  32. KIND OF INSURANCE (amount and N. S. L. I. NONE  35. TOTAL PAYMENT UPON SEPARATION  \$\frac{1}{2} \frac{3}{2} \frac{9}{8}\$  38. REMARKS (Continue on reverse 2 Days lost under Blood Group "A"  Excess leave 61 d.  40. V.A. BENEFITS PREVIOUSLY APPLIED IS COMPENSATION, PENSION, INSURANCE BEINONE   | DRMATION: He pited States. Forwintain your mailin 25, D. C. When U. S. G. L. I.    36. TRAVEL OF IN TOTAL PAYN BY SECTION    SECTION   S | Disb. Div Accts: H D Symbol Nu recalism is ne and payments ng address for making insu each month)  None R MILEAGE ALLOV AENI 6 (a)   | 59 (Lloyd, Lt mber 215. paid when for National insurance payme   | Col FC 142 due, or wi Service Li riposes. For nts be sure 33.                   | DISBURS                            | ty-one days tance to the Coments for Urfull name and LILOTMENT DISC  | thereafter, ollections lited State d mailing on tinued NAME AND 39. SI   | insurandunit, Vess Govern address  SYMBOL NU  GNATURE (  GRADE AN  JAMES   | NA  De will laps of the sterans Administration of the sterans Administration of the sterans and sterans and sterans administration of the sterans administra | Se. Make cheministration Insurance to Insurance to Purposes A NEXT PREMITED TO SUPPOSE T | ecks or m<br>District C<br>Collectio<br>, service  | maun<br>men<br>A a<br>an) (<br>aigna<br>mai   |
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