

12

TM 12-223

WAR DEPARTMENT TECHNICAL MANUAL

RECEPTION CENTER OPERATIONS

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WAR DEPARTMENT • 20 DECEMBER 1944

WAR DEPARTMENT TECHNICAL MANUAL
TM 12-223

This manual, together with TM 12-221, Armed Forces Induction Station Operations, 30 November 1944, supersedes Army Service Forces Manual M-201, Induction Station and Reception Center Operation, August 1943.

RECEPTION CENTER
OPERATIONS



WAR DEPARTMENT • 20 DECEMBER 1944

United States Government Printing Office

Washington: 1944

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WAR DEPARTMENT

Washington 25, D.C., 20 December 1944

TM 12-223, Reception Center Operations, is published for the information and guidance of all concerned.

[A.G. 300.7 (24 Nov 44).]

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,
Chief of Staff.

OFFICIAL:

J. A. ULIO,
*Major General,
The Adjutant General.*

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For explanation of symbols, see FM 21-6.

MAY 3 - 1945

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TM 11-223
1944/2**FOREWORD**

Recent changes in policy governing both the procurement of men for the armed forces and the assignment of enlisted men from reception centers have necessitated changes in ASF Manual M-201, Induction Station and Reception Center Operation.

The procedures contained in this manual are designed to implement current regulations affecting reception center operations, and to simplify and standardize, to the fullest extent practicable, the processing of personnel through such stations. Many of these procedures have been developed through the initiative, ingenuity, and resourcefulness of the commanding officers and personnel of reception centers. It is recognized that there may exist some local conditions or differences in physical facilities and layout which may make it difficult to apply certain procedures. When by reason of such conditions or differences it appears that an element of the procedures prescribed in this manual cannot be applied, a deviation to the extent necessary is authorized. However, in approving a deviation, the commanding officer of a reception center should exercise care to determine that the deviation is based on a condition or difference of the type mentioned above.

The various War Department and related forms currently used in reception center processing cover a wide range of personnel and fiscal activities. For the most part, they do not at this time appear to present significant opportunities for consolidation or elimination. It is largely in the technique of processing itself and in the elimination of local forms to the greatest extent possible that efforts must be made to simplify procedures.

The procedure charts used in this manual illustrate graphically the flow of the man and his records and the action taken throughout each step in the process. Three types of rectangular blocks are used in these charts. The first type, with shading along all outside edges, indicates a person; for an example, see Figure 1. A block with shading along only the lower and right hand edges indicates a document, Figure 2. The same block shaded in one corner indicates that the document is originated by the section, unit, or other organization shown in the column heading, Figure 3. A third type of block, with dark shading along the lower and right hand edges and with light shading over the face of the block, represents neither a person nor a record but such things as a garment, a verbal request, or a telephone call, Figure 4.



FIGURE 1



FIGURE 2



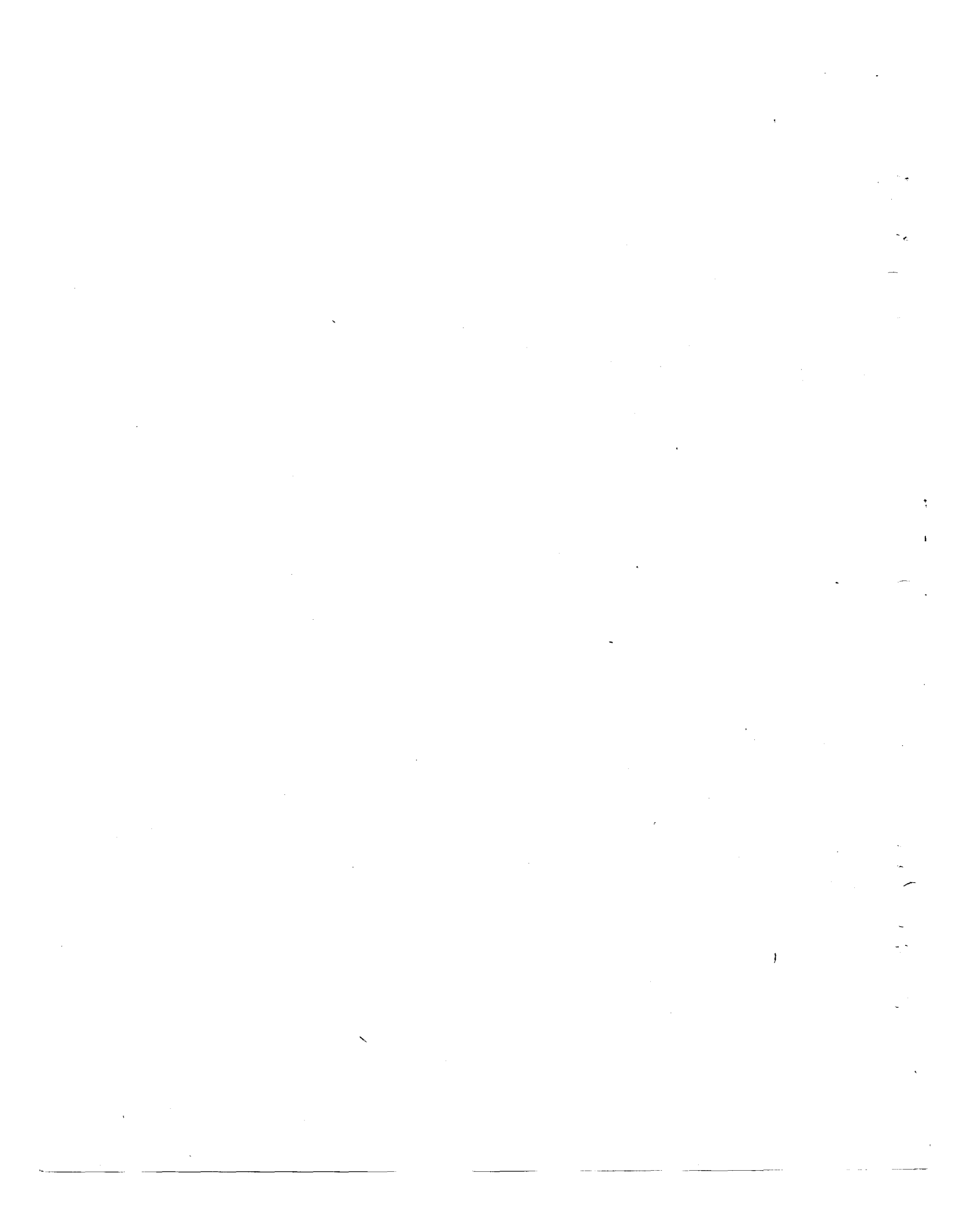
FIGURE 3



FIGURE 4

The numerals appearing in the upper left hand corners of the blocks are the copy numbers which do not necessarily appear on the forms themselves. Number 1 indicates the original, number 2, the duplicate, and so forth.

Suggestions for the simplification or improvement of the procedures and for the consolidation or elimination of any forms are invited, and may be forwarded direct to the Army Service Forces Procedures Committee, Room 3E 616, The Pentagon, Washington 25, D. C. All suggestions should be accompanied, wherever possible, by charts and forms so that they may be readily compared with the procedural charts and forms contained in this manual.



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Section I

GENERAL**1. Authority.**

Reception centers are Class 1 installations of the Army Service Forces established and operated pursuant to AR 615-500.

2. Definition.

The terms "enlisted man" or "enlisted men" when used in this manual will apply to a soldier or soldiers entering the Army by enlistment or induction.

3. Mission.

The mission of reception centers is to perform certain administrative processes in connection with newly enlisted men which must be accomplished before they may begin basic training.

4. Administrative Processes.

The essential administrative processes performed at reception centers are:

- a.* Initiation of records.
- b.* Physical profile.
- c.* Classification tests. (Army General Classification, Mechanical Aptitude and Army Radio Code Aptitude.)
- d.* Issuance of clothing and equipment.
- e.* Classification.
- f.* Application for insurance, dependency benefits, allotments, and bonds.
- g.* Blood typing.
- h.* Immunization. (Initial injections.)
- i.* Training films and lectures.
- j.* Assignment.
- k.* Transfer to training center.

5. Processing Plan.

a. Under the current procedure for assigning enlisted men from reception centers to training centers, men may not be transferred from the reception center until they have been reported to the Adjutant General's Office on the Daily Availability Report by Physical Profile (ASF Registry Number 43-WDGA), and that office has directed a daily allotment for them. To process men with all practicable speed requires, therefore, that the processing plan give precedence to the various steps upon which the Daily Availability Report is based. Specifically the steps which must be completed before the report may be made are the physical profile examination and the Army general classification test.

b. The remaining steps in the processing do not directly affect the preparation of the Daily Availability Report, and consequently their sequence is not a matter of importance.

c. The processing plan on page 3 arranges the processing steps in the sequence which will enable the reception center to prepare and transmit the Daily Availability Report at the earliest practicable time.

6. Aids to Processing.

Some specific aids and suggestions designed to exploit opportunities for speedy and efficient processing are contained in Section V of this manual.

7. The Personal Factor in Processing.

While considerable emphasis is placed on speedy and efficient processing, the psychological implications involved in the transition from civilian life to

military life should not be overlooked. The reception center is the new soldier's first Army home and his first experience with Army procedures following enlistment or induction. In most cases, he will look upon reception center activities as indicative of what he may expect in the future. Accordingly, the impression made on the soldier during his stay at the reception center may have a significant influence in shaping his attitude toward the Army. The processing should be so conducted as to impress the soldier with the fact that, in traditional Army manner, it has been meticulously planned and is being executed according to that

plan. He should be given fair and considerate treatment. Unnecessary haste or unwarranted delays should be avoided. Care should be exercised in the initial assignment of quarters so that changes will be held to a minimum. The mess should be so coordinated that all soldiers do not arrive at a mess hall at the same time. All reception center personnel who conduct any phase of processing should be thoroughly trained in their jobs. Military personnel of the reception center should be exemplary in appearance and conduct. The reception center should take full advantage of the opportunity it has to instil in the soldier confidence in Army leadership.

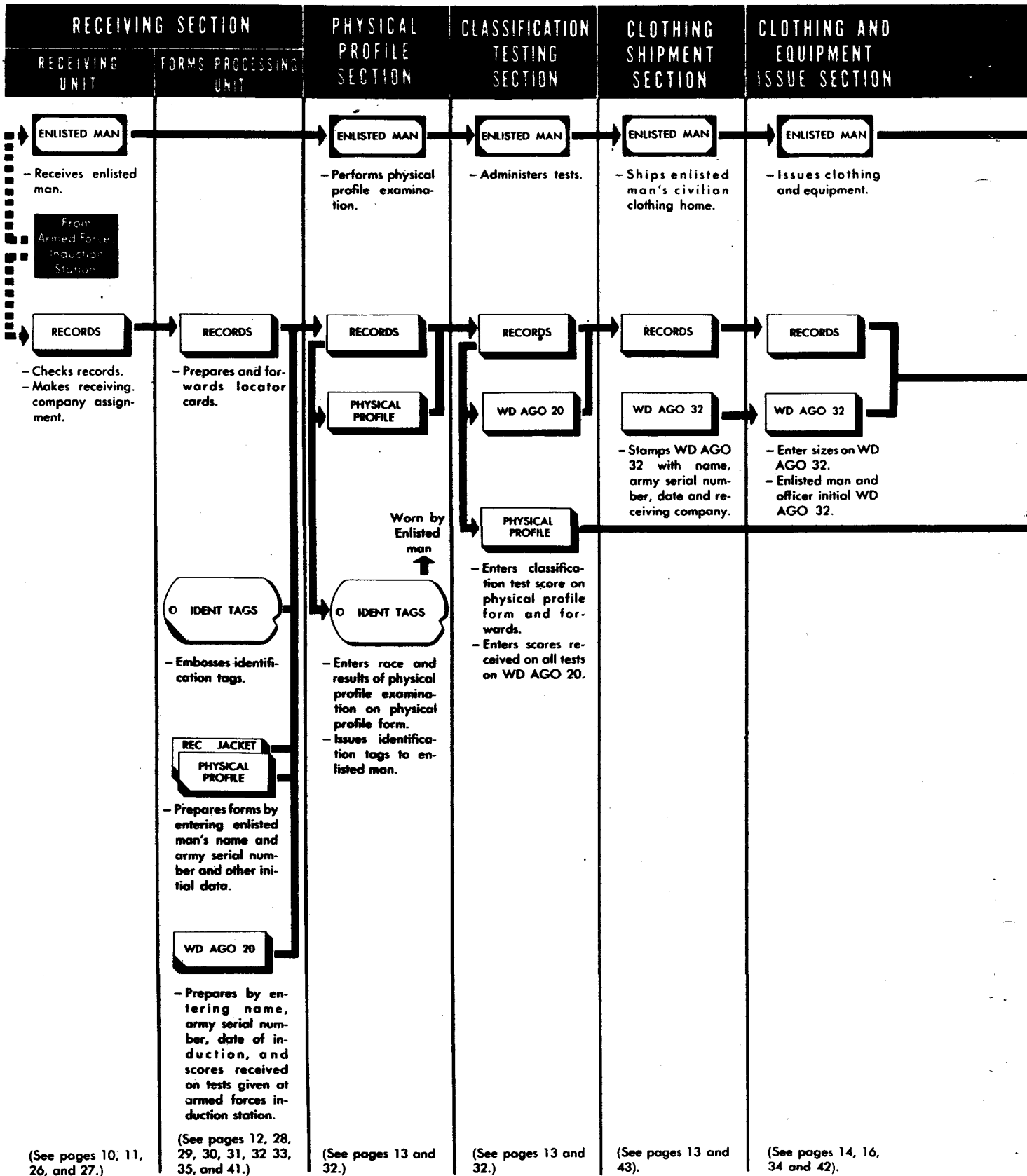
RECEPTION CENTER PROCESSING PLAN

INITIAL STEPS	FIRST PROCESSING DAY	SECOND PROCESSING DAY
Receiving	General Orientation Talk	Interview and Classification
Checking	Physical Profile	Insurance, Bonds, and Allotments
Issuance of Towels, Toilet Articles, Raincoat, and Pamphlet	Classification Testing*	Required Lectures and Films
Quartering	Clothing Issue	Blood Type and Inoculations
Initiation of Records		

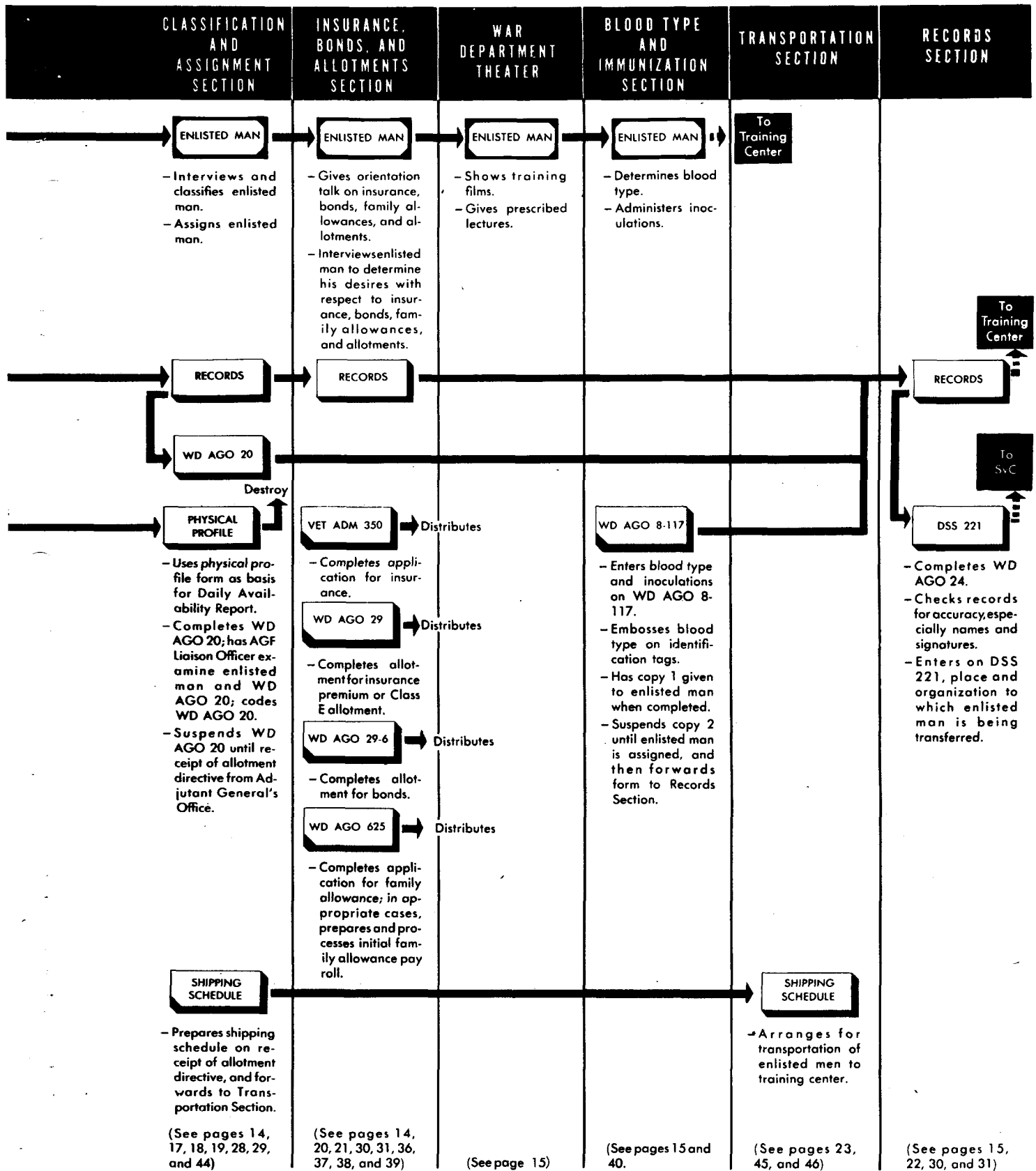
* Immediately after the completion of the Army General Classification Test, the results thereof will be determined and forwarded to the Classification and Assignment Section.

The general plan illustrated above applies to a situation in which the enlisted men have arrived at the reception center late in the afternoon or during the night so that the steps commencing with the General Orientation Talk cannot begin until the reception center starts processing for the day. When enlisted men are received during the morning or during hours of the afternoon which will permit some processing to be accomplished in addition to that shown under "Initial Steps," as many of the additional processing steps as possible will be accomplished as time permits. As indicated previously, the physical profile examination and the Army General Classification Test must be accomplished at the earliest practicable time after the arrival of the enlisted men so that they may be reported on the Daily Availability Report by Physical Profile, ASF Registry 43-WDGA, due at the Adjutant General's Office not later than 1800Z daily.

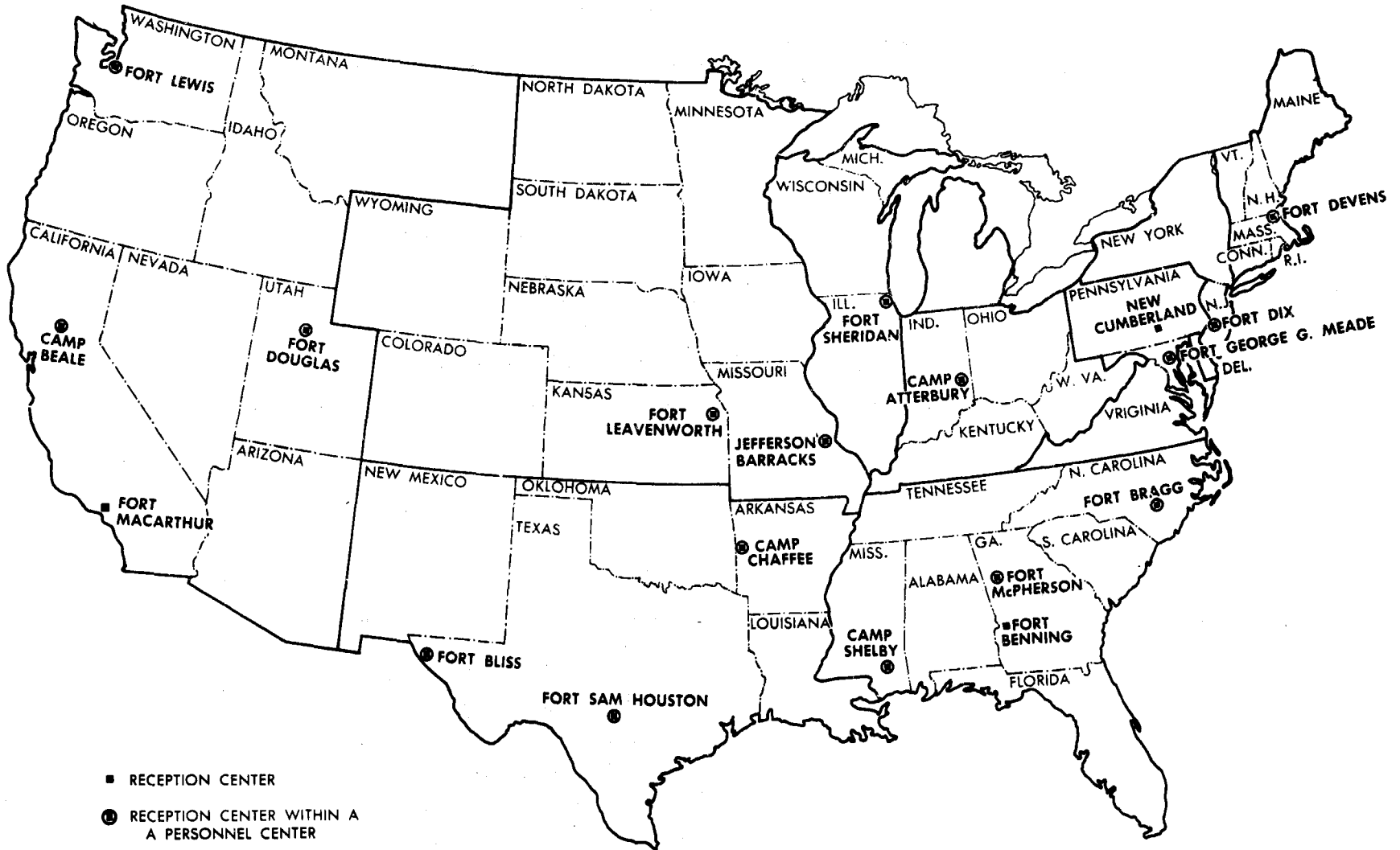
MAJOR STEPS IN



RECEPTION CENTER PROCESSING



LOCATION OF RECEPTION CENTERS

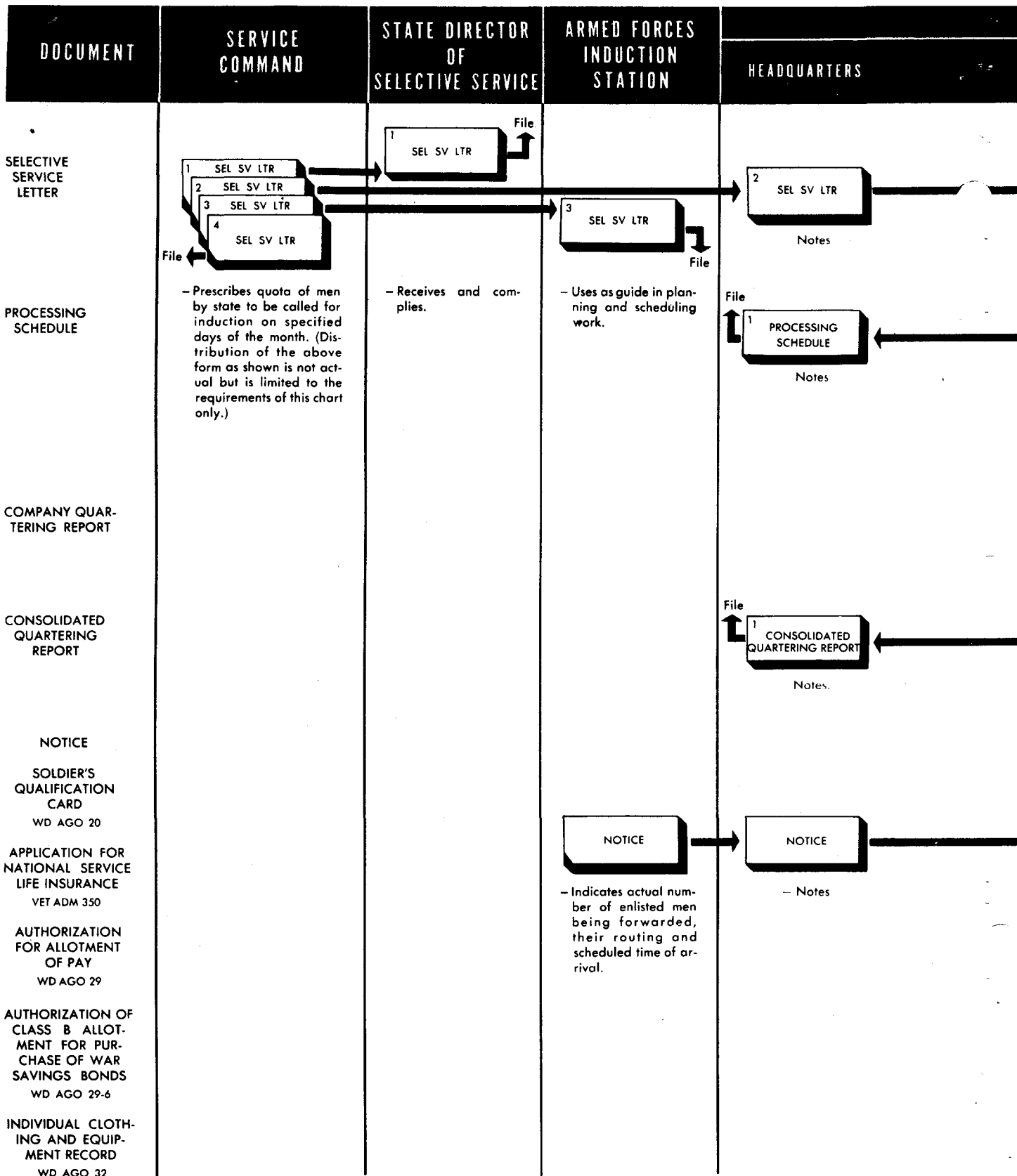


Section II

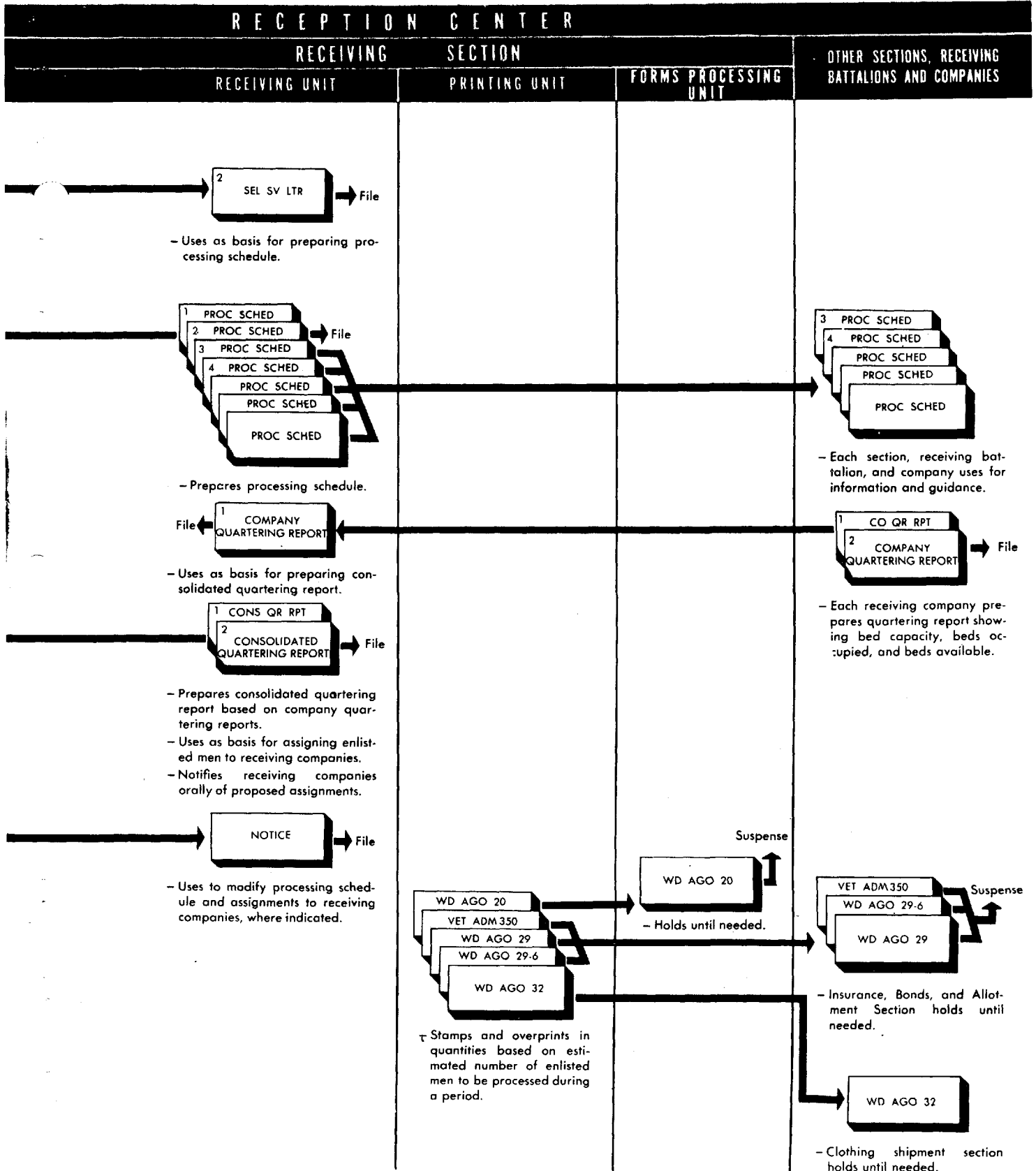
RECEPTION CENTER PROCEDURE CHARTS

8. The basic procedures and the flow and disposition of the various forms used in the processing of enlisted men at reception centers are described graphically by the procedure charts in this section.

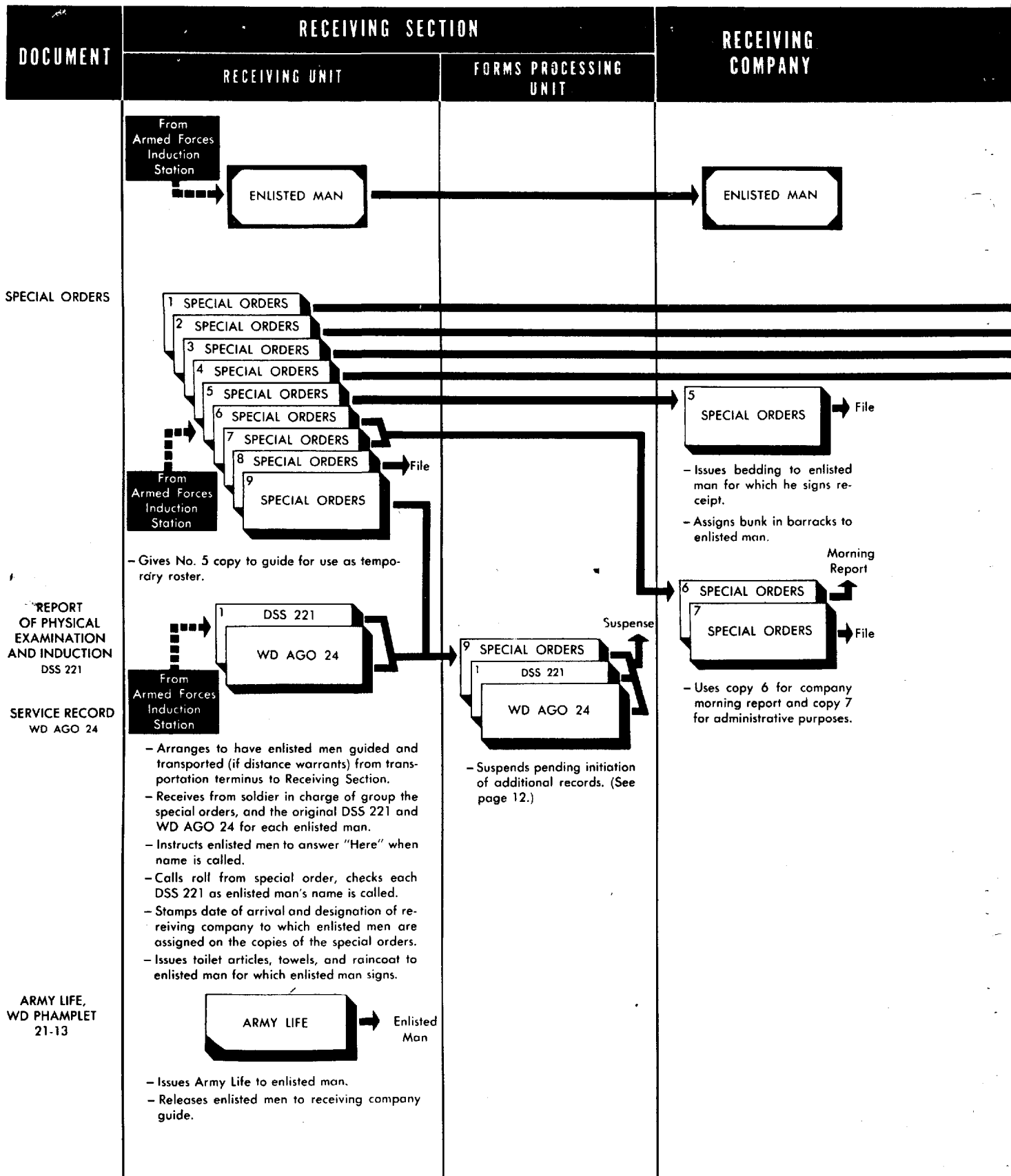
ACTION TAKEN PRIOR TO



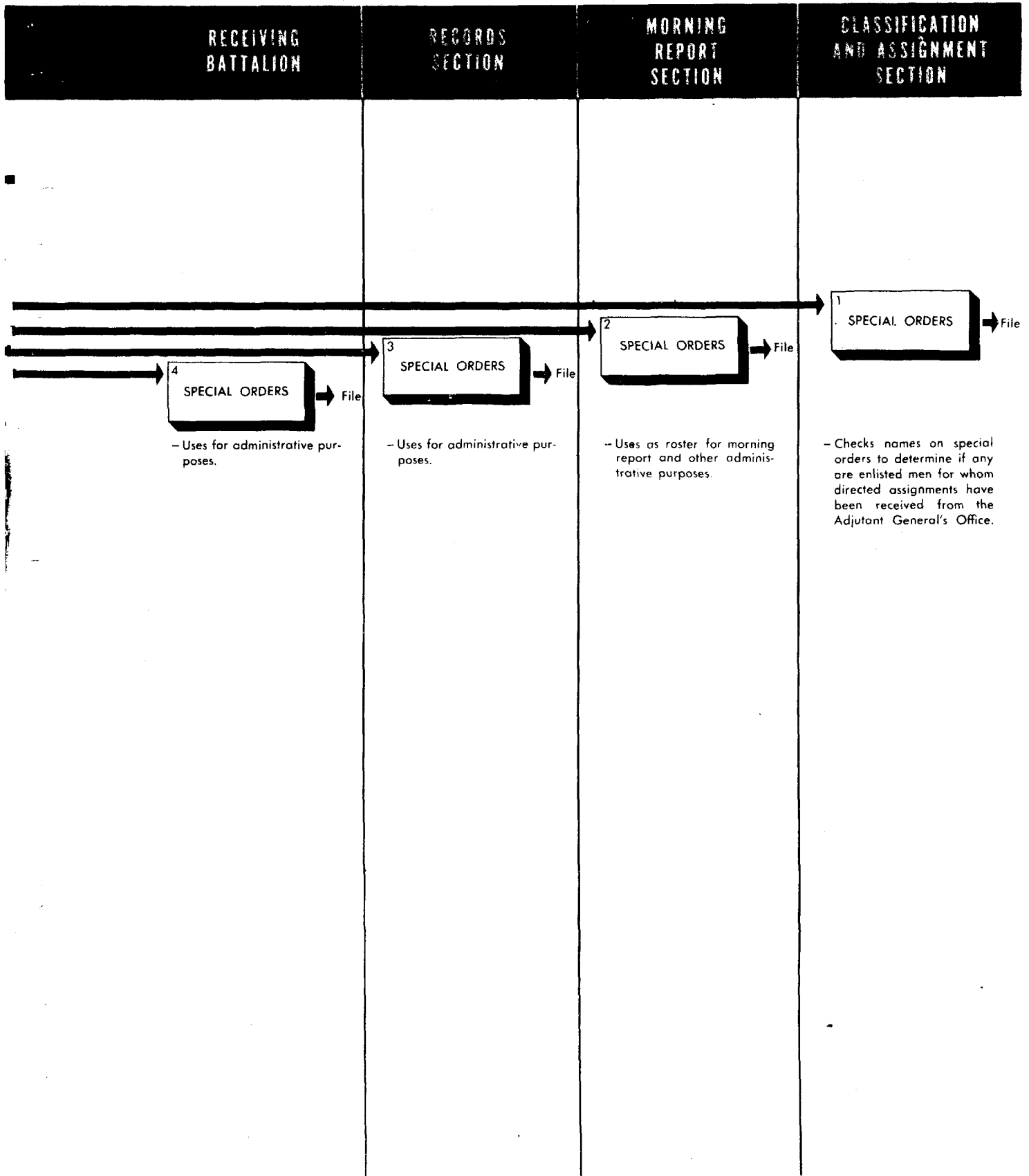
ARRIVAL OF ENLISTED MEN



ACTION ON ARRIVAL



OF ENLISTED MEN



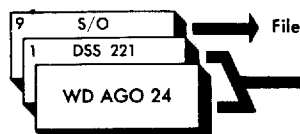
ACTION AFTER ARRIVAL

DOCUMENT

RECEIVING SECTION

FORMS PROCESSING UNIT

- SPECIAL ORDERS
- REPORT OF PHYSICAL EXAMINATION AND INDUCTION
DSS 221
- SERVICE RECORD
WD AGO 24
- RECORDS JACKET
WD AGO 201
- APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE
VET ADM 350
- INDIVIDUAL CLOTHING AND EQUIPMENT RECORD
WD AGO 32
- BARRACKS BAG TAG
- CIVILIAN CLOTHES BAG TAG
- CIVILIAN CLOTHES BAG SLIP
- SOLDIER'S QUALIFICATION CARD
WD AGO 20
- PHYSICAL PROFILE FORM
- AUTHORIZATION FOR ALLOTMENT OF PAY
WD AGO 29
- AUTHORIZATION OF CLASS B ALLOTMENT FOR PUR-
CHASE OF WAR SAVINGS BONDS
WD AGO 29-6
- APPLICATION FOR DEPENDENCY BENEFITS
WD AGO 625
- IMMUNIZATION REGISTER AND OTHER MEDICAL DATA
WD AGO 8-117
(OLD WD MD 81)
- IDENTIFICATION TAGS
- POSTAL LOCATOR CARD
- LOCATOR CARD
WD AGO 401
- ENLISTMENT RECORD JACKET
WD AGO 490



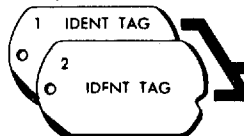
- Removes form from suspense. (See page 10.)
- Stamps DSS 221 with date of arrival and designation of receiving company to which enlisted man is assigned.



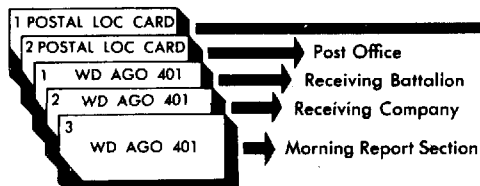
- Stamps records jacket and physical profile form with date of arrival, designation of receiving company, and special orders and paragraph number.



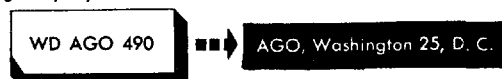
- Prepares by entering enlisted man's name, army serial number, date of induction and scores received in test given at the time of his preinduction physical examination.
- Enters designation of receiving company to which enlisted man is assigned in upper left hand corner in pencil.



- Embosses enlisted man's identification tags.

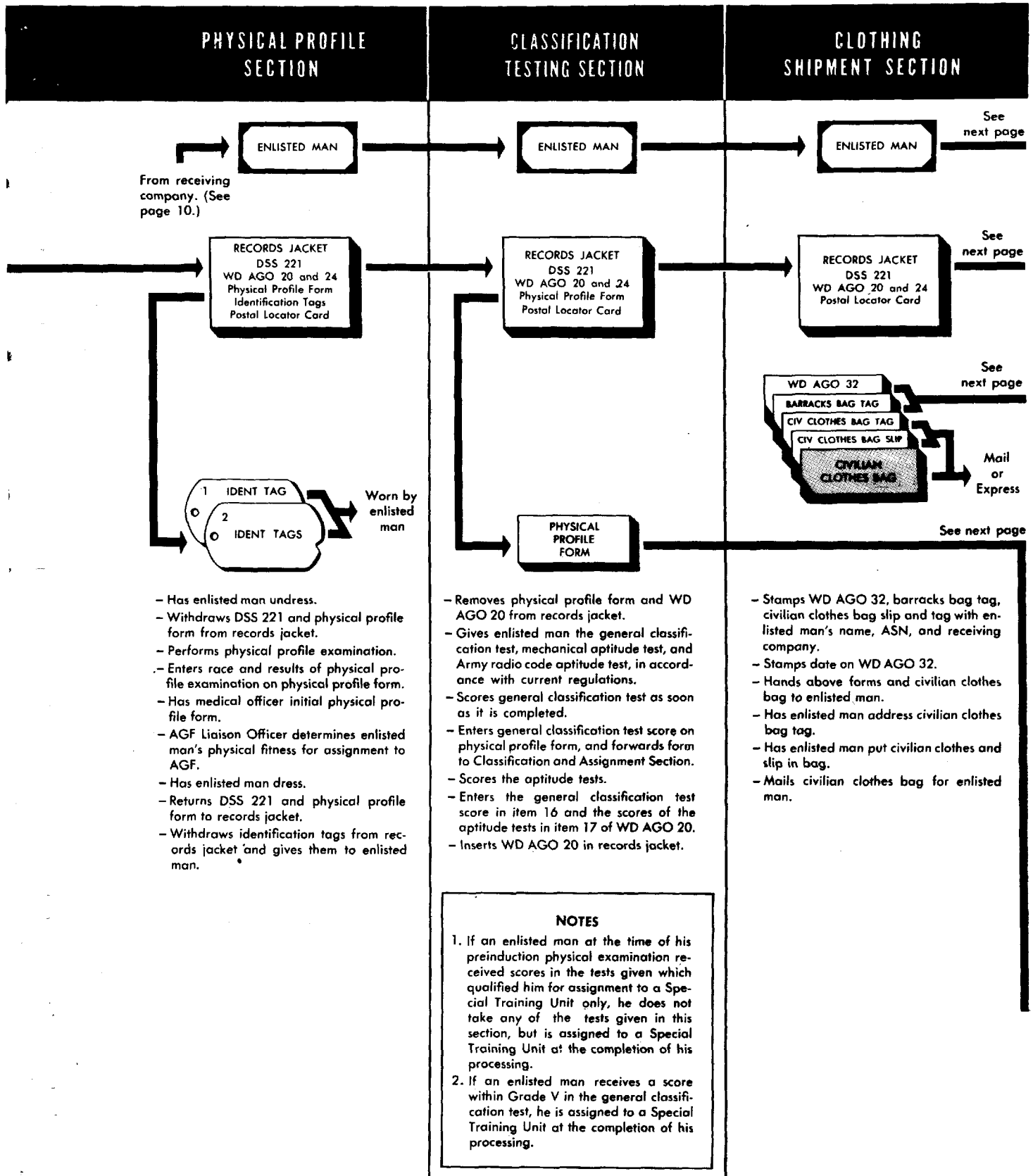


- Stamps one postal locator card with one identification tag, and one WD AGO 401 with the other identification tag.
- Checks correctness of identification tags by comparing impressions made by identification tags (letter for letter, digit for digit) against DSS 221.
- Stamps remaining postal locator card and WD AGO 401's with identification tag.
- Stamps postal locator cards and WD AGO 401's with date of arrival and designation of receiving company.

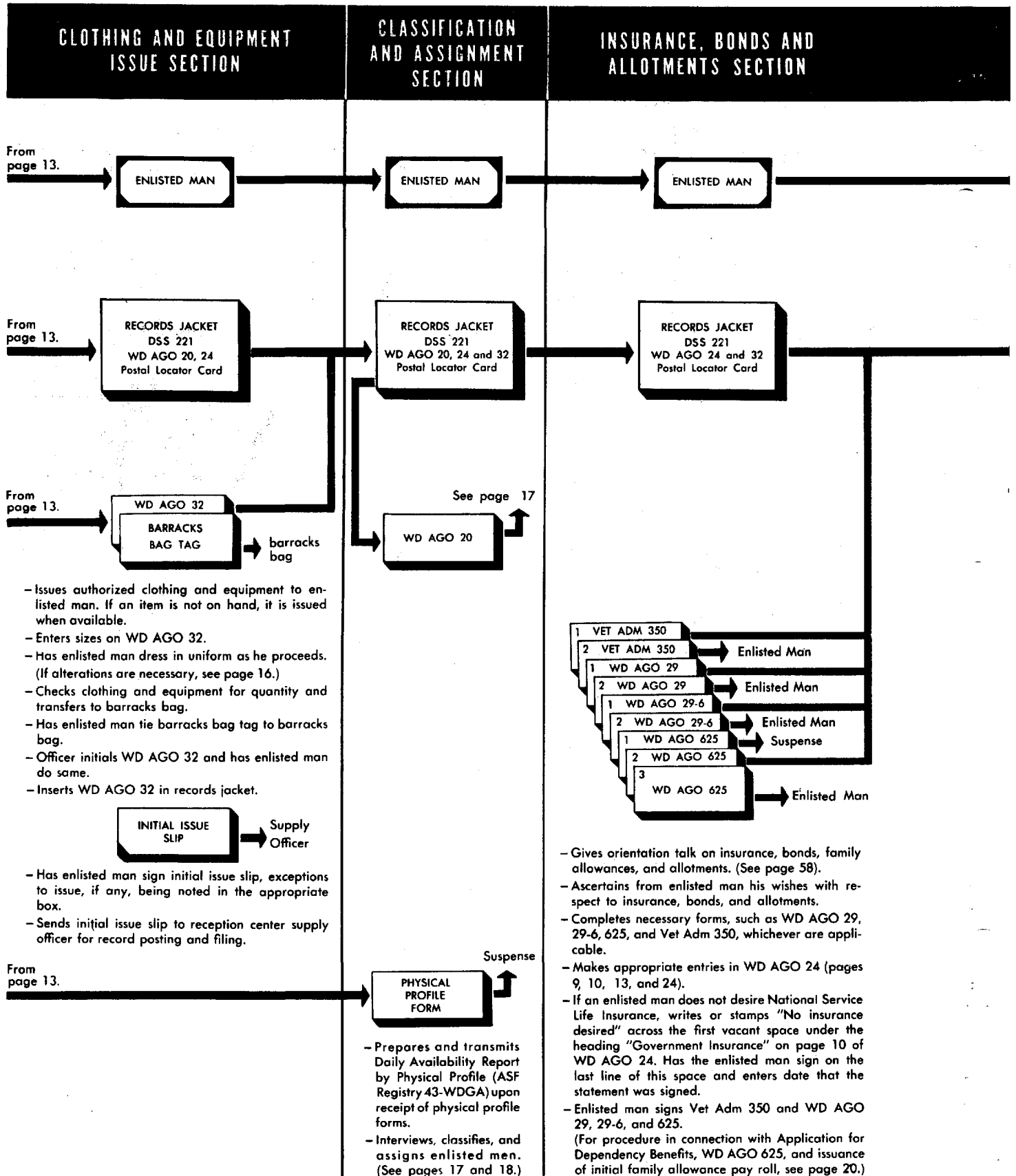


- Stamps enlisted man's name and ASN on WD AGO 490, records jacket, and physical profile form.
- Stamps date of induction on WD AGO 490.
- Places identification tags on necklace.
- Makes appropriate entries on pages 4, 10, and 15 of WD AGO 24.
- Sends WD AGO 490 to the Adjutant General's Office on the day completed.

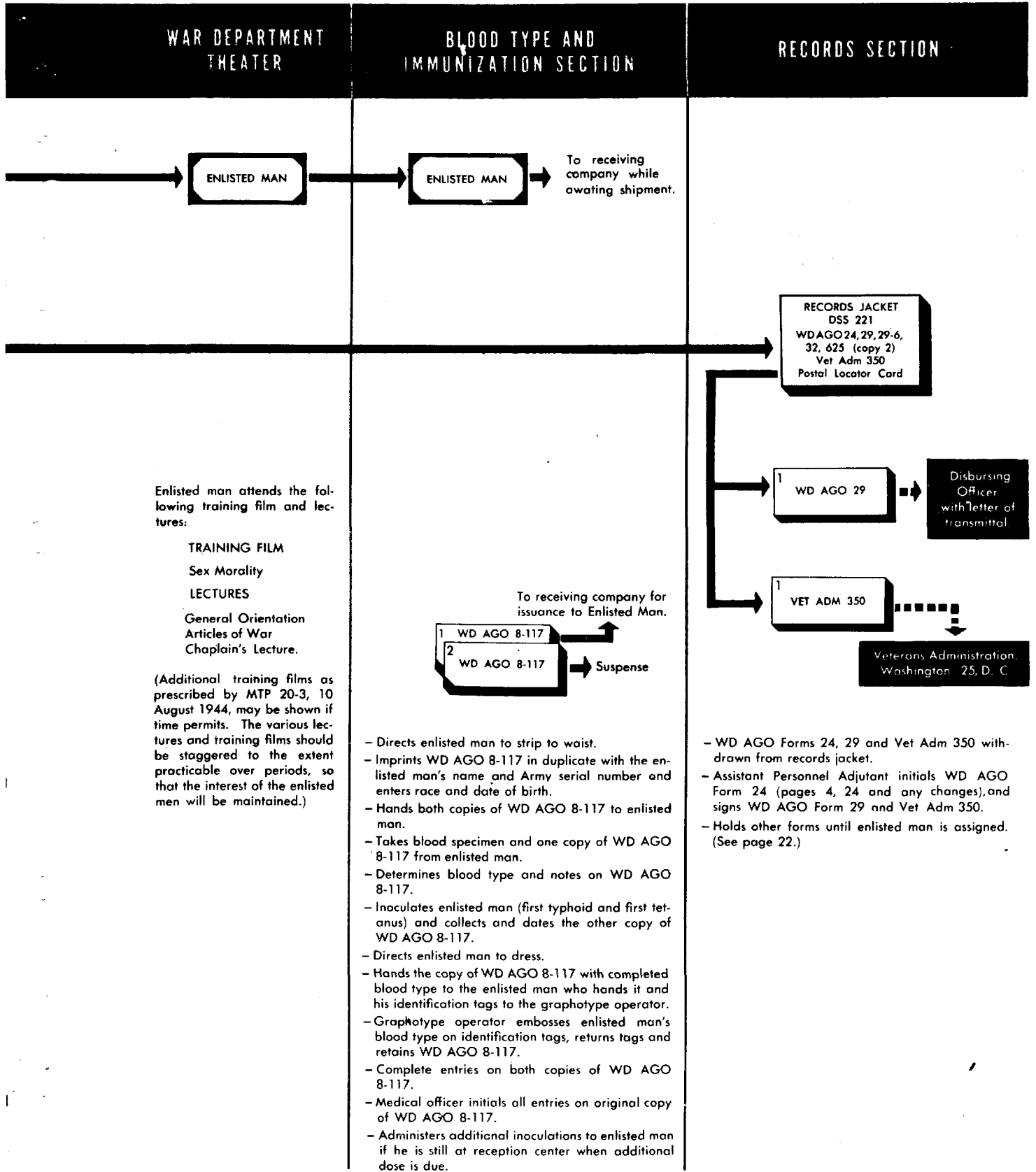
OF ENLISTED MEN



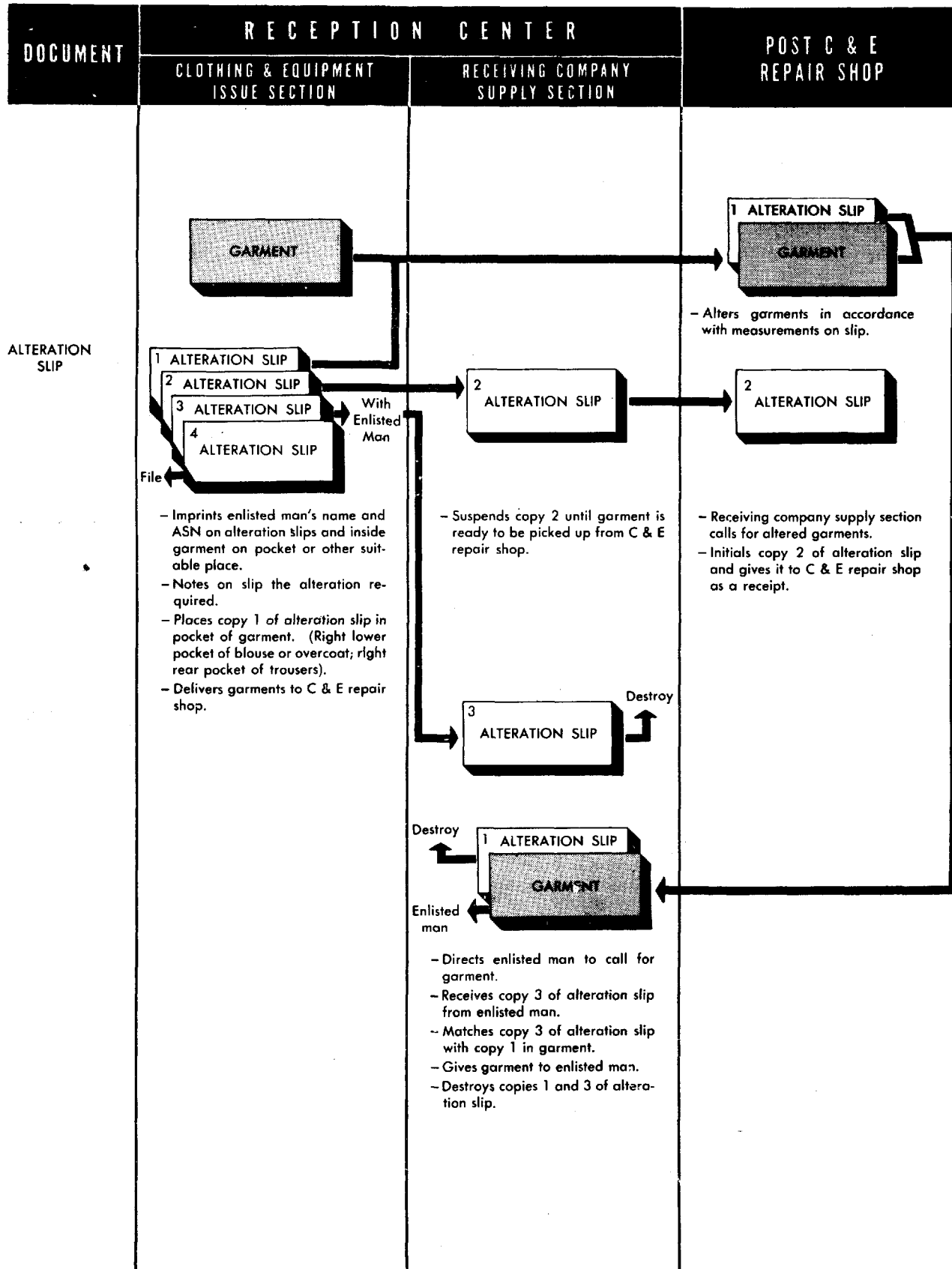
ACTION AFTER ARRIVAL



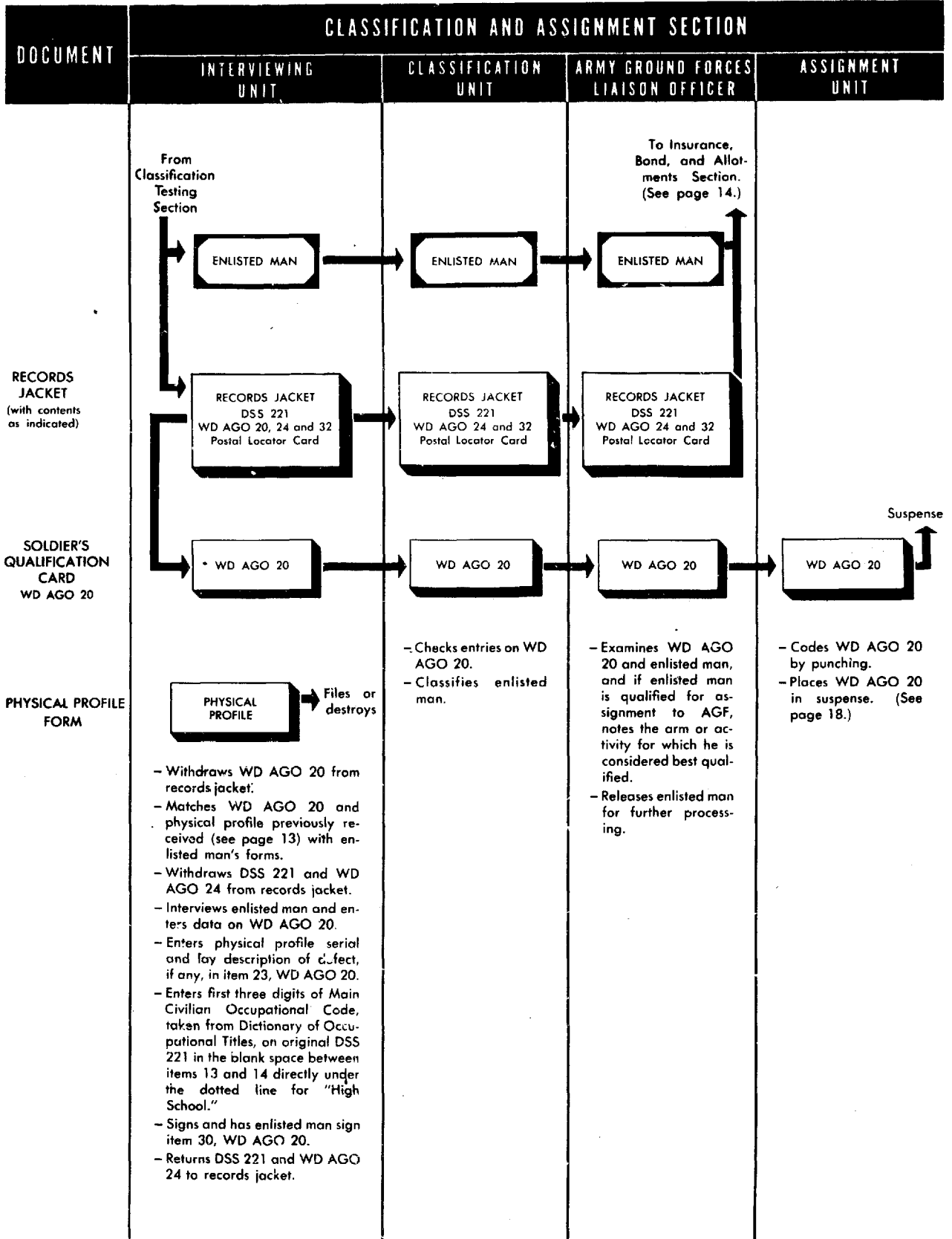
OF ENLISTED MEN (Cont'd)



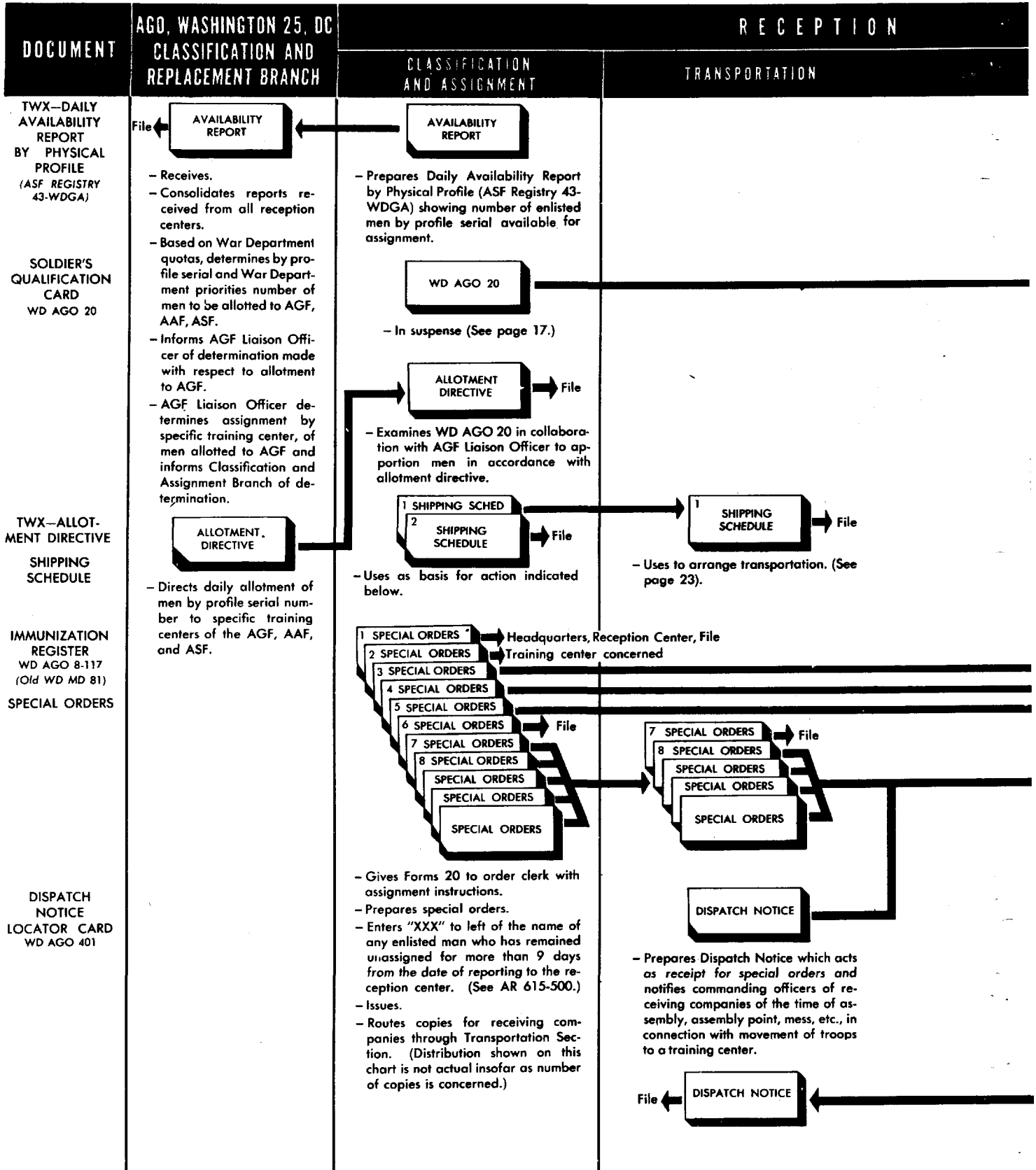
CLOTHING ALTERATIONS



CLASSIFICATION OF ENLISTED MEN

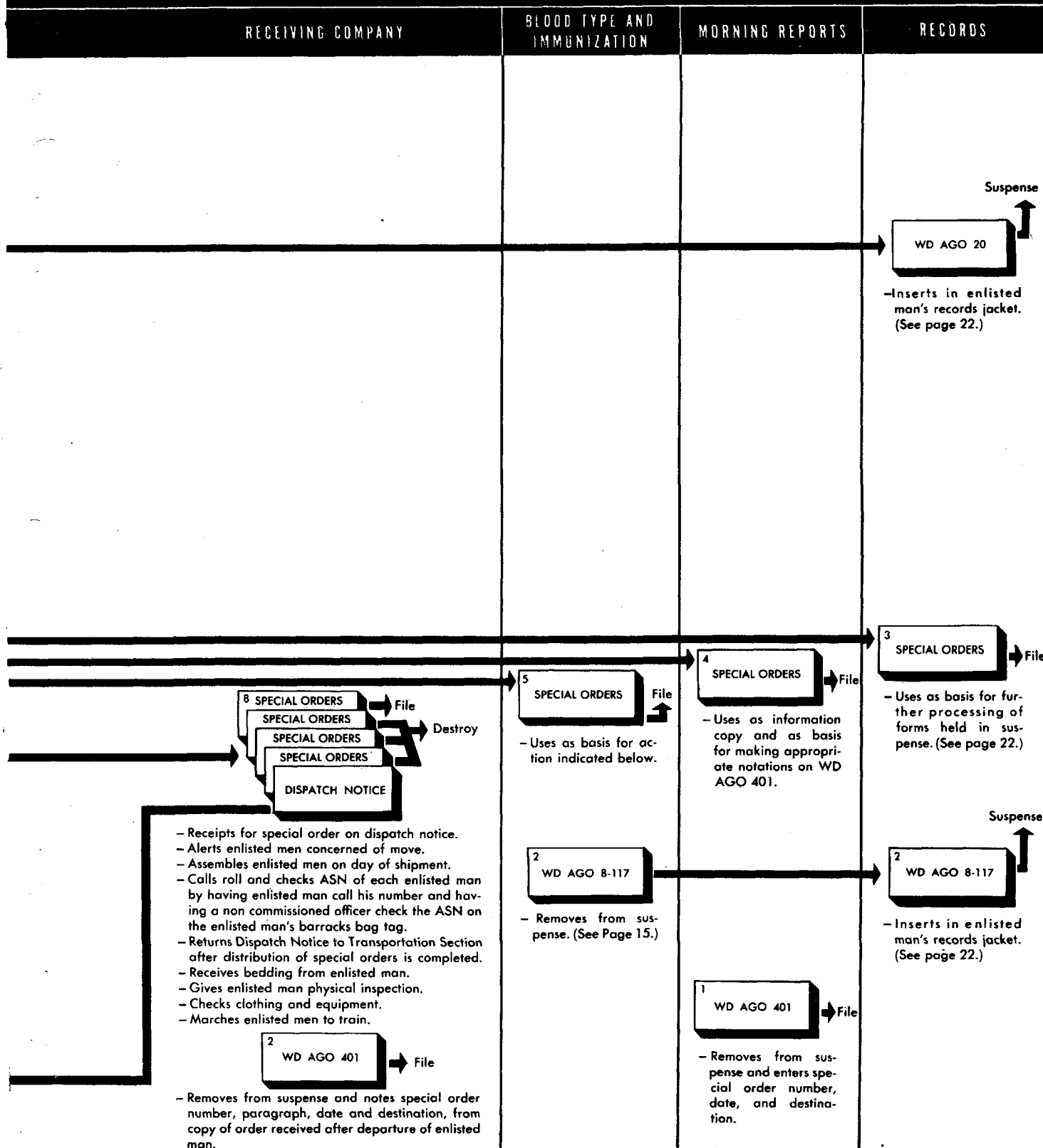


ASSIGNMENT OF

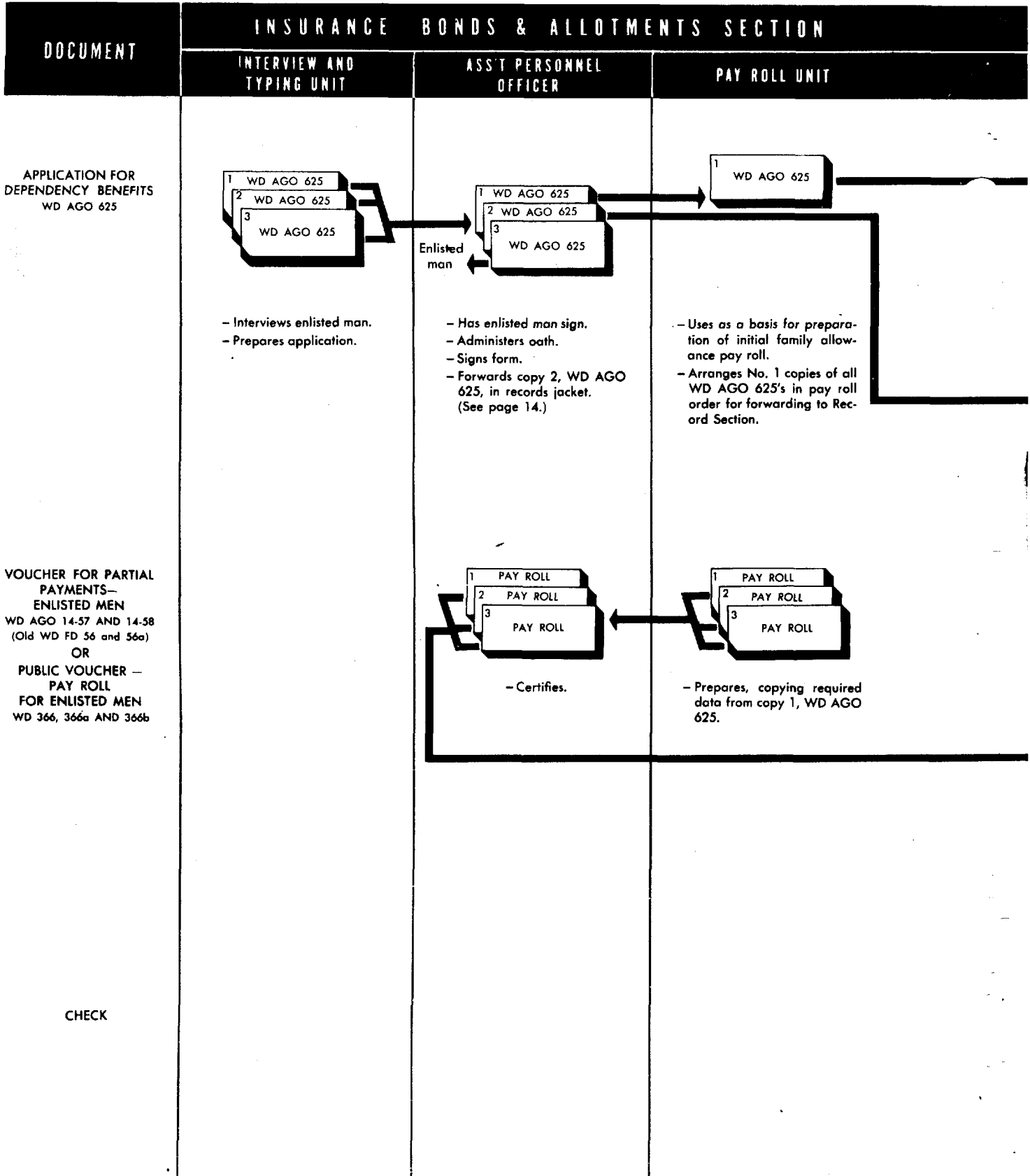


ENLISTED MEN

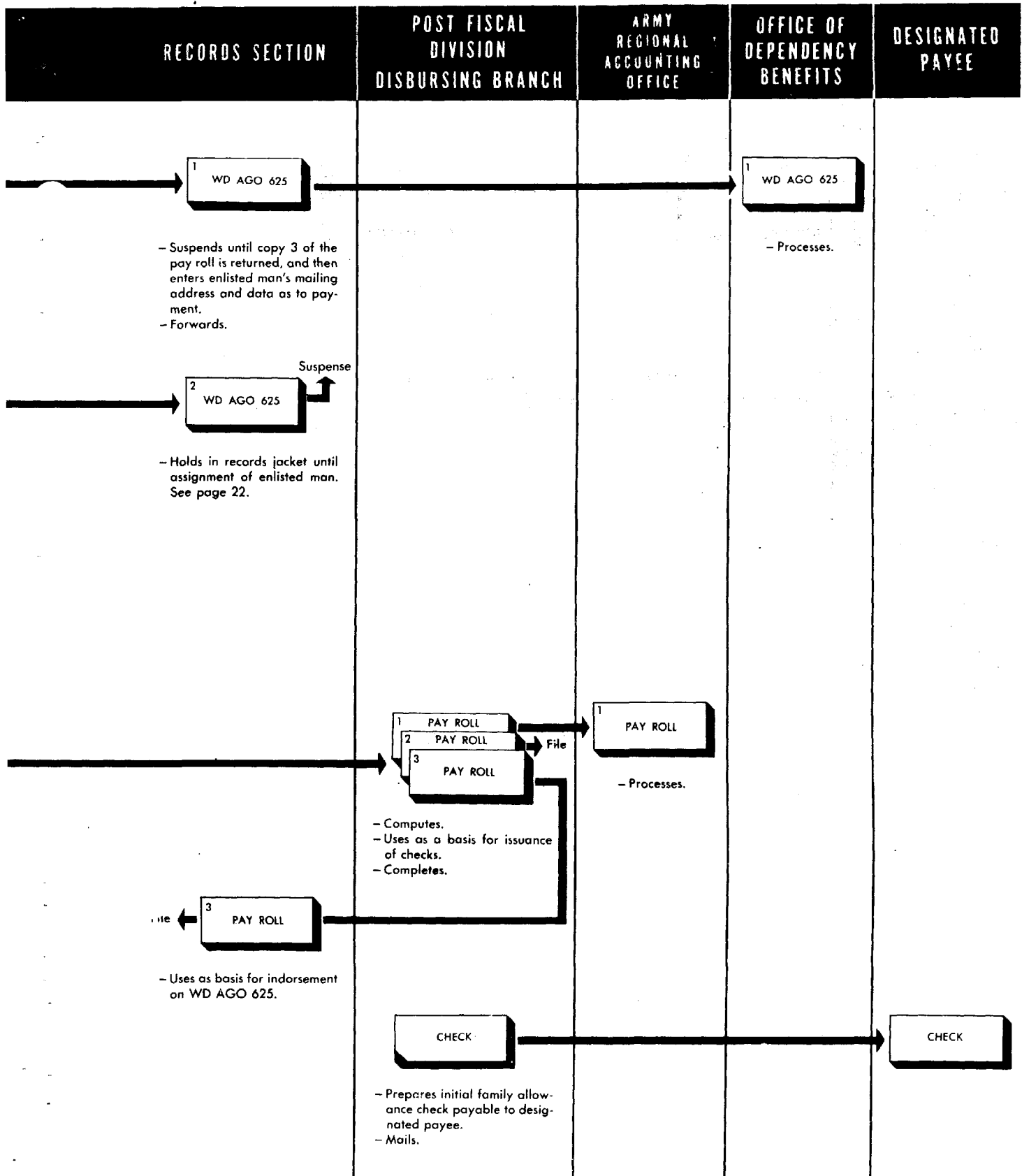
CENTER SECTIONS



INITIAL FAMILY

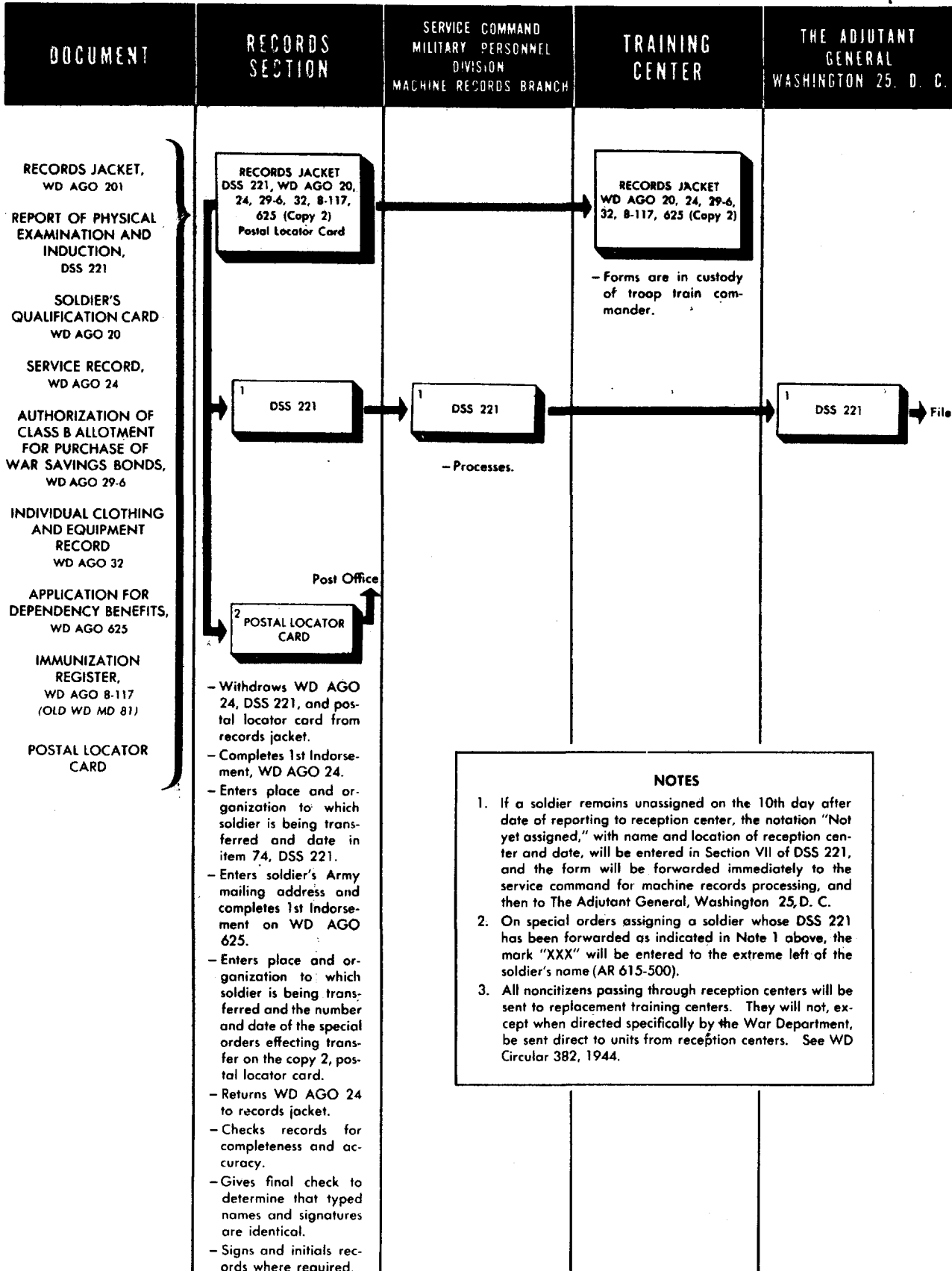


ALLOWANCE PAY ROLL

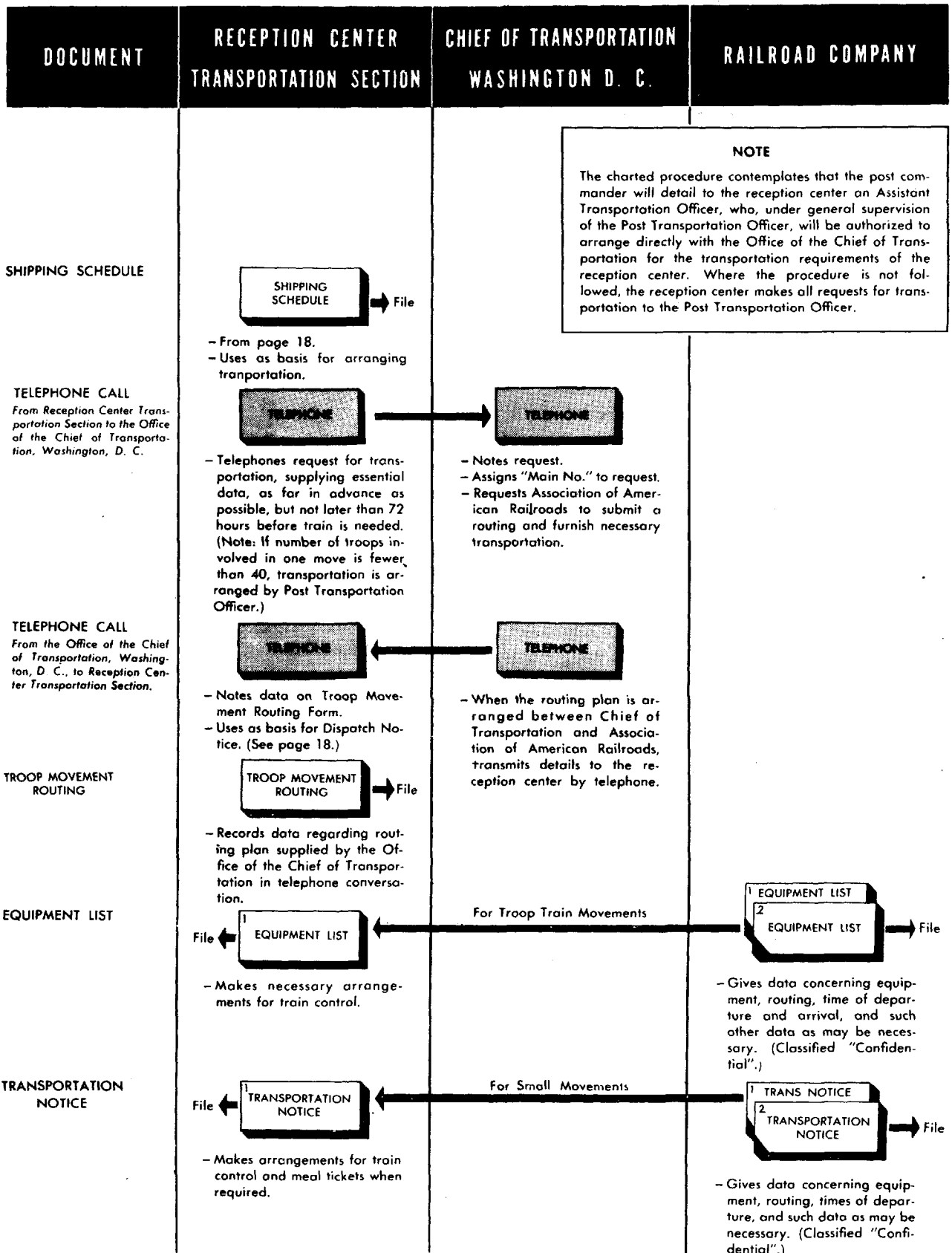


Charts

PROCESSING OF DOCUMENTS AFTER ASSIGNMENT



TRANSPORTATION TO TRAINING CENTER



Section III

RECEPTION CENTER FORMS

9. This part of the manual presents graphically the various forms used in the processing of enlisted men at reception centers.

SELECTIVE SERVICE LETTER

DATE	MAINE Portland	N.H. Manchester	V.T. Rutland	MASSACHUSETTS Boston Spfld	R.I. Providence	CONN. New Haven	TOTAL
AUG. 1	64						
2	64						
3	63						
4							
7	64						
8	64						
9	63						
10							
11							
14	63						
15	63						
16	63						
17							
18							
21	63						
22	63						
25	63						
26							
28							
29							
30							
31							
TOTAL	760						

RESTRICTED

AUGUST SCHEDULE OF INDUCTION

WHITE

RESTRICTED

ARMY SERVICE FORCES
Headquarters First Service Command
Boston 15, Massachusetts

JAR/pm
13 Jul 1944

SPBFE 327.21

SELECTIVE SERVICE
LETTER NUMBER 54

SUBJECT: Joint Procurement of Men by Induction During August 1944

TO: State Directors of Selective Service, District Recruiting and Induction Officers, all Recruiting and Induction Districts, and Commanding Officer, Reception Center, Fort Levens, Mass., FSC

1. For the information of all concerned, there is published hereon Induction Call No. 307 of the First Service Command. Induction Call No. 307 is for the joint procurement of men by induction during the period August 1, to 31, 1944, inclusive, to be forwarded from the several states as follows:

STATE	WHITE	COLORED	TOTAL
MAINE	760	2	762
NEW HAMPSHIRE	279	0	279
VERMONT	217	0	217
MASSACHUSETTS	2,286	28	2,314
RHODE ISLAND	447	10	457
CONNECTICUT	1,236	24	1,260
TOTALS	5,224	64	5,288

2. In response to this call Selective Service local boards will forward to armed forces induction stations registrants who have been given a pre-induction physical examination and found acceptable for general military service, without regard to previous assignments to the Army or to the Navy.

3. The delivery schedules for shipment of registrants for induction will be prepared showing delivery from Selective Service local boards to Armed Forces Induction Stations.

4. Assignments between Army and Navy.

a. Men classified general service will be prorated between the Army and the Navy as follows:

White - 3.2 Army to 1 Navy.
Colored - 3.9 Army to 1 Navy.

RESTRICTED

Prescribes induction call for following month

PROCESSING SCHEDULE

CONTROLS PROCESSING OF GROUPS AND INDIVIDUALS.

PROCESSING SCHEDULE

SATURDAY
26 AUG 44

Group No	Co	No Men	Type & date of Roster, or name	Total	A W Lect	Cloth ing	Army Test	Inter view	Inoc	Spec Instruct	
#1	A		SS of 11 August								
	A	49	SO #162 Par 3								
	A	49	SO #162 Par 4								
	A	1	SO #162 Par 3 (Col)								
	A	1	SO #162 Par 4	(Col)100	---	---	---	---	0830		
#2	A	11	SO #110 Par 1								
	A	28	SO #162 Par 5								
	A	2	SO #162 Par 5 (Col)								
	A	39	SO #98 Par 1								
	A	1	SO #138 Par 1								
	A	17	SO #110 Par 2								
	A	1	Reserve 11 August 99	99	---	---	---	0800	1300		
#3	A	30	SS of 12 August								
	A	32	SO #162 Par 5								
		A	16	SO #99 Par 1							
		A	16	RECLASS: Dtefano, Cosmo McKanzle, Roy Siebach, Henry H Weiss, Irving Rye, Stephen M Miller, Jack S Spears, Don G Lcauzzo, Philip Welch, Jacob Jr Evans, Cra Smith, Ben L Anderson, Dan J Luttrupp, Eric Sawyer, Byron Durrance, Francis Weiss, Walter Sevek, John Cudworth, Richard Hazzard, William							
		A	3								
		A	5								
		A	1								
		A	1								
		A	1								
		A	1								

SUMMARIZES QUARTERING REPORTS FROM INDIVIDUAL RECEIVING COMPANIES.

ALERTED
A - 120 (1000-1100)
B - 90 (1100-1600)
H - 135 (1600-1800)
345

Recruits on hand
1st Bn - 1756
2nd Bn - 2256
Col - 172
4184

HQ SERVICE COMMAND UNIT NO 1112
Fort Levens, Massachusetts

CONSOLIDATED QUARTERING REPORT

26 Aug 1944

	A	B	C	D	E	F	G	H	E COL	TOTAL
CAPACITY	633	752	719	404	463	677	797	799	234	5478
RECRUITS ON HAND	500	596	552	109	430	503	751	672	172	4184
SPACE AVAILABLE	133	156	168	295	33	174	46	227	62	1294

CONSOLIDATED
QUARTERING
REPORT

ORDERS FOR ENLISTED MEN TO REPORT TO THE RECEPTION CENTER

ARMY SERVICE FORCES
FIRST SERVICE COMMAND
BOSTON ARMED FORCES INDUCTION STATION
1065 COMMONWEALTH AVENUE
BOSTON 15, MASSACHUSETTS

Special Orders)
No 162)

25 Aug 1944

E X T R A C T

RESTRICTED

2. PAC par 17b(1), AR 615-500, following named EM, indetd this sta this date, WP Fort Devens, Mass, to rpt to CO, RC, for dys:

Brown, James A	31 900 004	Howell, Melvin C	31 900 027
St. Armour, Norman H	31 900 005	Pensak, Casimier J	31 900 028
Sederberg, Richard E	31 900 006	da Silva Se, Manuel	31 900 029
Hayes, Philip T	31 900 007	Cabral, John A	31 900 030
West, Frank M	31 900 008	Bennett, Arthur H	31 900 031
Kuehl, Donald K	31 900 009	Ferry, Donald D	31 900 032
Netishen, Michael P	31 900 010	Wahl, John	31 900 033
Therisult, Daniel D	31 900 011		
Ethier, Andrew F	31 900 012		
McGaughey, Joseph J	31 900 013		
Sullivan, Joseph H	31 900 014		
Faria, Joseph	31 900 015		
Makara, Walter	31 900 016		
Gibbs, Ralph W	31 900 017		
Harkness, Ralph R	31 900 018		
Lawson, Russell L	31 900 019		
Powers, Francis S	31 900 020		
Schwartz, Joseph W	31 900 021		
Murphy, Edward F Jr	31 900 022		
Steccki, John J	31 900 023		
Harding, Robert W	31 900 024		
LeBlanc, John A	31 900 025		
Smith, Charles H.	31 900 026		

TC will furn nec T. TDM 501-4 P 432-02 A 212/50425.

RESTRICTED

BY ORDER OF LT. COLONEL PRATT:

OFFICIAL:

Elinor P. Boland
ELINOR P. BOLAND
2nd Lt WAC
Adjutant

ELINOR P. BOLAND
2nd Lt WAC
Adjutant

THIS IS A SPECIMEN ORDER FOR
ILLUSTRATION PURPOSES ONLY
AND IS NOT CLASSIFIED.

DISTRIBUTION:

1 Hq 1st SC R&I BR
2 CO RC Fort Devens, Mass
1 Trans Clk
1 File

T/R WQ--11,378,112

WAR DEPARTMENT PAMPHLET 21 — 13



NOTE: A copy of this pamphlet is issued to each enlisted man on reporting to a reception center.

SOLDIER'S QUALIFICATION CARD (Back)

20 DEC 44

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS CONTAINED IN AR 615-25 VERY CAREFULLY

(21) PREVIOUS MILITARY EXPERIENCE						(28) RECORD OF CURRENT SERVICE						
ARM OR SERVICE	YEARS IN EACH	HIGHEST GRADE	CATEGORY B A N G ETC C C C	LAST DIS- CHARGE (YEAR)	SPECIAL TRAINING RECEIVED			DATE	ORGANIZATION AND STATION	GRADE	PRINCIPAL DUTY	SPEC. SER. NO.
					SPECIFIC NATURE	YEARS	MO'S					
-	3	SGT	SR	1932	BASIC DRILL	1	-	1932				
(22) SERVICE SCHOOLS, ARM. OR SERVICE			NUMBER OF WEEKS	COURSE	YEAR GRADUATED AND RATING (IF ANY)							
(23) ASSIGNMENT LIMITATIONS				(24) SD	(25) PREFERRED		STEP 8 CODED BY PUNCHING					
26 AUG 44				ASSIGNMENT RECOMMENDED BY RECEPTION CENTER		SUPPLY CLERK 835 (P) (345)						
(27) CLASSIFICATION IN MILITARY SPECIALTIES			SPEC. SERIAL NO.	POTENTIAL	UN- SKILLED	SKILLED	TYPE OF EQUIPMENT					
STEP 5 COMPLETED BY CLASSIFICATION INTERVIEWER												
(30) DATE OF (CROSS OUT ONE)								INDUCTED 25 AUG 1944				
DATE OF INTERVIEW				28 AUG 44				SECOND INTERVIEW				
STATION				FORT DEVENS, MASS.								
NAME				R. L. Daniels, Pvt.				STEP 7 CLASSIFIER SIGNS				
NAME				Vincent P. O'Brien								
NAME				James A. Brown								
(28) REMARKS (3) 1932-1935 - ALL JOBS OF SHORT TENURE NOT CLASSIFIABLE												
STEP 6 INTERVIEWER AND ENLISTED MAN SIGN						(31) DRIVES AUTO <input checked="" type="checkbox"/> 1-TON TRUCK <input checked="" type="checkbox"/> MOTORCYCLE <input type="checkbox"/>						
						HOLDS MASS STATE DRIVER'S PERMIT						
						(32) QUALIFICATIONS IN ARMS						
						WEAPON COURSE QUALIFIED SCORE DATE						

IMPORTANT - UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED, OR CREASED

SOLDIER'S QUALIFICATION CARD

THIS CARD MUST ACCOMPANY THE SOLDIER

TRANSFER

NOTE: All entries on Soldier's Qualification Card, WD AGO Form 20, will be accomplished as prescribed in TM 12-425.

TM 12-223
Forms

SERVICE RECORD (Pages 4, 9, and 10,

4

MILITARY QUALIFICATIONS

Served as _____ in the United States Army in the World War
 Held commission as _____ in the Officers' Reserve Corps
 Graduate of _____

ARMY SPECIALTY

Specialty	*Rating, with date	*Rating, with date

* K=Excellent; VG=Very good; G=Good; F=Fair.

SPECIAL DUTY

As	At	From	To	Authority

ARTICLES OF WAR
(Read to soldier as required by the 1958 Article of War)

Date	Initials	Date	Initials
25 AUG 1944	A		

SEX MORALITY

Course completed (see AR 60-245) _____

QUALIFICATION IN ARMS
(Special qualifications obtained in the use of the various arms and additional communication thereon)

STEP 3
STEP 9

CLASS F DEDUC

10

\$22.00 per month for _____ months, commencing 1 SEP 44
 and expiring _____ in favor of Mary A Brown
Nice for the purpose of _____
 Discontinued _____ reason _____
 W. D. A. G. O. Form No. 20, mailed to Finance Officer, U. S. Army, Washington, D. C. _____ by _____
 Acknowledgment of disbursement received _____

\$ _____ per month for _____ months, commencing _____
 and expiring _____ in favor of _____
 for the purpose of _____
 Discontinued _____ reason _____
 W. D. A. G. O. Form No. 20, mailed to Finance Officer, U. S. Army, Washington, D. C. _____ by _____
 Acknowledgment of disbursement received _____

NATIONAL SERVICE LIFE INSURANCE

Amount of allotment _____
 per month for _____
 commencing 1 AUG 44, and expiring _____
 for payment of monthly premium on \$10,000 Discontinued _____
 reason _____ W. D. A. G. O. Form No. 20, mailed to Finance Officer, Washington, D. C., on _____

STEP 5
STEP 1
STEP 6

9

C. M. _____ A. W. _____
 (Date) (Date of release) (Overseas)

of specifications _____
 Sentence authorized and assigned _____
 Sentence as _____ Approved _____

(Name, grade and organization)

B

CLASS B ALLOTMENTS

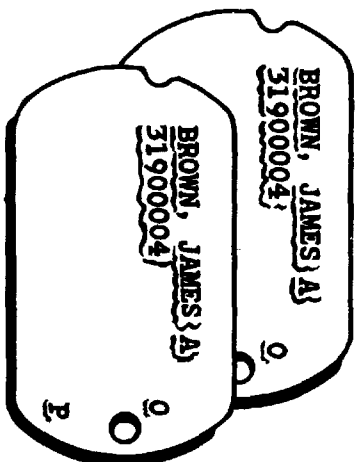
Class B allotments of pay authorized as follows:
 \$7.50 per month for Indefinite Sep 44
 and expiring Indefinite in favor of _____
 for the Purchase of War Bonds
 Discontinued _____ reason _____
 W. D. A. G. O. Form No. 20, mailed to Finance Officer, U. S. Army, Washington, D. C. _____ by _____
 Acknowledgment of disbursement received _____

STEP 4

STEP	OPERATION	S/R PAGE
1.	Stamps "National Service Life Insurance."	10
2.	Stamps legend as to insurance..	15
3.	Stamps date Articles of War read	4
4.	Enters Class B allotment data.	9
5.	Enters Class F deduction data..	10
6.	Enters Class N allotment data..	10
7.	Enters Class N allotment deductions	13
8.	Enters family allowance payment data	13

NOTE: For instructions governing entries in

IDENTIFICATION TAGS



PHYSICAL PROFILE FORM

BROWN, JAMES A
31900004

STEP 2
STAMPS NAME AND ARMY SERIAL NUMBER

PHYSICAL PROFILE FORM

RECEPTION CENTER, FORT DEVENS, MASS.

AGCT. II / 25 RACE W

Serial	P Stam	U Arms	L Legs	H Ears	E Eyes	S NP
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4						

STEP 1
STAMPS SPECIAL ORDER NUMBER, RECEIVING COMPANY AND DATE

S.O. 162-P 5.

25
AUG.
44
CO. A
RC

STEP 3
ENTERS PROFILE

STEP 4
PHYSICIAN INITIALS

BAG

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

STEP 1
STAMPS DATE AND
RECEIVING COMPANY.

25
AUG.
44
CO. A
RC

GENERAL MILITARY SERVICE

REPORT OF
PHYSICAL EXAMINATION AND INDUCTION
(See appropriate instructions before preparation and distribution)

DO NOT DEFACE THIS STAMP

Local Board No 37 .13
Suffolk County 025
7 Jul 1944 037

1016 Commonwealth Ave
Boston, Mass
(Local Board of Origin Date Stamp with Code)

Armed Forces Serial No.
31900004

SECTION I.—GENERAL (Local board will prepare from latest information available).

<p>1. Name BROWN JAMES ARTHUR <small>(Last—in capitals) (First) (Middle)</small></p> <p>2. Present address 1530 Brighton Ave. Boston Suffolk Mass <small>(Street or rural route) (Town or city) (County) (State)</small></p> <p>3. Registrant's order No. 1225 4. Social Security No. 021-01-1121</p> <p>5. Marital status: Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/></p> <p>6. Number of Group 4 children 2 7. Birthdate of registrant March 31, 1916 <small>(Month) (Day) (Year)</small></p> <p>8. Birthplace of registrant Brighton Mass U.S.A. <small>(Town or city) (State) (Country)</small></p> <p>9. Race: White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other (specify) _____</p> <p>10. Citizenship: (a) United States citizen: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (b) First papers: Yes <input type="checkbox"/> No <input type="checkbox"/> (c) If not citizen of United States, citizen or subject of (specify country) _____</p> <p>11. Court record: (a) Convicted of a crime other than minor traffic violation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (b) If "yes," specify crime, date, location of court, and sentence _____</p> <p>(c) Now in custody of the law? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (d) If answer to (c) is "yes," is necessary release or waiver attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>12. United States military service: (a) Previous service: None <input checked="" type="checkbox"/> Army <input type="checkbox"/> National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> (b) Date of discharge _____ (c) Type of discharge _____</p> <p>13. Education: (Number of years completed) Elementary school 8 High school 3 or business school 0 College or university 0</p> <p>14. Occupation and industry: (a) Title and duties of present job Clerk 170 (b) Length of experience: Years 5 Months 2 (c) Business of present employer Department Store</p> <p>15. Employment class (present job): Employee <input checked="" type="checkbox"/> Independent worker <input type="checkbox"/> Employer <input type="checkbox"/> Unpaid family worker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/></p> <p>16. (a) Number of times previously sent to armed forces for examination or induction 0 (b) Date last sent _____</p> <p>17. (a) If transferred for preinduction physical examination, local board of transfer is Local Board No. _____ County or City of _____ State of _____ (b) If transferred for induction, local board of transfer is Local Board No. _____ County or City of _____ State of _____</p>	<p style="text-align: center; font-size: small;">Do Not Use</p> <p style="text-align: center; font-size: small;">RESIDENCE</p> <p style="text-align: center; font-size: small;">Basic</p> <p style="text-align: center; font-size: small;">Country</p> <p style="text-align: center; font-size: small;">Place Inducted</p> <p style="text-align: center; font-size: small;">Days Inducted</p> <p style="text-align: center; font-size: small;">Day</p> <p style="text-align: center; font-size: small;">Month</p> <p style="text-align: center; font-size: small;">Year</p> <p style="text-align: center; font-size: small;">Source</p> <p style="text-align: center; font-size: small;">Religion</p> <p style="text-align: center; font-size: small;">Year of Birth</p> <p style="text-align: center; font-size: small;">Special Status</p>
---	--

STEP 2
RECORDS CODE FOR MAIN
CIVILIAN OCCUPATION.





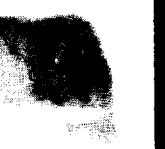
DSGS Form 821 (Rev. 6-19-44) Dodge Bureau No. 23-RC28.3 Approval expires 9-31-45

ORIGINAL (PAGE 1)

STEP 3
STAMPS DESTINATION AND
DATE OF DEPARTURE

SECTION VII.—TRANSFER FROM RECEPTION CENTER.
74. Above-named man was transferred from Reception Center to **INF RTC RC FT DEVENS, MASS**
CP. FLANDING, FLA on 1 SEP 44
(Place full organization, if known) (Date)

SECTION VIII.—FINGERPRINTS—RIGHT HAND (for only those registrants who are inducted).

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE
				

ORIGINAL (PAGE 4)

INDIVIDUAL CLOTHING AND EQUIPMENT RECORD

THE DATE OF EACH TRANSACTION AND THE INITIALS OF BOTH THE ENLISTED PERSON AND OFFICER ARE REQUIRED IN THE APPROPRIATE BOXES AT THE TOP OF THE FORM ON EACH PAGE. THE COLUMNS FOR "AUTHORIZED ALLOWANCES" AND "BALANCE" SHOULD BE EXTENDED IN PENCIL AND CORRECTED AS CHANGES OCCUR.

ARMY REGULATIONS
35-5406, 35-6720,
35-5300 AND 415-UP.

INDIVIDUAL CLOTHING AND EQUIPMENT RECORD

ARTICLES	QUARTERMASTER	AUTHORIZED ALLOWANCE	DATE	MONTHS												BALANCE
				1	2	3	4	5	6	7	8	9	10	11	12	
MELT, WR. WAIST, EM	1		26 Aug													
ROOT, SERVICE, COMBAT			E.M.													
CAP, FIELD, COTTON, O.D.			O.													
CAP, GARRISON, FINE	1		7 1/2													
CAP, GARRISON, O.D.	1		7 1/2													
CAP, M/THILL	1															
COAT, MACKINAW, O.D.																
COAT, WOOL, SERGE, O.D.																
DRAWERS, COTTON, SHORTS	3		36													
DRAWERS, WOOL	2		34													
GLOVES, WOOL, O.D.	1		7													
HANDKERCHIEF, COTTON	4															
HELMET, STEEL, M-1																
INSIGNIA, COLLAR, EM																
INSIGNIA, COLLAR, "HIS" EM																
INSIGNIA, SHOULDER-SERGE																
INSIGNIA, SLEEV, CMTYRM, BRAD																
INSIGNIA, SLEEV, TECH SPECIALIST																
JACKET, FIELD, M-43	1		34 R													
JACKET, M/THILL	1		36 R													
LEGGING, CANTON, BSMF	1															
LINER, HELMET, M-1, COMPLETE																
NECKTIE, COTTON, NONAIR, BRAD	2		2 R													
OVERCOAT, WOOL, O.D.																
OVERSHOES, ARTIC																
RAINCOAT, QM20 OR MTR	1		5													
SHIRT, COTTON, BRAD	3		15-33													
SHIRT, FLANNEL, O.D.	2		15-33													
SHOES, SERVICE	2		8 C													
SOCK, COTTON, TAN	3		10 1/2													
SOCK, WOOL, CANTON SOLE																
SOCK, WOOL, HEAVY OR LIGHT	3		11													
SUITS, W/WRNG, 1-PC, M/THILL																
SWEATER, HIGH NECK																
TROUSERS, COTTON, BRAD	3		34-31													
TROUSERS, FIELD, COTTON, O.D.																
TROUSERS, M/THILL	1		34-31													
TROUSERS, WOOL	2		34-31													
UNDERSHIRT, COTTON	3		38													
UNDERSHIRT, WOOL	2		38													

SERVICE COMMAND UNIT NO. 1112, R.C. Fort Devens, Mass. INITIAL ISSUES
Summary of the quantities of articles of clothing and equipment issued on the day of

1. I certify that I have received all the articles of clothing and equipment listed in column #2 except where changed opposite my name.	Articles	Class No.	2. Allowance per man (AR 615-40)
	27-1 Towels, bath		2
	28-A Brushes, bath		1
	28-B Brushes, shaving		1
	28-C Combs, tooth		1
	31-5 Razors		1
	35-C Soap, toilet		3
	35-D Coat, toilet		2
	35-E Drawers, wool serge		1
	35-F Jackets, cotton		1
	35-G Jackets, E.D.P.		3
	35-H Overcoats, field		3
	35-I Shirts, field		3
	35-J Shirts, str. wool		2
	35-K Trousers, wool		1
	35-L Trousers, kh.		3
	35-M Trousers, cotton		2
	35-N Undershirts, wool		1
	35-O Undershirts, H.P.T.		1
	35-P Leggings, summer		1
	35-Q Hosiery, summer		2
	35-R Shoes, dismt'd.		1
	35-S Shoes, dismt'd.		1
	35-T Socks, service		1
	35-U Socks, low quarter		1

Richard B. Patton
George B. Justice
James A. Brown
Frank O. Jones
Henry E. Shield
John Riley
Roger Stone
J. James Smith

INDICATES ITEMS NOT ISSUED.

INITIAL ISSUE SLIP

3. Total items if each EM receives full issue
4. Items not issued
5. TOTAL NET ISSUES

I certify that the articles listed in line #5 have been issued to the EM whose names app

APPLICATION FOR DEPENDENCY BENEFITS

**ARMY SERVICE FORCES
OFFICE OF DEPENDENCY BENEFITS
NEWARK 2, N. J.**

APPLICATION FOR DEPENDENCY BENEFITS
(Servicemen's Dependents Allowance Act of 1942, As Amended)

Do not write in this space
APPLICATION NUMBER
X-

Date 29 AUG 1944

I. (a) Soldier Brown James Arthur 51900004 Pvt
(Last name) (First name) (Middle name) (Army serial number) (Pay grade) (Pay grade—private, sergeant, captain, etc.)

RC FT DEVERNS, MASS. MARRIED White
(Soldier's home mailing address) (Single, married, divorced) (Race)

1550 Brighton Ave Boston MASS.
(Home or care address) (City, town or post office) (State)

I HEREBY apply for the family allowances authorized by law for the following-named relatives and/or dependents who are related to me in the manner stated in paragraphs II and III below.

(b) THIS SPACE MUST ALSO BE FILLED IN WHEN APPLICATION IS MADE BY A PERSON OTHER THAN THE SOLDIER.

(Applicant's name) I, _____
(Last name) (First name) (Middle name) (Your relation to soldier or dependent)

(Address) _____
(City, town or post office) (State)

I hereby apply for the family allowances authorized by law for the following-named relatives and/or dependents of the soldier whose name appears in paragraph I above, to whom this application pertains.

CLASS A

II. List: Wife (W), child (C), former wife divorced to whom alimony is still payable (W.D.). (If there are none in class A, write "None" in the name column.)

Name	Relationship	Age
<u>Brown Mary Ann</u>	<u>Wife</u>	<u>34</u>
<u>Brown He</u>	<u>Child</u>	<u>1</u>
<u>Brown Ft</u>	<u>Child</u>	<u>1</u>

Members of immediate family now serving in the military or naval service

V. The following-named members of (my) (the soldier's) immediate family are now serving as soldiers, sailors, marines, or coast guardsmen (not officers) in the military or naval service.

Name	Home address	Branch	Grade	Age
<u>None</u>				

VI. I HEREBY swear or affirm that all the foregoing statements are correct and that every member of class B or B-1 for whom I claim the family allowance is dependent, to the degree indicated, upon the soldier whose name appears in paragraph I above, for support.

(Signature) James A. Brown
initial family allowance payment for Class A
The month of AUGUST
In the amount of \$ 100.00
Check(s) No. 61508
Paid 29 AUG 44
Name and rank, FO, E., S., 800TH

Subscribed and sworn to before me this 28 day of AUG 1944 at FT DEVERNS, MASS.
(Signature) [Signature]
(Name and rank) J. J. McWENNY, 1st Lt., AUS, SCU #1112
SUMMARY COURT, 2nd Lt., AUS, SCU #1112

THIS SPACE TO BE USED BY ARMY ORGANIZATIONS TRANSMITTING AN APPLICATION FROM A SOLDIER TO THE OFFICE OF DEPENDENCY BENEFITS

1st Jan 29 AUG 1944
FT DEVERNS, MASS.

To: ARMY SERVICE FORCES, Office of Dependency Benefits, Newark 2, N. J.

1. Proper entry has been made on soldier's service record.
2. Monthly class F deduction commencing with the month of SEPT 1944 in the amount of \$ 22.00 have been or will be made.
3. Soldier entered on active duty in a pay grade of Pvt 29 AUG 1944.
4. Soldier's voluntary allotments have been withdrawn and filed with the soldier's service record.
5. The official copy of this application has been withdrawn and filed with the soldier's service record.
6. The soldier has been advised that it is necessary to insure that sufficient monthly pay is due the soldier to provide for the class F deduction and will have him, exclusive of possible court martial forfeitures, at least \$10 a month for his personal use.
7. The official copy of this application, together with supporting papers consisting of certified copies of marriage certificate, court decrees of separation or divorce, birth certificates of children, legal agreements of separation, written acknowledgments of parenthood of illegitimate children, and adoption papers; and for class B or B-1 dependents, certificate of dependency (W. D., A. G. O. Form No. 520, but not submitted to the Office of Dependency Benefits, Newark 2, N. J., and accepted before the family allowance application will be approved and authorized for payment, except when application is filed by a soldier overseas in which case a period of six months will be allowed in which supporting evidence may be submitted.

(Signature) [Signature]
(Name and rank) J. J. McWENNY, 1st Lt., AUS, SCU #1112
Asst. Personnel Officer

THIS SPACE TO BE USED BY THE OFFICE OF DEPENDENCY BENEFITS TRANSMITTING COPY OF AN APPLICATION SUBMITTED BY OR FOR A DEPENDENT OR RELATIVE TO THE SOLDIER'S ORGANIZATION

ARMY SERVICE FORCES, Office of Dependency Benefits, Newark 2, N. J., _____ 1944

To: _____

1. Family allowances under the Servicemen's Dependents Act of 1942, as amended, have been authorized for the persons shown in paragraph II and III on the reverse side of this form.
2. Monthly deduction of (\$22) (\$27) (\$) must be made on the pay-roll starting with the month of _____ 1944.
3. The "official copy" of the application is to be filed with the soldier's service record.

By AUTHORITY OF THE SECRETARY OF WAR: _____

ORIGINAL COPY

OFFICIAL COPY

APPLICANT'S COPY

INFORMATION BELOW THIS LINE DOES NOT APPEAR ON APPLICANT'S COPY.

ENTERED ON ORIGINAL COPY ONLY.

INITIAL FAMILY ALLOWANCE PAY ROLL

W.D., A.G.O. Form No. 14-57
23 September 1944
(This form supersedes W.D., F.D. Form No. 56, Approved by Comptroller General, U. S., February 23, 1943, which may be used until existing stocks are exhausted.)

**VOUCHER FOR PARTIAL PAYMENTS—ENLISTED MEN
INITIAL FAMILY ALLOWANCE PAY ROLL
FOR DEPENDENTS OF ENLISTED MEN**

ORGANIZATION SERVICE COMMAND UNIT NO 1112	STATION FORT DEVENS, MASS.	VOUCHER NUMBER 2514
APPROPRIATION: SYMBOL, ALLOTMENT 212/50425 601-60 P 414-01 899-999	AMOUNT \$ 2750.00	PAID BY F. S. BCCTH CAPT FD
THIS VOUCHER CONSISTS OF _____ SHEETS. LAST PAGE OF THIS VOUCHER WILL BE INITIALED BY THE PERSONNEL OFFICER IMMEDIATELY UNDER LAST AMOUNT ENTERED.		DATE 29 August 44

CERTIFICATE OF PERSONNEL OFFICER

I CERTIFY that this voucher is made out as required by Army Regulations and that entries pertaining to each name are correct; that payment to the enlisted men named on the within pay roll is not prohibited by any provisions of law limiting the availability of the appropriation involved; and that the amount set opposite the name of each enlisted man has been determined in accordance with the provisions of AR 345-155, and has been charged against him on his service record or soldier's individual pay record.

J. J. Demarest
J. J. DEMAREST
1ST LT, INF, ASST PERSONNEL ADJUTANT

CERTIFICATE OF WITNESSING OFFICER

I CERTIFY that I witnessed the payment of this roll and prior to the signing of this certificate each man received the amount set opposite his name, with the exception of those marked "Not Paid".

(Signature of Witnessing Officer) _____ (Typed Name, Rank and Organization)

WE HEREBY ACKNOWLEDGE RECEIPT IN CASH OF AMOUNTS IN THE COLUMN "AMOUNT PAID" SET OPPOSITE OUR RESPECTIVE NAMES.

NAME (ENTER SURNAME FIRST)	ARMY SERIAL NO.	GRADE	DESIGNATED PAYEE (NAME AND ADDRESS)	AMOUNT PAID
Jackson, Wallace G.	31900066	25 Aug 44	51507 29 AUG 1944	
Cl A Eleanor C. Jackson (wife)		Cl A	Eleanor C. Jackson	
Cl A Anne M. Jackson (Dau)			2113 Main St., Vergennes, Vt.	100.00
Cl A Wallace B. Jackson (son)				
Brown, James A.	31900004	25 Aug 44	51508 29 AUG 1944	
Cl A Mary A. Brown (wife)		Cl A	Mary A. Brown	
Cl A Helen M. Brown (Dau)			1530 Brighton Ave.,	100.00
Cl A Frank A. Brown (son)			Boston, Mass.	

Almer, Le
Cl A Barb

PAGE NO. 6

NAME (Enter surname first)	ARMY SERIAL NO.	GRADE	DESIGNATED PAYEE (NAME AND ADDRESS)	AMOUNT PAID
White, Urban W.	31900072	25 Aug 44	51546 29 AUG 1944	
Cl A Elis		Cl A	Myrle D. White	
Cl A Bernard W. White (son)			Concord, Vt.	100.00
Cl A Jane				
Cl A Walt				
Cl A Rich				
Cl A Jean				

"I certify that the enlisted persons named on the within pay roll have made written application for the initial family allowance under the act of 26 October 1943 for the dependents listed under their respective names; that such written application was made within 15 days after entry into the active military service in a pay status."

J. J. Demarest
J. J. DEMAREST
1ST LT, INF, ASST PERSONNEL ADJUTANT

1-15

W. D., A. G. O. Form No. 14-56
3 June 1944
(Old W. D., F. D. Form No. 56a
which may continue in use)

NOTE: Either WD AGO Form 14-57 (old WD FD Form 56) or Form 366 may be used for the initial Family Allowance Pay Roll.

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1943

Form approved
BUDGET BUREAU No. 78-1000-42

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION

WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 180 days after the date of entrance into the active service. NOTE - Persons in the active service more than 180 days and persons who render the active service (including persons who helped to accept commissions), whose rank remains in a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE THIS FORM.

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1943

Form approved
BUDGET BUREAU No. 78-1000-42

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION

WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 180 days after the date of entrance into the active service. NOTE - Persons in the active service more than 180 days and persons who render the active service (including persons who helped to accept commissions), whose rank remains in a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE THIS FORM.

1. NAME IN FULL: (Please print or type)
First: JAMES Middle: ARTHUR Last name: BROWN

2. HOME ADDRESS: Number 1530 Brighton Ave Street or rural route Boston County, city, town, or post office Mass State Mass

3. I WAS BORN AT Brighton City, town, or post office Mass State Mass Day of month 31 Month March Year 1915 Age nearest birthday 29

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY 25 Aug 44 A. PRESENT ORGANIZATION Unassigned B. SERIAL NUMBER 31 900 004

5. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY None C. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS No

6. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR PLAN IN THE AMOUNT OF \$ 10,000

7. ARE YOU NOW CARRYING GOVERNMENT SERVICE LIFE INSURANCE OR U. S. GOVERNMENT LIFE INSURANCE IN AMOUNT OF \$10,000 AT ANY ONE TIME? No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT: _____ POLICY NO. _____

8. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated) Relationship Amount of insurance to be paid to each beneficiary Post-office address (Number and street, city, town, or post office and State)

Principal	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address
<u>Mary Ann Brown</u>	<u>Wife</u>	<u>10,000</u>	<u>1530 Brighton Ave., Boston, Mass</u>
CONTINGENT			

9. I HEREBY REQUEST THE POLICY BE MAILED TO: (Please print or type) Full name Mary Ann Brown Address 1530 Brighton Ave., Boston, Mass.

10. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I HEREBY REQUEST THAT THE EFFECTIVE DATE of this policy be made the _____ day of Immediately 19____ and _____

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ in the amount of \$ _____ in payment of the first _____ premium on the insurance of _____ (Write above whether monthly, quarterly, semiannually, or annually)

B. I will register an allotment of pay in revolving advance of active service pay under the provisions of Public Law 481, 77th Congress, in payment of the first monthly premium of \$ 7.00 on the insurance of _____

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ _____ on the insurance of _____

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 481, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are accrued, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

11. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY: Monthly \$ 7.00 Quarterly \$ _____ Semiannually \$ _____ Annually \$ _____

B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION: Monthly \$ _____ Quarterly \$ _____ Semiannually \$ _____ Annually \$ _____

SIGNED AT Fort Devens, Mass. ON THE 28 DAY OF Aug 1944

WITNESSED BY AND APPROVED AND CERTIFIED BY: S. H. Garland (Rank and organization: See reverse side, paragraph 7.) James A. Brown (Applicant sign here. Do not print signature)

NOTE - Premiums for insured in arrears for full or another full term of payment of insurance \$1,000 to \$1,000 fine and imprisonment. Insurance will be forfeited for nonpayment, unless, upon application, it is reinstated in accordance with Sections 612, 613, and 614, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date	Age	Amt. \$	Premium: Mo. \$	Qr. \$	S. A. S.	A. S.

Beneficiary: _____
Action taken: _____
Examiner: _____ Reviewer: _____
Certificate issued: _____ Policy issued: _____

(10-30000-1)

For use by persons in the active service in the land or naval forces of the United States within 180 days after the date of entrance into the active service. NOTE - Persons in the active service more than 180 days and persons who render the active service (including persons who helped to accept commissions), whose rank remains in a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE THIS FORM.

1. NAME IN FULL: (Please print or type)

2. HOME ADDRESS: Number _____ Street or rural route _____ County, city, town, or post office _____ State _____

3. I WAS BORN AT _____ City, town, or post office _____ State _____ Day of month _____ Month _____ Year _____ Age nearest birthday _____

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY _____ A. PRESENT ORGANIZATION _____ B. SERIAL NUMBER _____

5. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY _____ C. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS _____

6. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR PLAN IN THE AMOUNT OF \$ _____

7. ARE YOU NOW CARRYING GOVERNMENT SERVICE LIFE INSURANCE OR U. S. GOVERNMENT LIFE INSURANCE IN AMOUNT OF \$10,000 AT ANY ONE TIME? IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT: _____ POLICY NO. _____

8. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated) Relationship Amount of insurance to be paid to each beneficiary Post-office address (Number and street, city, town, or post office and State)

9. I HEREBY REQUEST THE POLICY BE MAILED TO: (Please print or type) Full name _____ Address _____

10. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I HEREBY REQUEST THAT THE EFFECTIVE DATE of this policy be made the _____ day of _____ 19____ and _____

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ in the amount of \$ _____ in payment of the first _____ premium on the insurance of _____ (Write above whether monthly, quarterly, semiannually, or annually)

B. I will register an allotment of pay in revolving advance of active service pay under the provisions of Public Law 481, 77th Congress, in payment of the first monthly premium of \$ _____ on the insurance of _____

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ _____ on the insurance of _____

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 481, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are accrued, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

11. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY: Monthly \$ _____ Quarterly \$ _____ Semiannually \$ _____ Annually \$ _____

B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION: Monthly \$ _____ Quarterly \$ _____ Semiannually \$ _____ Annually \$ _____

SIGNED AT _____ ON THE _____ DAY OF _____ 19____

WITNESSED BY AND APPROVED AND CERTIFIED BY: _____ (Rank and organization: See reverse side, paragraph 7.) _____ (Applicant sign here. Do not print signature)

NOTE - Premiums for insured in arrears for full or another full term of payment of insurance \$1,000 to \$1,000 fine and imprisonment. Insurance will be forfeited for nonpayment, unless, upon application, it is reinstated in accordance with Sections 612, 613, and 614, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt. \$ _____ Premium: Mo. \$ _____ Qr. \$ _____ S. A. S. _____ A. S. _____

Beneficiary: _____

Action taken: _____

Examiner: _____ Reviewer: _____

Certificate issued: _____ Policy issued: _____

(10-30000-1)

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

SEE NOTE 1 BELOW

SEE NOTE 1 BELOW

NOTE 1: Item 8 and all parts of item 11 may be filled in only after the enlisted man personally indicates his answers thereto. No part of these items may be preprinted, pretyped or otherwise filled in before interviewing the enlisted man.

NOTE 2: The duplicate copy of Vet Adm 350 will be indorsed by the officer as follows: "The original application was forwarded to the Veteran's Administration on - date - and an allotment of pay has been registered to care for the payment of the required monthly premiums.

AUTHORIZATION FOR ALLOTMENT OF PAY

When applicable to Class E allotments, send original direct to the Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.

When applicable to Class E allotments, send original direct to the Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.

AUTHORIZATION FOR ALLOTMENT OF PAY 212631-N-181
(See AR 35-5520)

Brown James A 51 900 004 Pvt RC, Ft Devens, Mass.

AUTHORIZATION FOR ALLOTMENT OF PAY 212631-N-181
(See AR 35-5520)

Brown James A 51 900 004 Pvt RC, Ft Devens, Mass.

The enlisted man named above hereby authorizes a Class N allotment of his pay in the amount of \$7.00 per month for Indefinite months commencing 1 Sep, 1944, and expiring Indefinite, 1944.

(5) premiums deducted from pay for month of Sep, 1944.

to Veterans Administration Washington 25, D.C.

Date of enlistment 26 Aug, 1944. When other than "Finance Service, Army" is affected, state allotment chargeable _____ Relationship of allottee _____

If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of—
(Name) _____ (Relationship) _____

(Statement below not applicable to Government insurance)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allottee only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

Place Fort Devens, Mass James A Brown
(Signature of allottee)

Entered on service record 28 Aug 44 28 Aug, 1944
(Date) (Date)

* Strike out words not applicable.

J. H. Garland, 2nd Lt., AUS SCU#1112
(Signature of commanding officer or personnel officer, with grade and organization)

WHEN APPLICABLE TO CLASS D OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING X, 19TH AND B STREETS NE, WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.

W. D., A. G. O. Form No. 29
November 4, 1943

16-9421-2 U. S. GOVERNMENT PRINTING OFFICE

AUTHORIZATION OF ALLOTMENT FOR WAR SAVINGS BONDS

DUPLICATE AUTHORIZATION OF CLASS B ALLOTMENT FOR PURCHASE OF WAR SAVINGS BONDS

ENLISTED MAN'S COPY

ORIGINAL AUTHORIZATION OF CLASS B ALLOTMENT FOR PURCHASE OF WAR SAVINGS BONDS

SERVICE RECORD COPY

PRINT OR TYPE ITEMS 1 TO 7

1. James A Brown 51 900 004
(First name) (Initial) (Last name) (Serial number)
Pvt RC Fort Devens, Mass
(Grade) (Company, regiment, or arm of service) (Place or APO)

2. I hereby authorize a Class B Allotment from my pay for the purchase of WAR SAVINGS BONDS, Series E, as indicated below, beginning with pay due to me for the month of Sep, 1944.

3. PLAN 1 <input type="checkbox"/> \$3.75 Allotment <input type="checkbox"/> \$75 Bond	PLAN 2 <input type="checkbox"/> \$6.25 Allotment <input type="checkbox"/> \$25 Bond	PLAN 3 <input type="checkbox"/> \$18.75 Allotment <input type="checkbox"/> \$75 Bond	PLAN 4 <input type="checkbox"/> \$12.50 Allotment <input type="checkbox"/> \$50 Bond	Plan #12 \$7.50	PLAN 9 <input type="checkbox"/> \$225 Allotment <input type="checkbox"/> three \$100 Bonds	PLAN 10 <input type="checkbox"/> \$300 Allotment <input type="checkbox"/> four \$100 Bonds	PLAN 11 <input type="checkbox"/> \$375 Allotment <input type="checkbox"/> \$500 Bond
--	---	--	--	--------------------	--	--	--

4. List as Co-owner or Beneficiary

5. * Mail Bonds to Mr. Mary A Brown (Last name)
 Mrs. _____ (Last name)
 Miss _____ (Last name)

At 1530 Brighton Ave Boston, Mass
(Number and street or rural route) (City or post office) (State)

6. * Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to _____
At _____ (Number and street or rural route) (City or post office) (State)

7. Entered on service record or pay card JAB (Initials of person recording)

*Select delivery desired—use one, not both. Whenever a box (X) appears, it is essential that addressee indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.

W. D., A. G. O. Form No. 29-4
Form approved by Comptroller General, U. S.
February 13, 1943

James A Brown
(Signature of allottee)
D. MAZERY, 2nd Lt., AUS SCU#1112
(Signature of personnel or other responsible officer with grade or rank and organization)

IMMUNIZATION REGISTER

FRONT

BACK

IMMUNIZATION REGISTER AND OTHER MEDICAL DATA (See AR 40-210)			
NAME (LAST, FIRST, MID. INITIAL) BROWN, JAMES A			ASN 31 900 004
DATE OF BIRTH 31 Mar 1915	RACE W	BLOOD GROUP O	MED. OFF. M.B.
SMALLPOX VACCINE			
DATE	TYPE OF REACTION		MED. OFF.
TRIPLE TYPHOID VACCINE		TYPHUS VACCINE	
DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
28 AUG 1944	M.B.		
TETANUS TOXOID		CHOLERA VACCINE	
DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
28 AUG 1944	M.B.		
YELLOW FEVER VACCINE			
DATE	LOT NO.		MED. OFF.

W. D., A. G. O. Form 8-117 15 August 1944 This form supersedes M. D. Form 81, 23 September 1942, which will not be used after receipt of this revision. 16-00000-1

OTHER IMMUNIZATIONS					
TYPE	DATE	LOT NO.	AMOUNT	MED. OFF.	
SPECTACLES					
PLACE OF REFRACTION			DATE	GLASSES REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	
V.A. WITH GLASSES			V.A. WITHOUT GLASSES		
OD	OS	OU	OD	OS	OU
SPHERE	CYLINDER	AXIS	PRISM	DEC. IN.	
OD.					
OS.					
ADD.					
BIFOCAL SEGMENT			FRAME		
HEIGHT	INSET	P. D.	BRIDGE	EYE SIZE	TEMPLE
MM.	MM.				
POSITION OF EYEGLASS GAS MASK M-11			SIZE OF GAS MASK		
COMMERCIAL TYPE, NO. OF PRS.			EYEGLASS, GAS MASK M-11		
DATE ORDERED	DATE ISSUED	DATE ORDERED	DATE ISSUED		
DENTURES					
TYPE	*	DATES INSERTED IF MADE IN SERVICE			
FULL UPPER					
FULL LOWER					
PARTIAL UPPER					
PARTIAL LOWER					
* CHECK IF PRESENT WHEN INDUCTED OR ORDERED TO ACTIVE DUTY					
DRUG OR SERUM SENSITIVITY					
DRUG OR SERUM					
DATE OF REACTION					
TYPE OF REACTION					
SEVERITY				MED. OFF.	
REMARKS:					

★ U. S. Government Printing Office: 1944 16-00000-1

LOCATOR CARD WD AGO 401

25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P	RECEIVING BATTALION COPY
FORWARDING ADDRESS			
SO 230	25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P
(Units eq	FORWARDING ADDRESS		
	25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P
	FORWARDING ADDRESS		MORNING REPORT SECTION COPY
	SO 230 9-1-44	INF RTC CP BLANDING, FLA	
(Units equipped with Addressograph imprinting equipment, use this side) 10-34922-1			

TO POST OFFICE
ON ARRIVAL OF
ENLISTED MAN

STAMPS ON ARRIVAL
OF ENLISTED MAN.

STAMPS AFTER
ENLISTED MAN
DEPARTS

POSTAL LOCATOR CARD

25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P
25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P
SO 230 9-1-44	INF RTC CP BLANDING, FLA	

TO POST OFFICE
AFTER ENLISTED
MAN DEPARTS

ALTERATION SLIPS

ALTERATION SLIP FOR TROUSERS

<u>34</u> Waist	TROUSERS	<u>31</u> Length
BROWN, JAMES A 31900004		
O		
P		
26 AUG 44 A		

26 AUG 44 A		
-------------	--	--

26 AUG 44 A		
-------------	--	--

26 AUG 44 A		
-------------	--	--

ALTERATION SLIP FOR BLOUSES

COPIES OF ALTERATION SLIPS REQUIRED	
TYPE OF GARMENT	COPIES
Blouse	4
Overcoat	4
Trousers	4 (1)
(1) Add one copy for each additional pair of trousers.	

BLOUSE SLEEVES		BLOUSE LENGTH		WITH GARMENT
Shortened	Lengthened	Shortened	Lengthened	
BROWN, JAMES A 31900004				
O				
P				
26 AUG 44 A				

26 AUG 44 A				RECEIVING CO COPY
-------------	--	--	--	-------------------

26 AUG 44 A				ENLISTED MAN'S COPY
-------------	--	--	--	---------------------

26 AUG 44 A				FILE COPY
-------------	--	--	--	-----------

CIVILIAN CLOTHES BAG TAG

COMMANDING OFFICER
RECEPTION CENTER
FORT DEVENS, MASS
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

CLOTHING OF:
BROWN, JAMES A.
31900004

TO:
MRS. JAMES A. BROWN
1530 BRIGHTON AVE
BOSTON, MASS.

BARRACKS BAG TAG

CIVILIAN CLOTHES BAG SLIP

BROWN, JAMES A
31900004

26 AUG 44 A

BROWN, JAMES A
31900004

A

NOTE: For regulations affecting disposal of civilian clothing, see War Department Memorandum 615-44, 20 September 1944.

TROOP MOVEMENT ROUTING

TROOP MOVEMENT ROUTINGS

TO: Camp Blending-Inf RTC MAIN NUMBER 6318
Train # 6 ROUTED VIA _____ TIME: _____
 FROM: Fort Devens Reception Center B + M - Spf
 NO OF EM: 200 NYNH & H NYC HGB
 CADRE: 2 officers - 10 NCO Penn Wash
 LEAVE: 9/1/44 ARRIVE: _____ RF + P Rich
 Date & time Date & Time Sal Starke
 AUTH: TWX 999 SPXOC-T 28 Aug 44
 R.N. _____

CALLER INTO WASH: Miss Cadoca _____ RN
8/28/44-1412 REC'D FROM WASH: From Baytown
 EQUIP: 2 Kitchens New Transit 8/28/44-1035

LOCAL FORM ON WHICH TRANSPORTATION SECTION NOTES INFORMATION FURNISHED BY THE OFFICE OF THE CHIEF OF TRANSPORTATION

TROOP MOVEMENT ROUTINGS

TO: Camp Blending-Inf RTC MAIN NUMBER 6319
Train # 8 ROUTED VIA _____ TIME: _____
 FROM: FT. Devens Reception Center
 NO OF EM: 200
 CADRE: 2 off
 LEAVE: 9/1/44
 AUTH: A
 CALLED INTO _____
 EQUIP: 2K

BOSTON AND MAINE RAILROAD
PASSENGER TRAFFIC DEPARTMENT

CONFIDENTIAL

Boston 14, Mass. Aug. 28, 1944
File: 292

EQUIPMENT LIST

T. L. NO. 554
MAIN 6318

200 MEN

3 TOURIST SLEEPERS
2 KITCHEN BAGGAGE
3 TOURIST SLEEPERS
8 CARS

WED. Aug. 30- Kitchen car to be placed at Fort Devens for equipping.

FRI. Sept. 1- Train to be placed at Fort Devens for occupancy not later than 1:00 P.M.

Lv. Fort Devens	2:00 PM
Ar. Greenfield	4:10 PM
Lv. Greenfield	4:20 PM
Ar. Springfield	5:25 PM
Lv. Springfield	5:40 PM
Ar. New York City	9:50 PM
Lv. New York City	10:50 PM
Ar. Jacksonville, Fla.	11:50 PM
Lv. Jacksonville, Fla.	4:30 AM
Ar. Starke, Fla.	5:30 AM

Stoves in kitchen car will be wood burning.
 Baggage in equipment with party.

F. T. Grant
General Passenger Agent.

EQUIPMENT LIST

TRANSPORTATION NOTICE

BOSTON AND MAINE RAILROAD
Passenger Traffic Department

CONFIDENTIAL

Boston, Mass., Aug. 28, 1944
File 291

TRANSPORTATION NOTICE NO. 621

50 MEN

1 TOURIST SLEEPER DESIGNATED 500

Conductor report this office form 1124.

FRIDAY SEPT. 1

AYER, MASS. TO Greenfield, Mass.

Lv. Ayer	9:00 AM
Ar. Greenfield, Mass.	11:04 AM
Lv. Greenfield, Mass.	11:30 AM
Ar. Springfield, Mass.	12:35 PM
Lv. Springfield, Mass.	12:55 PM
Ar. New York City (Penn St.)	5:12 PM
Lv. New York City (Penn St.)	7:35 PM

TUES. SEPT. 5 -

Ar. Jacksonville, Fla.	8:45 PM
Lv. Jacksonville, Fla.	10:15 PM
Ar. Starke, Fla.	11:15 PM

ROUTING:

B & M.....	Springfield
NY NH & H.....	New York City (HQB)
PENN.....	Washington
R F & P.....	Richmond
S A L.....	Starke

TRAVEL:

Coach.....	Ayer to New York City
1st Class.....	New York City to Starke

MEALS:

5 Meals

F. T. Jones
General Passenger Agent

The above is subject to
change without notice.

SHIPPING SCHEDULE

SHIPPING SCHEDULE

28 Aug 44

PREPARED BY ASSIGNMENT OFFICER
BASED ON TWX FROM AGO

Period: 28 Aug 44 to 1 Sep 44

Friday, 1 Sep 44

EM

AGF	IRTC Cp Blanding, Fla	30
AGF	Armored RTC Ft Knox, Ky	8
	Total	38

AUTH: TWX 999, SPXOC-T, AGO, Washington, D.C. 28 Aug 44.

Section IV

PROCESSING MEN ENLISTED IN THE ERC OR OTHER COMPONENTS OF THE ARMY

10. The basic procedures prescribed in this manual apply also to the processing of men who have entered the army by enlistment in the Enlisted Reserve Corps or other components of the Army, with the exceptions noted below.

11. Enlisted Reserve Corps.

The service command on issuing an order calling a member of the Enlisted Reserve Corps to active duty, forwards to the reception center the number of copies of the special orders required by the reception center, as well as the copy of the Enlistment Record, WD AGO Form 165, and the Service Record, WD AGO Form 24 which were forwarded to the service command at the time of enlistment. The reservist on reporting to the reception center is given a physical examination, the results of which are recorded on a physical examination work sheet. The work sheet is transcribed to the Record at Time of Reporting for Active Duty, WD AGO Form 183, in duplicate. The center also completes those parts of WD AGO Form 183, not pertaining to the physical examination. When the enlisted man is transferred from the reception center, or if he is still at the reception center ten days after his arrival thereat, the original copy of

WD AGO Form 183 will be forwarded to the Adjutant General's Office, Washington 25, D. C., with a notation as prescribed in AR 615-500; the duplicate copies of WD AGO Forms 183 and 165 are forwarded to the service command. If an enlisted reservist is found to be physically disqualified upon reporting for active duty, appropriate action will be taken in accordance with the provisions of current War Department directives.

12. Enlistees other than ERC.

The enlisted man reports to the reception center with sufficient copies of the special orders forwarded by the recruiting station, the original copy of the Enlistment Record WD AGO Form 22, the Service Record, WD AGO Form 24, and Home Address Report, DSS Form 166. When the enlisted man is transferred from the reception center, or if he is still at the reception center ten days after his arrival thereat, the original copy of WD AGO Form 22 will be forwarded to The Adjutant General, Washington 25, D.C., with a notation as prescribed in AR 615-500. The Home Address Report, DSS Form 166, is forwarded with the original copy of the WD AGO Form 22.

Section V

EXPEDITING THE PROCESS

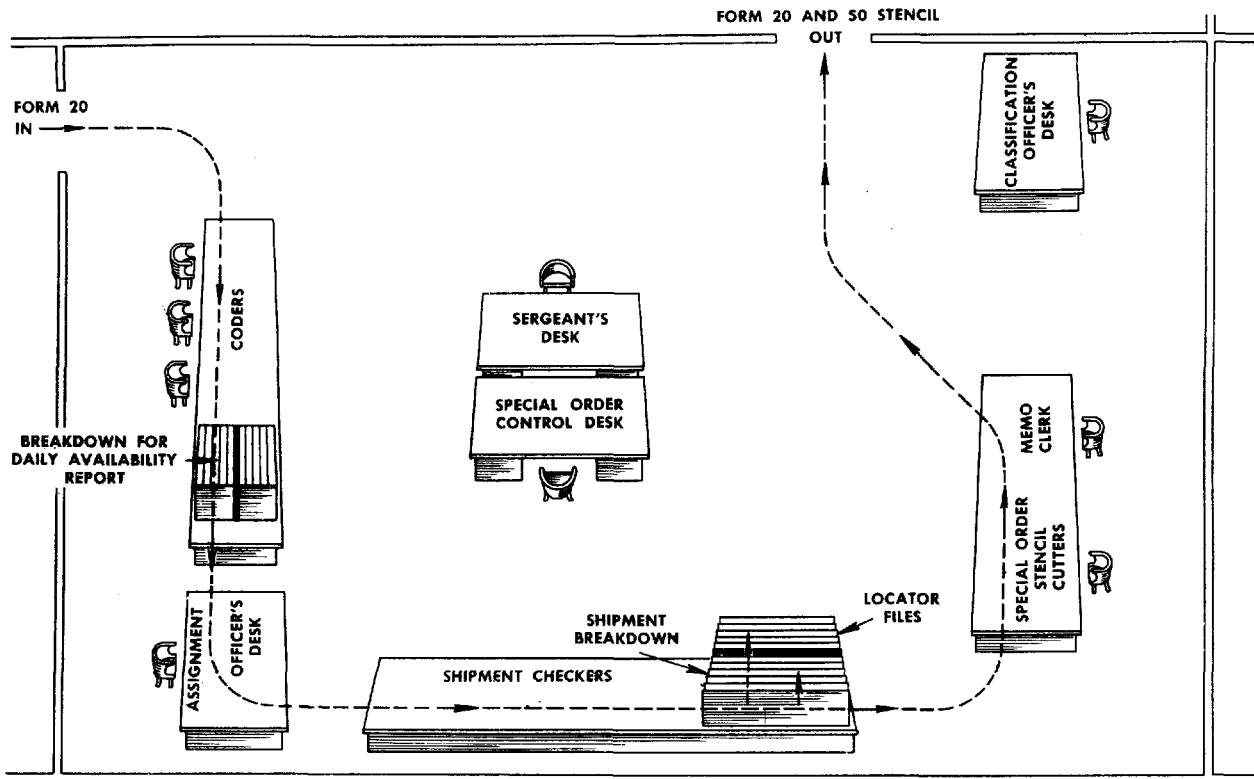
13. General.

Some of the principles and methods for expediting reception center processing which have been developed are presented in this section.

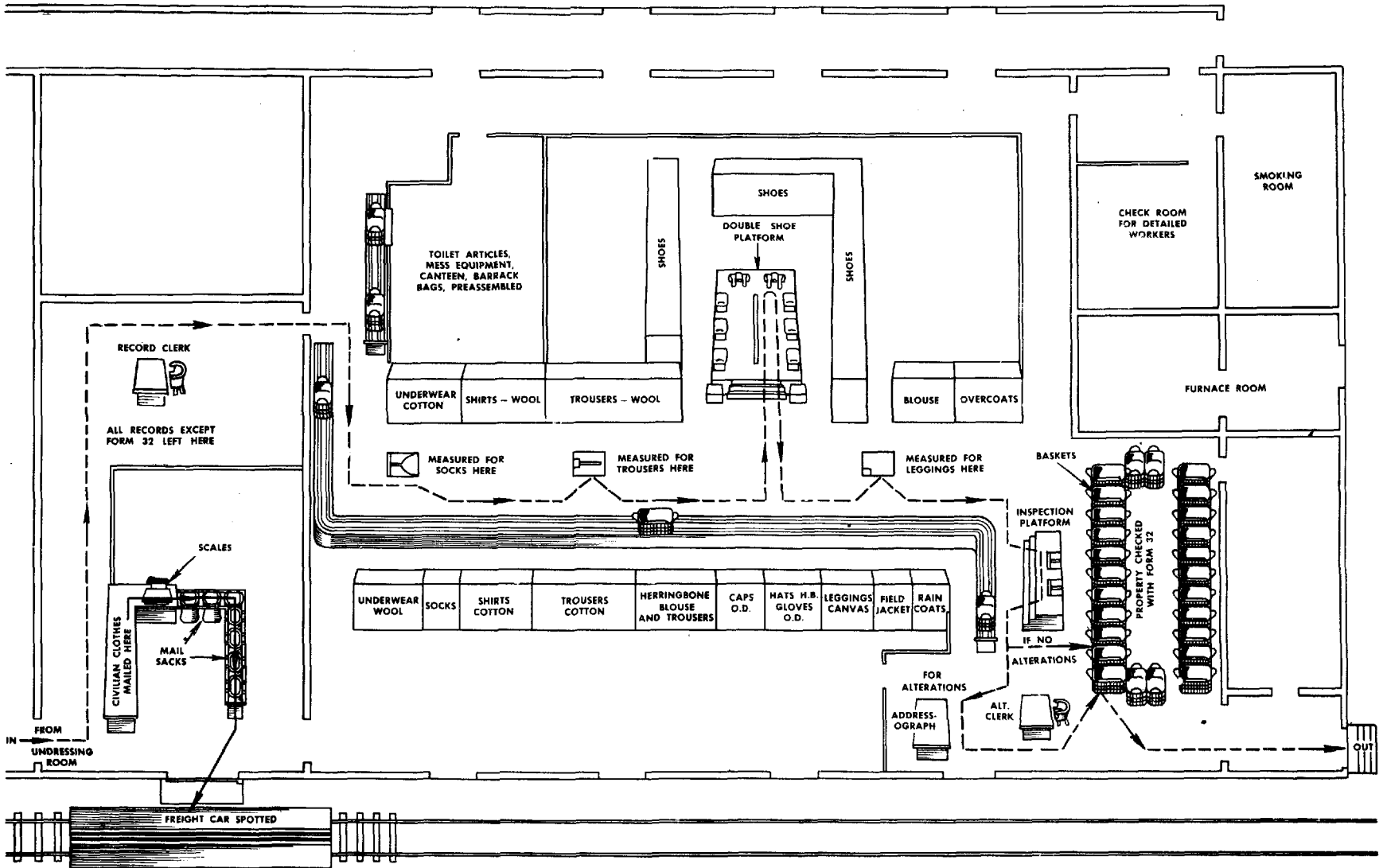
14. Office Layout.

Proper layout of the various offices used for processing contributes considerably to expeditious processing. Equipment and facilities should be so arranged that the enlisted men and the forms being processed move forward on an assembly line basis.

Backtracking or crisscrossing should be avoided wherever possible. The names of the various processing stations should be clearly and conspicuously designated by signs. In the same manner all company barracks should be clearly identified. The following figures illustrate the practical application of the principles of layout in three situations. They are guides only which are intended to illustrate a principle. It is not intended that they be mandatory. Each layout must conform to the facilities available.



Layout for processing Soldier's Qualification Card after interview.



Layout of Clothing and Equipment Section.

TM 12-223
Expediting

VETERANS ADMINISTRATION
Form approved
BUDGET BUREAU No. 76-1022-42

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 62 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1944 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 180 days after the date of entrance into the active service. NOTE—Persons in the active service more than 180 days and persons who reenter the active service (including persons discharged to accept commissions), whose enlistment in a month's notice of previous active service without interruption, must make application on Insurance Form 346, which requires a complete report of physical examination. USE THIS FORM.

1. NAME IN FULL: First Middle Last name
(Please print or type)

2. HOME ADDRESS: Number Street or rural route County, city, town, or post office State

3. I WAS BORN AT City, town, or post office State Day of month Month Year Age nearest birthday

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 44
5. PRESENT ORGANIZATION Rank, grade, or rating: Pvt
6. SPECIAL NUMBER: Unassigned
Organization, regiment, station, ship, etc.

7. DATE OF REENTRY FROM LAST TOUR OF ACTIVE DUTY: (If no previous active duty, state "none.") None
8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ 10,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" OR "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ POLICY No.

11. COMPLETE NAMES OF EACH BENEFACTARY (If married woman, her own first and middle name and husband's last name must be stated) Relationship Amount of insurance to be paid to each beneficiary Post-office address (Number and street, city, town, or post office and State)

Principal
Contingent

Permitted class of beneficiary: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 3.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type) (Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the day of Immediately, 1944, and

A. I combine herewith remittance payable to the TREASURER OF THE UNITED STATES by (Check, draft, or money order) in the amount of \$ _____ in payment of the first premium on the insurance, or (Write above whether monthly, quarterly, semiannual, or annual) B. I will register an allotment of pay (involving advance of active service pay under the provisions of Public Law 461, 7th Congress, in payment of the first monthly premium) on the insurance, or C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ _____ on the insurance. If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows: (a) If the first premium is paid by direct remittance, same effective as of the date on which valid up as of the first day of the month following the receipt and the amount of the premium is deducted from the UNITED STATES IS NOT THE UNITED STATES IS NOT

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER BY ALLOTMENT OF PAY MONTHLY

SIGNED AT Fort Devens, Mass
WITNESSED BY: and
INFORMATION AS TO SERVICE CERTIFIED BY:
(Rank and organization. See reverse side, page 2)
NOTE—Penalties for fraud in securing for self or another money, ransom, or other specified allowance. (See reverse side.)

Effective Date Age Amt, \$
Beneficiary
Action taken
Examiner
Certificate issued

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

When applicable to Class B allotments, send original direct to the Disbursing Officer, Office of Dependency Benefits, 213 Washington Street, Newark, N. J.

AUTHORIZATION FOR ALLOTMENT OF PAY

(See AR 35-5520)

(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)
The above (enlisted man) named above hereby authorizes a Class B (Type of allotment) allotment of his pay in the amount of \$ _____ per month for Indefinite months commencing Sep, 1944, and expiring _____, 1944. (_____) premiums deducted from pay for month of Sep, 1944. (Applicable to Class N insurance only (sec. 1V, (C), No. 100, W. D., 1941))

to Veterans Administration (Name of allottee) (Number and street or rural route) Washington 25, D.C. (City, town, or post office) (State)
or to (Name of alternate allottee) (Number and street or rural route) (City, town, or post office) (State)

Date of enlistment _____, 1944. When other than "Finance Service, Army" is affected state allotment chargeable _____ Relationship of allottee _____
If allotment is in favor of a bank, the following is required to be stated: Deposit should be made to the credit of _____ (Name) (Relationship)

I hereby state that the purpose for which this allotment is granted is solely for the support of wife, child, or dependent relatives; or if made for the payment of life insurance premiums, the insurance (including endowments and/or twenty (or other) payment policies) is on the life of the allottee only; that the insurance constitutes the major and not a merely incidental or collateral element of the transaction; and that the allotment is made in favor of the insurance company issuing the policy and not in favor of a bank or other agent.

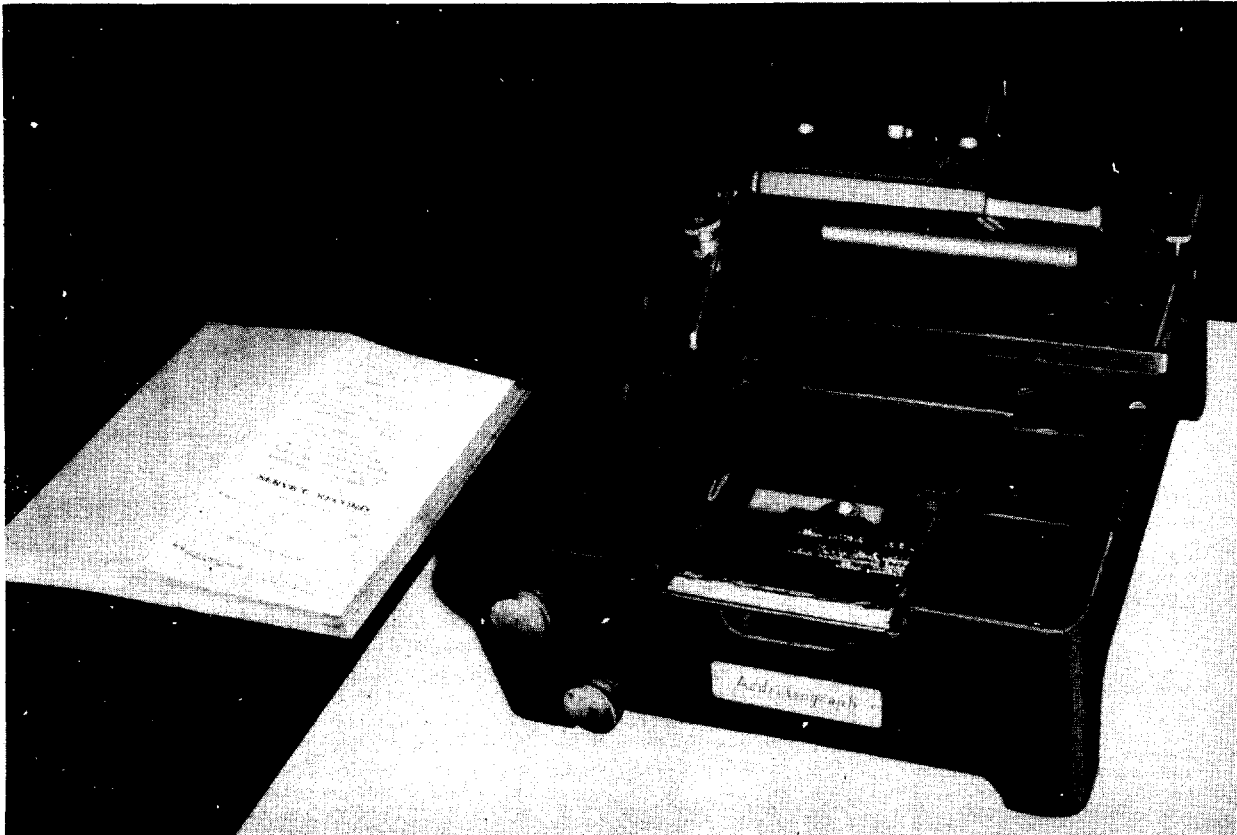
Place Fort Devens, Mass (Signature of allottee) _____
Entered on service record Aug 44 (Date) _____, 1944

* Strike out words not applicable.

WHEN APPLICABLE TO CLASS B OR CLASS N INSURANCE, THE ORIGINAL COPY OF THIS FORM WILL BE SENT TO THE EXAMINATION DIVISION, BUILDING 1, 15TH AND E STREETS NE, WASHINGTON, D. C. NO COPIES WILL BE SENT TO THE VETERANS ADMINISTRATION, WASHINGTON, D. C., WITH THE APPLICATION FOR INSURANCE.
W. D., A. G. O. FORM No. 28 November 4, 1943 12-9-21-9 U. S. GOVERNMENT PRINTING OFFICE

Preprinting on Application for National Service Life Insurance, Veterans Administration Insurance 350, and Authorization for Allotment of Pay, WD AGO 29, may be done as illustrated above. No part of sections 8 or 11 of insurance application, however, may be preprinted, prestamped, or otherwise filled in until the enlisted man is interviewed.

On the individual Clothing and Equipment Record, WD AGO 32, the columns "Authorized Allowances" and "1" may be preprinted as illustrated on page 34.

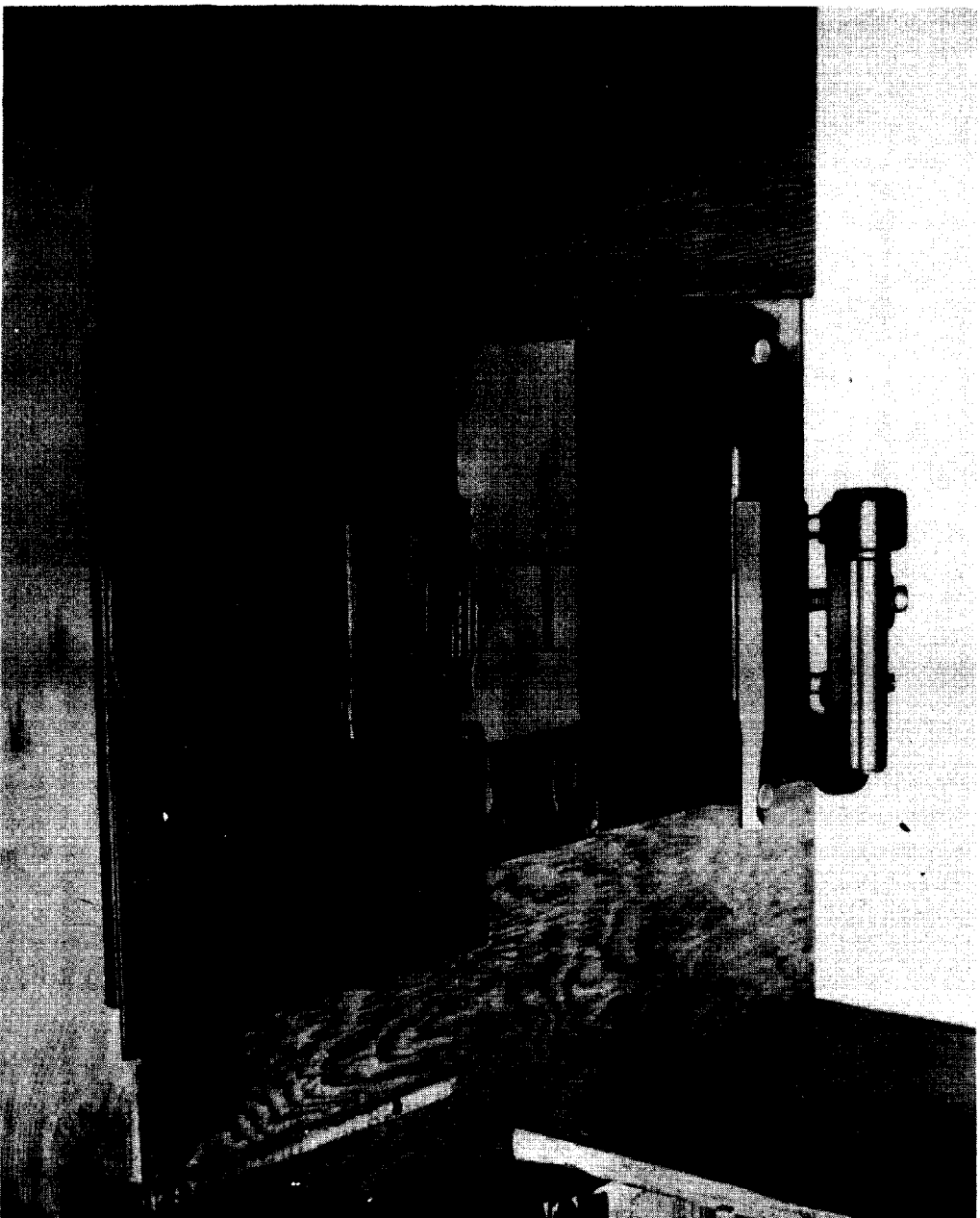


Machine for imprinting

16. Imprinting the Enlisted Man's Name and Army Serial Number.

There are many forms on which the enlisted man's name and Army serial number must be placed. Time may be saved by using for this purpose a plate or one of the soldier's identification tags. Depend-

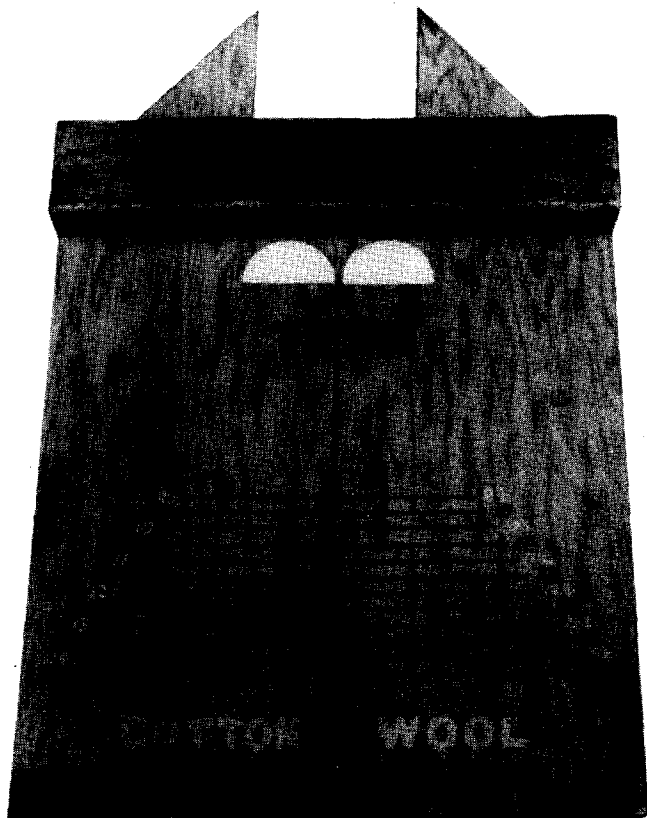
ing upon the type of equipment and the amount available, some stations may find it preferable to imprint the enlisted man's name and Army serial number on the various forms at one point. The illustrations demonstrate methods used to imprint the enlisted man's name and Army serial number on forms.



Imprinting Machine with Improvised Sliding Chasse

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WASHINGTON, D. C.



Device for foot measurement.

17. Clothing and Equipment.

a. Non-size items such as ties, barracks bags, and mess equipment may be set up prior to the enlisted man's arrival at the clothing and equipment section.

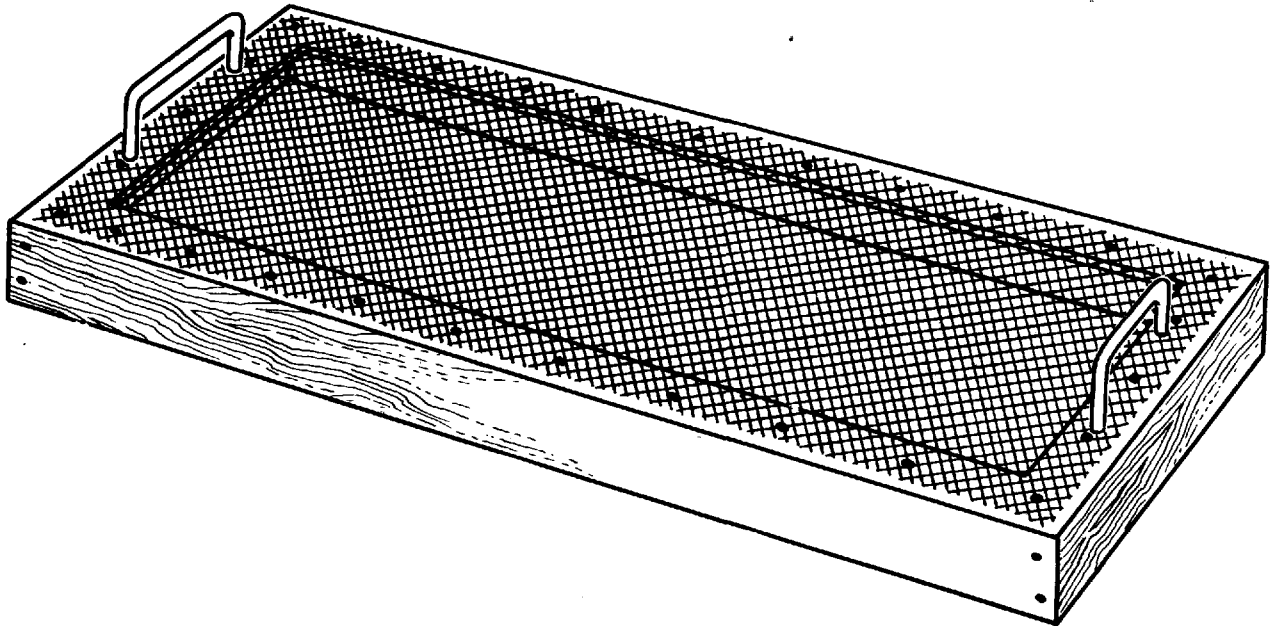
b. The enlisted man may send his civilian clothes home or is given an opportunity to donate them to the Red Cross. If he elects to send his clothes home, he proceeds to a table on which there is a supply of civilian clothes bags. He addresses a bag, places his clothes in it, and leaves it at the parcel post counter, from which it is mailed to its destination. The enlisted man then proceeds to the clothing line where he receives the sets of non-size items. As he progresses along the line he dresses into a complete uniform, placing all the other items of issue in a barracks bag, basket, or other container.

c. Full use should be made of any measuring devices which have been developed.

d. The alteration slips illustrated on page 42 are set up in quadruplicate with the necessary carbons inserted in advance.



Device used for measuring inseam.



Rack for Holding Hypodermic Needles.

18. Immunization.

a. Because of both the necessity for expediting the preparation and transmission of the Daily Availability Report and the varying effects of immunization on enlisted men, this phase of processing should not be conducted until after the enlisted

c. Where large numbers of men must be inoculated in rapid sequence, a special rack for hypodermic needles may be used to advantage. A simple rack is illustrated above which may be easily made locally. The frame is made of ordinary scrap lumber nailed together with finishing nails. The depth of the rack must be enough to prevent the tip of the needles from touching any support

19. Mess.

Wherever possible, it is advisable to have an officer responsible for coordinating the messing of enlisted men. Good timing avoids long lines and long waiting at the mess.

20. Testing.

a. Every attempt should be made to permit the soldier to take the tests under as nearly perfect conditions as is possible. The importance of the various tests (presently consisting of the Army General Classification Test, the Mechanical Aptitude Test, and the Army Radio Code Aptitude Test) should be clearly stressed, and the fact that they are conducted on a time basis should be fully explained. Once properly administered, extreme mechanical care must be taken to make certain that scores are correctly tabulated and converted. This may be accomplished in the following manner:

(1) Manually rechecking first machine scored test sheet of each group.

(2) Manually rechecking by use of the template all scores within one of the next higher grade.

(3) Random conversion rechecks.

b. It has been found that considerable time saving may be effected by recording the scores attained directly to proper spaces on the Soldier's Qualification Card, thus eliminating the necessity for recopying at a later point in the processing.

21. Use of Enlisted Men Awaiting Transfer.

Enlisted men who have been processed and are awaiting transportation to training centers may be

used to assist in the performance of processing operations. Among the operations which they may be easily trained to perform are the imprinting or stamping of standard entries in records, and assisting in the receipt, storage, and issuance of clothing and equipment. Under no consideration, however, may their transfer to training centers be delayed because they are performing such duties. The number of enlisted men, awaiting transfer, who are assigned to assist in the performance of processing and housekeeping operations will be kept to the minimum required to accomplish the task. To insure that this is done, requests for men to be assigned to various details should be examined carefully and checked periodically. Under normal conditions enlisted men awaiting transfer should not be assigned to general post, camp, or station details when the reception center is a part of a post, camp, or station, or to assist in the operation of other organizations within a War Department personnel center, when the reception center is a part of such a center.

22. Training of Men Awaiting Assignment at Reception Centers.

Mobilization Training Program 20-3, dated 10 August 1944, describes the military training which will be given to men who have completed processing and are awaiting assignment. All men who have completed processing and who are not assigned to necessary reception center details or sick in quarters, in the hospital, or in confinement will receive the prescribed training. Training given to these men will be conducted in accordance with approved instructional procedures.

NOTICE

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NOTICE

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d. If the insured does not indicate his choice of beneficiary by designating the persons he wishes, the law provides for payment in the following order: wife, child, parents, sisters and brothers.

8. *Payments to beneficiaries.*

a. All death benefits are payable only in the form of monthly payments, as follows:

(1) Beneficiary under age 30 at time of insured's death, \$5.51 per month per \$1,000, for 240 months.

(2) Beneficiary age 30 or older at time of insured's death, a monthly life income, with a guarantee that a minimum of 120 monthly payments will be made (within the permitted class of beneficiaries), if the person first receiving benefits should die before receiving at least 120 monthly payments.

(3) In lieu of either of the above, either the insured or the beneficiary may elect to have the insurance benefits paid monthly in the form of a refund life income, whereunder if the person first receiving the benefits should die before having received at least the face amount of the policy less any indebtedness, the balance, in monthly installments, will be continued to eligible beneficiaries. (The amounts of monthly payments per \$1,000 under (2) and (3) above depend upon the age of the beneficiary at the time of the death of the insured—illustrate by an example or two.)

(4) All death benefits payable only to persons within the permitted class, except in cases of converted (permanent) plans, where reserve value is paid to the estate of the insured if there is no eligible beneficiary surviving who had received at least such an amount.

9. *Payment of premiums*—insurance cannot lapse while in active service if the allotment remains in effect—authorization for deduction of premiums from pay—Class N allotment. Emphasize that practically all soldiers pay premiums in this way.

10. Buy now and make insurance effective immediately because

a. It is difficult to find the time later—you will be too busy.

b. No physical examination is required if you act now. After 120 days a physical examination is necessary.

c. The protection may be made available for you at once and should not be deferred—this is the only way to take advantage of all to which one is entitled.

BONDS

11. Several allotment plans.

a. \$7.50 per month for a \$10.00 bond each month.

b. \$18.75 per month for a \$25.00 bond each month.

c. \$37.50 per month for a \$50.00 bond each month.

12. May have more than one allotment for bonds—such as \$7.50 and \$18.75 for \$10.00 and \$25.00 bonds each month.

12. The enlisted man may, if he desires, name a beneficiary or co-owner and may have different beneficiary or co-owner on each allotment if more than one is in effect. Bond allotments generally become effective with the second month's pay.

14. Stress value as form of savings and for patriotic reasons, but do not oversell the soldier as he is going through a readjustment period.

FAMILY ALLOWANCE

15. Family Allowance is provided for in the Servicemen's Dependents Allowance Act of 1942, as amended.

16. It is a monthly payment by Government check to the enlisted man's dependents so long as he and his dependents remain eligible.

17. Classes of Dependents.

a. Class A — Wife, child, or former wife divorced.

b. Class B — Parent, brother, or sister, dependent on enlisted man for SUBSTANTIAL portion of support.

c. Class B-1 — Parent, brother, or sister, dependent on enlisted man for CHIEF portion of support.

18. Enlisted Man's Contribution.

a. For Class A dependents — \$22.00 monthly.

b. For Class B or B-1 dependents — \$22.00 monthly.

c. For more than one class of dependents — \$27.00 monthly.

19. Examples of Amounts Dependents Receive Monthly.

a. Wife, \$50.00; wife and one child, \$80.00, with \$20.00 for each additional child.

b. Father and mother — Class B-1, \$68.00.

c. Father and mother — Class B, \$37.00. Only one amount, \$37.00, is payable monthly to a group of Class B dependents regardless of the number of such dependents.

20. Children and dependent brothers or sisters are eligible if they are unmarried and under 18 years of age, or regardless of age if mentally or physically incapacitated.

21. Documentary proof required to establish Class A dependency.

a. For Wife — A certified copy of the public or church record of marriage is preferable. If preferred proof of marriage cannot be obtained, the best available evidence should be submitted. A partial list of such secondary evidence includes the following documents:

(1) Photostatic copy of public or church record.

(2) Certificate by clergyman or public official who performed ceremony.

(3) Affidavits of two eyewitnesses to ceremony.

b. For common-law wife — If undisputed, affidavit by either soldier or his common-law wife, and in addition, affidavits of two other persons having personal knowledge of the circumstances. Applies only in states or territories where common-law marriages were recognized at time such relationship existed.

c. For divorced wife — Certified copy of court decree of divorce.

d. For separated wife — Certified copy of court decree of separation and maintenance. If not separated by court order, true copy of separation agreement by the soldier and separated wife.

e. For a legitimate child — Certified copy of public record of birth or church record of baptism is preferable. If preferred proof of birth cannot be obtained, the best available evidence should be submitted. These include any one of the following, listed in order of preference:

(1) Photostatic copy of public or church record.

(2) Affidavit from physician, midwife, or nurse who attended birth, or from godparents.

(3) Affidavits from two persons, stating their actual knowledge of name, age, date and place of birth of child, and naming child's parents.

(4) If no other evidence is available, certified copy of records from a family bible, church, naturalization or immigration office, or a hospital.

f. For an adopted child — Certified copy of court decree of adoption; also, record of birth.

g. For an illegitimate child — In addition to birth certificate, submit certified copy of court decree declaring enlisted man father of the child, or ordering the enlisted man to contribute to the child's support, or enlisted man's written statement that he is the father of the child.

22. Documentary evidence required to establish dependency of Class B or B-1 dependents.

a. A dependency certificate, WD AGO Form 620, will be completed for each adult individual (for himself or on behalf of a minor) living in one household who claims dependency on an enlisted man.

23. Initial Family Allowance is a payment of one month's full allowance to Class A and B-1 dependents, provided the enlisted man submits his application on WD AGO Form 625 within 15 days after entry into active service in a pay status.

ALLOTMENTS

24. Class E Allotments may be made for additional help to dependents, for savings, or for commercial life insurance, provided the enlisted man retains \$10.00 of his monthly pay for his own use.

