

DO NOT WRITE IN THIS SPACE - REMARKS

DURING THE SEVEN DAYS IMMEDIATELY PRECEDING THE DATE OF THIS CLAIM

1. WERE YOU READY, WILLING, AND ABLE TO WORK? **YES**

2. DID YOU REFUSE ANY JOB? **No**

3. DID YOU RECEIVE WAGES IN LIEU OF NOTICE, VACATION PAY OR
SICKLEAVE PAY? **No**

4. HAVE YOU APPLIED FOR OR DID YOU RECEIVE VETERAN'S EDUCATION
AND TRAINING OR SUBSISTENCE ALLOWANCE OR EDUCATION ASSIST-
ANCE UNDER THE WAR ORphans EDUCATION ASSISTANCE ACT? **No**

5. WERE YOU SELF-EMPLOYED, TRAINING OR ATTENDING SCHOOL? **No**

6. DID YOU RECEIVE ANY EMPLOYER'S COMPENSATION, OLD
BENEFITS OR RAILROAD RETIREMENT? **No**

YOUR RIGHTS TO BENEFITS UNDER OR YOUR AGREEMENT TO THESE REGULATIONS, PUBLIC SETTLEMENTS MADE TO OBTAIN OR RECEIVE BENEFITS ARE
PRESERVED BY THE ABOVE REPRESENTATION. I CERTIFY ALL OF THE ABOVE TO BE TRUE AND CORRECT.

Lee H. Oswald

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