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<b>3</b>			OF EME						1
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WHITE Roses Anthony			1666106	4	Or. 1 34	701	0 <b>v</b> 3	s R	antist
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			MATE LAST	ENTRY)	429-60-3576				
FIRST NAME - MIDDLE NAME - LAST NAME	E (II dec	eased, so state)			ADDRESS				
O. WIFE OR HUSBAND (If none, so state)			SE REPORT				•	•	
Ganeva Ruth WHITE			-Star Ru		dian Irail/29	er la	15,	ya li	fornia
II. NAME OF CHILDREN (IF none, to store.	11ep or	adopted, so state)		ADDR	ESS	YES	NO	SEX	DATE OF BIRTH
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Roscoe Anthony WHITE	Jr		Same as		.0 -	- 1	X	M	
Ricky Don WHITE			-d	0-			•	M	
12. FATHER Step-father			ADDRESS					1	
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15. PERSON(S) NAMED ABOVE WHO ARE N TO BE HEALTH	01 10	BE NOTIFIED DUE	ADORESS						
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16. BENEFICIARY FOR GRATUITY PAY IN EVE THERE IS NO SURVIVING SPOUSE OR E GIBLE CHILDIRENI. NAME PARENTS (	LI-	Robert Da							Step Father
BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		: : .			X				
		Joda Mer	e ROGERS		<u> </u>	•			Mother
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17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOW- ANCES (P. L. 147, 84th Con- gress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	00_*	Geneva Ri	th WEITE		Same as item	10			Wife
	% ENT OF								
MENT OF PAY IF MISSING OR PAYER	CH MO		th WHITE		Same as item	10			Wife
19. INSURANCE POLICIES IN FORCE INCLUDI	NG US	GLI AND NSLI (Agen	icies to be notified in	case of death	in active service)				
FULL NAME AND ADDRESS OF COMPAN	(Y	ADI	DRESS OF OFFICE R	ECEIVING PAY	MENT OR HOME OFFICE			P	OUCY NO.
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21. SIGNAFYRE OF WITNESS	2	VCIO, TA	HC, 2) 1	22. SIGNATU	A LITOTHIA	7	1_4	5A et	O.L
JAMES A. AIEL COI	US	MCR		HOSC	DE A. WHITE	<b>ノ</b>			

DD FORM 93-1

For Naty, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

#### INSTRUCTIONS

(Items for which no instructions are printed below are self-explanatory)

IF NECESSARY, CONTINUE ANY ITEM IN "REMARKS" BUT SPECIFY THE PARTICULAR ITEM BEING CONTINUED.

All items of this form Must be completed and MAINTAINED CURRENT by all officers and enlisted personnel in accordance with the following: NAVY-BuPers Manual, Art. B2312; MARINE CORPS-Par. 4019, PRAM; U. S. COAST GUARD-Personnel Manual, Par. 13-B-14.

In the event you, the designator, should die, the persons or agencies named in items 10, 11, 12, 13, 14, and 19 will be notified unless item 15 shall indicate a person or persons Nor to be notified.

Should you become critically or seriously ill, or incapacitated to the extent that you cannot notify them, the persons named in items 10, 11, 12, 13, and 14 will be notified unless item 15 shall indicate a person or persons Not to be notified.

Payment of any benefits and disposition of remains in case of death shall be in accordance with applicable law.

ltem 10.—Enter full name and address of wife or husband. For wife, use given names, for example, "Marion Elizabeth Dawson." If the designator is single, divorced or widowed, so state.

Items 12 and 13.—The term "Father" and/or "Mother" shall be interpreted to include "natural," "step," "adoptive" and person who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to designator's entry upon active service.

Item 14.—In the event that there is no other adult next of kin other than those named in items 10, 12 and 14, you may name a friend here. However, if a friend is named, he or she must be so identified.

Them 14a.—Enter under this item, the names of those persons who are in fact actually receiving more than 50 percent of their support from the designator. The information thus furnished shall be used in connection with other determinations of dependency under existing or future laws.

Item 16.—Enter the name, address, and relationship of beneficiary (or beneficiaries) whom you desire to receive the 6 months' death gratuity in the event you are not survived by a spouse or eligible child(ren). The succession of eligible sur vivor's as set forth in the "Servicemen's and Veterans" Survivor

Benefits Act," P. L. 881-84th Congress, is as follows: (1) Spouse; (2) Children (without regard to their age or marital status) in equal shares; (3) Parents or brothers or sisters (including those of halfblood and those by adoption), when so designated; (4) Parents in equal shares; or (5) Brothers and sisters (including those of halfblood or those by adoption) in equal shares.

#### NOTE:

The payment to either category (4) or (5) is in the event that a designation is not made under category (3).

The term "parents" includes "natural parents," "stepparents," "adoptive parents" and persons who stood in "loco parentis" to the designator for a period of not less than 1 year at any time prior to the designator's entry upon active service.

Item 17.—Enter name and address of the beneficiary or beneficiaries whom you desire to receive any unpaid pay and allowances (Arrears of Pay) due you at the time of death. There are no restrictions on who may be designated as a beneficiary or beneficiaries to receive unpaid pay and allowances and once a designation has been made it is binding until superseded by the completion of a later DD Form 93-1;

Item 18.—The "Missing Persons Act" provides that pay and allowances continue to accrue to the pay account of any service member for the period he is missing or captured and may be paid to the dependents for support. This item reflects your desires and is used as a guide in the disposition of your pay. Allotments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

Item 21.—The person assigned, by the commanding officer, the responsibility for interviewing the designator will, upon completion of the form, witness the designator's signature and sign in block 21.

#### DISPOSITION INSTRUCTIONS

U. S. NAVY: Original to BuPers, Washington 25, D. C.

Duplicate—File in Service Record at duty station.

See BuPers Instruction 1085.25 of 27

May 1953.

U. S. MARINE CORPS: See Par. 4019, PRAM, U. S. COAST GUARD: See Personnel Manual, Par. 13-B-14.

Entry of other useful information in connection with emergency data such as location of will, safety deposit boxes, etc., if applicable, should be made under "Remarks."

REMARKS:

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Recipient of personal effects: Geneva Ruth WHITE: Wife Altermte: Roscoe Anthony WHITE Jr. Son

HQ-J-12, 3rd MerSiv, FMF

12Ang61: Wife and children now residing at:

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		7220.12B & BnSO 3-61
_8Jan61	5-61	On lv 18Dec60-6Jan61
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		Awd proficiency pay P-1 beginning lJanol for MOS 0847 Auth MCO
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14Mar61	48-61	Ch Depn location to Calif
15Mar61	49-61	CCM-RATS @ \$1.10 per day fr 1345 14Mar61 Rats in kind not furn
22Mar61	54-61	To ly
26Mar61	56-61:	Fr lv 22-24Mar61
12Apr61	70-61	Suspend COM-RATS fr 0700 Field Exercises
13Apr61	71-61	Resume credit 1550 COM-RATS prev suspended UD #70-61
18Apr61	74-61	Suspend COM_RATS fr 2130 17Apr61 Field Exercises
10Apr61	68-61	Awd Proficiency Pay P-1 \$30.00 per mo for MCS 0847 beginning 10Apr61
10.101 01	- 00-01	Auth MCO 7220.12E BSO 9-61
-13Jun61	112-61	Suspend CO.I-MANS fr 0900 6Jun61 fo 0930 11Jun61 Field Exercises
5Ju161	128-61	Proficiency Pay P-1 terminated on lJul61 NOS not critcal auth MCO
204101	120-01	7220.12C BSO 22-61
17Ju161	136-61	Proficiency Pay P-1 terminated on LJul61 SHOULD BE 15Jul61
35-61	270 02	TOTIOGEN THE MEMBERS OF THE MEMBERS THE TOTAL
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6Ju161	135-61	Drop 15Ji, 1
6Ju161	135-61	Drop 15Jul61 tr to MCB CamPen Calif FFT w/Sep61 Replan 3dMarDiv
00 0101	1)-0.	EDA12Aug61
13Aug61	163-61	Jd fr HqBtry FldArtyGru FMF 29 Palms Calif 16Jul-19Jul6
		pro 20Jul-11Aug61 del 12Aug61 trav
293epól	185-61	Jd 28Sepól fr 2dlerlSoStagin MCB CamPen Cal 11Sepól
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7	~//-01	Ch pri MOS - MOS's are now 0848/3516/none
/Ton62	1 (0	Fro to Sgt E-5 llDec6l to rk fr lDec6l auth ALMAR 28-61
4Jan62 9Feb62	1-62 20-62	To TAD 0100 4Jan62 in conn w/Emerg lv CONUS Fr TAD 0600 9Feb62 6Jan62 to 30Jan62 on lv CONUS Excess lv 21Jan62
TEDOZ .	20-02	to 201an62 101an62 Cle Dea 21 Ian62 to FR-162 and Cont March 10 Ian62
OTHER INFORMATI	ON	to 30Jan62 10Jan62 Ck P&A 31Jan62 to 5Feb62 awtf Govt Trans 6Feb62
		emb abd Govt Acft at Travis AFB Calif 6Feb62 to 8Feb62 em Okinawa

SEE EXCLUSIVE EXTRY

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1Jun62

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DATE	DIARY NO.	
12Jul62	99-62	OCCURRENCES
TEOUTOR	77-02	CORRECTION (UD 70-62) Jd fr HoBtry this Bn fordu as of 29May62 SHOULD BE Jd fr HoBtry this Bn fordu
27Aug62	131-62	29May62 SHOULD BE Jd fr HqBtry this Bn fordu See RECORD OF EVENTS
	132-62	See RECORD OF EVENTS
16Sep62	137-62	See RECORD OF EVENTS
2327 Sep62	140-62	Ch Block 24 IRC to read 0848,
24Sep62	27-62	Drop To to See UNIT #1 He Day 12 Hair F/Duty  Jd fr"C"Btry 1stBn this Regt > for dis
4Dec62	179-62	Jd 27 lov62 fr Sub Unit #1 Habtry 12thlar 3dlarDiv (Reinf) Har School Strang 200 200 4/2
		c/o FFO SFran ZHXHXXX 28-29Oct62 enr CONUS via Govt Air
		1 3/4/(()-21/0V() / 1200 7 121/021/0 D-1 10 0/12 / a .
		7.100167
5Dec62	180-62	Drog 4Dec62 rel fr acdy HonDie CofG handelin auth MCD
		GIC Stdltr DF32/2-clw-20 dtd 13Nov62 tr by SR to Cl III Ready MCR
		20V IV XX ILYMAX XX AN IX TRY REPORTED TO THE REPORT OF TH
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Ar	PLICATION FOR DEP	ENDENTS ALLOWANCE	211	7	· 1—	neck one)	SE IN DEPENDENTS
12/2/2/2	666106	WHITE		(First) 08000	825	(Middle)	Cpl (E-h)
lla su	re you ever applied P OR STATION PREP.	for Family Allowance under the	na Servicemon's Dependenca All	lowance Act 19427	X YES NO	14 Decembe	r 1960
1:	st Marine	es Battery, 2d : Division (Rein ton, Californi	Battalion, 11th forced), Floot a	Marines	00	23 Decembe	hichever is later)  P 1959  RGE OR DATE OF LAST
_						22 Decembe	<u> 1959                                   </u>
	NAME (Include	OF DEPENDENT e lull given names)	. COMPLETE ADD	DUEBB	(Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM
1.	Geneva Ru	th WHITE		J	Wife	/	Proviousl Claimed
2.	Roscoe An	thony WHITE JR	-do-		Son		10Aug59
3.	Ricky Don	WHITE	-do-		Son		2410 и 60
4.							1
5.	1					,	1.57
Giv	re following inform	ation concerning custodian o	t any dependent named abov				
MO.	TOUT   FULL NAME O			ADDRESS		(. <b>.</b> .	RELATIONSHIP
28		Ruth WHITE		<u> </u>		Have you been	Mother previously married?
		6, Hugo, Oklah	oma		9	YES	X NO
YOF		OF DISSOLUTION OF EACH FOR	MER MARRIAGE AND STATE WHE	THER BY DEATH, AND	ULMENT OR DIVOR	CE	
7 5	1						
0181							
ARITAL P	If you are separ order or written support or maint	ated or divorced, is there a con a agreement in ellect relative enance?	Duil I TYPS, ATTACH CERTIFIED TO LO ADDRESS OF CUSTODIA			ACE AND DATE OF BAM	G OR NAME AND
Σ μ		on previously married?   * If y	es, GIVE DATE, AND PLACE OF E	DIRECTUTION AND BT	O YO RAHTANW RTA	KATIL, ANNULMENT OR	DIVORCE
De	YES "	X NO	leted for all dependents other ti	han lawful wife and/	or legitimate child	en under 21 years of c	ige of male members.
Dic	I certify that	,				for more than one-half	
		any consideration in return; the	ch period I have contributed to at is his or her income from all	l other sources, inclu-	ding contributions		
livi	ng expenses averag	ed Sperper	month in each or equivalent; as	un indi ine acinal liv		rate certificate required	
		part pronter,					

per month.

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

100 (100 (100 (100 (100 (100 (100 (100							
APPLICATION FOR L						Form App. Budget Bu	rored. reau No. 22-R174.
LAST NAME—FIRST NAME—MIDD	H I-IDEN						0, 1
(uniformed services or civilian sponso	r, if applicable)	2. MAILING ADDRES	Stage Coa	and State) (Omit if :	sponsor is		HONE NUMBER
WHITE, Roscoe A	•	Fal	lbrook, Ca	alifornia		None	OFFICE
. STATUS ACTIVE DUTY	RETIRED DECEASED AD	5. GRADE—RATE—F		NCH OF SERVICE		7. SERVICE N	NIMBED
DECEASED RETIRED OT	HER (Specify)	Cpl (E-	200	USMC		16661	
t. DATE OF (expiration of service or or (death) (if applicable) 22Dec	ontract) OR .	KEPLACE LOS	LICATION (Check op T CARD(S) DAMAG or domage in item 1	ED CARD(S) CORR	ORIGINAL O	CARD(S) X E	XPIRATION OF CARD(S)
SECTION II—PERSONS F	OR WHOM AUTHORIZATION				VER	USE OF IFYING FICER	FOR USE OF
Oa, LAST NAME-FIRST NAME-MIC	DLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILE		f. CARD NO. ISSUED
WHITE, Geneva R		Wife	Grey	Brown	MITTE	mitted	
. ADDRESS		h. DATE OF BIRTH	i, HEIGHT	i. WEIGHT			2 000 000
700 Stage Coach					k. EXPIRA	MCCUS	1.905,503
Fallbrook, Calif	Cornia	14Jun41	5'2"	107 -	SDec	1965	17Feb1960
10. LAST NAME-FIRST NAME-MID	DLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILE	GE	f. CARD NO. ISSUED
a. ADDRESS		4			AUTHO	DRIZED1	
j. Address		h. DATE OF BIRTH	i HEIGHT -	j. WEIGHT	I EVOIDA	TION DATE	
<i>i</i> .	*				K. EAPIKA	HON DATE	I. DATE ISSUED
20. LAST NAME—FIRST NAME—MID	DLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILE		f. CARD NO. ISSUED
. ADDRESS					AUTHO	RIZED	
. ADDRESS		h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	1 FYRIDA	1011 5175	
					k. EXPIRAT	ION DATE	I. DATE ISSUED
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	2			<i>p.</i>	k. EXPIRAT	TION DATE	I. DATE ISSUED
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. ADDRESS •		h. DATE OF BIRTH	i, HEIGHT	j WEIGHT			
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, , , , , , , , , , , , , , , , , , , ,		h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	4. EXPIRAT	ION DATE	I. DATE ISSUED
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		DATE OF BIRTH	i. neight	j. WEIGHT	k. EXPIRATI	ION DATE	. DATE ISSUED
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IS ACKNOWLEDGED			RD (000) AC				
SECTION III	STATEMENT OF UNIFOR	MED SERVICES OR C	IVILIAN SPONS	OR; OTHERWI	SE THE AP	PLICANT	
3. I STATE: (Check appropriate box or	2007-0-2019/1004-00-0-001019/04-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		• 0000000000				
	spouse named took place a					on11E	ov56
	ned is in fact dependent up		half of his supp				
. I am the unremarried	vidow of the deceased me	ember or retired men	mber named in	Section I, that	I am no	t now mar	ried and have
never remarried since d	ate of death of said memb	er or retired memb	er. Lawful ma	rriage to said	member	or retired i	nember took
place at							
place at	PLACE	on	DATE				

d. [	I am the unremarried widower of the deceased member or retired member named in Section I, that I am not now material and have not remarried since date of death of said member or retired member and that at the time of said member retired member's death I was dependent upon such member or retired member for over one-half of my support because
	a mental or physical incapacity. Lawful marriage to said member or retired member took place at
	PLACE DATE
e. 📋	All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all chil named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that exprior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above school level which normally maintains a regular faculty and curriculum and normally has a regularly organized bod students in attendance at the place where the educational activities are carried on and are in fact dependent upon mover one-half of their support.
f. []	All children named are the legitimate, legally adopted or step-children of the deceased member or retired member name Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapab self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in dependent upon the deceased member or retired member at the time of the member's or retired member's death for one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of s in an educational institution above high school level which normally maintains a regular faculty and curriculum and have the educational activities are carried on and were in fact dependent upon the deceased member or retired member the time of member's or retired member's death, for over one-half of their support.  NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of
g.	(INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learn I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said mem or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said members.
b. 🔲	retired member, and were in fact dependent upon said member or retired member for over one-half of our support. <sup>2</sup> I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and ther certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 8-4th Congress, a
i. 🗌	All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in
<i>j</i> . □	household. <sup>2</sup> I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other tha
k. 🗍	retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.  I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331-1337 (formerly Title III of the Army and Air.
² For	the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, o
2 For resid	ing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.
resid	ing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.
resid	
resid	ing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.  ARKS  CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS
20.	CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS  Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will onsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do then appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges in tevent of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by ical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.
resid 19. REM 20. resp or w facil ject med shal	CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS  Recipients of the Uniformed Services Identification and Privilege Card (s) authorized on the basis of this application will consible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do then appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges ities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by itied officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical care furnished at Government expense.  22. SIGNATURE OF APPLICATION  23. SIGNATURE OF APPLICANI  24. SIGNATURE OF APPLICANI  25. SIGNATURE OF APPLICANI  26. SIGNATURE OF APPLICANI  27. SIGNATURE OF APPLICANI  28. SIGNATURE OF APPLICANI  28. SIGNATURE OF APPLICANI  29. SIGNATURE OF APPLICANI  20. SIGNATURE OF APPLICANI
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# STATEMENT OF UNDERSTANDING OF MILITARY OBLIGATION ASSUMED BY ME UPON MY ENLISTMENT IN THE MARINE CORPS OR MARINE CORPS RESERVE

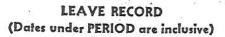
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- I, Roscoe Anthony WHITE , being an applicant for enlistment in the Marine Corps (Reserve), hereby state that there has been explained to me and that I fully understand that upon my enlistment I shall assume the obligations and responsibilities stated herein:
- a. That upon my enlistment I assume a total of six year military obligation. Any portion of that 6-year period not served on active duty must be served as a member of the Marine Corps Reserve (unless I am sooner discharged by
- b. That upon my becoming a member of the Reserve (either by enlistment there in or transfer thereto from the Regular Marine Corps) I will be placed in the Ready Reserve.
- c. That as a member of the Recdy Reserve I may be required: (1) to participate in not less than 48 scheduled drill or training periods and to perform not more than 17 days of active duty for taining each year, or: (2) perform annually not more than 30 days of acive duty for training. If I fail to perform satisfacterily one or the other of the above in any year, I may be ordered, without my consent, to perform additional active duty for training for not more than 45 days.
- d. That, except in time of war or national emergency, I will be transferred to the Standby Reserve if I am not serving on active duty and if my active duty service in the Ready Reserve totals not less than five years; and that, as a member of the Standby Reserve, I will not be subject to the reserve training requirements stated herein.
- e. That, as a member of the Ready Reserve, I will be liable for involuntary call to active duty in time of future national emergency proclaimed by the President of the United States and may be required to serve for not more than 24 months; and that in time of national emergency or war declared by Congress of the United States, I may be required to serve for the duration of that national emergency or war and for six-months thereafter.
- f. That as a member of the Standby Reserve, I will be liable for involuntary call to active duty ONLY in time of war or national emergency declared by the Congress of the United States.

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NAVMC 118(12)-PD	. 12		U. S. GOVERNMENT PRINTING OFFICE: 1951-0-953893

# LEAVE RECORD (Dates under PERIOD are inclusive)

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WHTTE	Roscoe	Anthony	1,6661.06
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NAVMC 118(16)-PD	16 _		A25222

Trans.	x
REPLY CONCLUNING MILITARY RECORDS	JATE 12 - 2- 81
RE: White Connect 1	
THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM!	1/-(/ //
	HER FORM YOU COMDIETE
Copies of requested military personnel medical records are attact loss or damage. We regret if any photogopies may be of poor quality, but they are the be	est copies obtainable.
☐ The attached separation document may include the following information: a Eligibility Code, and Separation (SPN/SPD) Code. If you require a copy of the separation are request a deleted copy from this Center.	authority for separation, reason for separation, Reenlistment aration document that does not contain the above information,
The Privacy Act of 1974 does not permit the release of a social security nurauthorization of the veteran concerned; therefore, we have deleted personal identifying d	mber or other personal information to the public without the
The Reenlistment Eligibility (RE) Code issued upon release from active duty on	is
The reason and authority for separation from active duty/discharge on	is
The record of service in theindicates being in a POW status from _	to
Military personnel, upon discharge from the Armed Forces, are issued discharge of therefore, copies cannot be furnished. The law does provide that upon presentation an honorably discharged veteran or the surviving spouse may be given a "certificate issue a certificate in lieu to anyone other than as provided by law.	certificates. These certificates are prepared in the original only:
The document you have requested, DD Form 214, Report of Separation, was used at the time the person named above was separated. A copy of it is attached.	not used until Jan. 1, 1950. However, a similar form was
When the person named above was separated, it was not the practice to issue	a document which served as a report of account
The original Report of Separation was issued at the time of separation. Anotwill serve the same purpose as the original.	her original cannot be issued. The attached copy, however,
No Report of Separation was issued since the person named above had no active sea	origo or loss that 00 days to
☐ The service record of the person named above does not contain a copy of a instead furnishing the attached NA Form 13038, Certification of Military Service.	
That portion of your request seeking medals/awards has been referred to the issuance of medals/awards. Any further correspondence on this subject should be addre  ARPERCEN, Attn: DARP-PAS-EAW Navy Liaison Office, Room 3475,	office checked below. That office has jurisdiction over the seed to that office.
The medical records you request	N-314 9700 Page Blvd., St Louis, MO 63132 taining to discharge have been lent to the Veterans
the state of the s	
According to the provisions of DoD Directive 5400.11, we cannot release a port information that can be interpreted and explained properly only by a physician. If y furnish us with the name and address of that physician. The request MUST INCLU the release of the records to the designated physician.	ion of the medical records you have requested. They contain ou wish us to send copies to a designated physician, please JDE the service person's written consent (signature), authorizing
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•	NCPM N-C
Ricky Wnitz	L. Menec
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	Wational person
	NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records)
	9700 Page Boulevard St. Louis, Missouri 63132

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

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## UNITED STATES MARINE CORPS ENLISTMENT CONTRACT AND RECORD

WHITE, Roscoe Anthony			Cauc	casian	1666106		4. COMPONENT USMC	
DATE OF BIRTH		LACE OF BIRTH (City)	(State or con		7. RELIGION	3. CITIZENSHIP	2. SEX	
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STREET AND NO	UMBER CR R. F. D. NUMBE	CITY OR TOW	WH	cou	RTY OR PARISH	STATE O	OR COUNTRY	
) Paris			s	Lamar		Tex	Texas	
. PLACE AT WHICH ENLIS	STED (City and State)			IVE DATE OF E	NLISTMENT	13. CONTRACT LIM	ITATION (if any)	
Camp Pend	leton, Cal	lifornia	23	Decemb	oer 59	5 4		
		ENTRIES AS	TO PREVIOUS	SERVICE			-	
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	narged by proper	authority	<u>- 4</u>	. YE	ARS 6	YEARS	Word and figure to be in applicant's handwriting.)	
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