

Do not write in this space
APPLICATION NUMBER

WAR DEPARTMENT
APPLICATION FOR DEPENDENCY BENEFITS

(Servicemen's Dependents Allowance Act of 1942)

Date October 18, 1943

I. (a) Soldier Simon John M. 19163463 Pvt.
(Last name) (First name) (Middle name) (Army serial number) (Present Army grade (private, corporal, sergeant, etc.))
AFPO (2-X) SAAAB, Santa Ana, California Single White
(Soldier's Army mailing address) (Single, married, divorced) (Race)
398 Grant St. New York City, New York
(Soldier's home address: Number and street or R. F. D.) (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. October 1, 1943

(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) (Other relation to soldier or dependent)
(Address) _____
(Number and street or R. F. D.) (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, Div.). (If there are none in class A, write "None" in the name column.)

Name			Address			Relationship	Date of birth of minor		
(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year
1.	None								
2.									
3.									
4.									
5.									

Date and place of marriage to present wife _____
Date and place of marriage to divorced wife _____ Date of divorce _____
Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, \$ _____
Date alimony or support payment ceases _____ Name and location of court _____

CLASS B DEPENDENTS

III. List below the father, mother, grandfather, grandmother, stepfather, stepmother, either of husband or wife, person in loco parentis, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren who are dependent upon the soldier for a substantial portion of their support. (If there are none in Class B, write "None" in the name column.)

Name			Address			Relationship	Date of birth of minor			Degree of dependency (percent)	Is family allowance desired? (Indicate yes or no)
(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year		
6.	Simon	Elizabeth	(n)	398 Grant St.	NYC	NY	Mother			100	Yes
7.											
8.											
9.											

IV. Enter on the lines below the full name and address of the person or persons to whom the check or checks is or are to be made payable.

Make checks payable to—

Payments covering time intervals in paragraphs II and III above	Name		Address		
	(Last)	(First)	Number and street or R. F. D.	City, town, or post office	State
6	Elizabeth	Simon	398 Grant St.	New York City	NY

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			Serving in— (Specify Army, Navy, Marine Corps, or Coast Guard.)	Relationship	Age
(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State			
Simon	Louis	(n)	(none)	Port Angeles	Wash.	Army	Brother	26
Simon	Sylvia	(n)	"	San Angelo	Tex.	NAAC	Sister	24
Simon	Abe	(n)	"	Sampson	N.I.	Navy	Brother	19

VI. I hereby swear or affirm that all the foregoing statements are correct and that every member of Class B 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.

Subscribed and sworn to before me this 19th day
October 1942 at Santa Ana

of Army Air Base, Santa Ana, California

(Title) JACK W. ROBINSON
ASSISTANT ADJUTANT

(Seal is required when
sworn to before civilian)

HQ., SANTA ANA ARMY AIR BASE, Santa Ana, California

October 19

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9-30-42

JACK W. ROBINSON, 1st Lt. Air Corps

INSTRUCTIONS FOR MAKING APPLICATION FOR DEPENDENCY BENEFITS

SERVICEMEN'S DEPENDENTS ALLOWANCE ACT OF 1942

Sec. 116. Whoever shall obtain or receive any money, check, or family allowance * * * without being entitled thereto and with intent to defraud, shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year, or both.

Sec. 117. Whoever in any claim for family allowance or in any document required * * * makes any statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000, or by imprisonment for not more than two years, or both.

Sec. 118. Any person who has been entitled to payment of a family allowance * * * and whose entitlement to payment of such allowance has ceased shall, if he thereafter accepts payment of such allowance with intent to defraud, be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or both.

Sec. 119. No part of any amount paid * * * shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with any family allowance * * * and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating this section shall be deemed guilty of a misdemeanor and upon the conviction thereof shall be fined in any sum not less than \$100 nor more than \$1,000.

If the application is submitted by or on behalf of a dependent, mail the "original" and "official copy" to: Office of Dependency Benefits, 218 Washington St., Newark, N. J. If the application is made by the soldier the "original" will be indorsed by the personnel officer or organization commander and mailed to the above address and the "official copy" is to be filed with the soldier's service record. A third copy, to be kept by the applicant, is attached. Use typewriter if possible or print legibly in ink. The following paragraph numbers correspond to the numbers on the application form. Simply follow them and enter the information called for opposite each:

- I. (a) First enter the date on which application blank is filled out. Then enter last name, first name, middle name, Army serial number, present Army grade (Private, corporal, sergeant, etc.), (if known), Army mailing address, whether single, married, or divorced, race, and home address of soldier. This paragraph must be filled in by all applicants.
- I. (b) This space is filled in only if the application is made by a person other than the soldier and the applicant's name, address, and relation to the soldier or dependent must be entered. Example: Wife, sister, father, friend of the soldier, or his dependents, guardian of dependent child, etc.

Class A

- II. Under this heading, enter the full name and address of wife and each child (and divorced wife, if any) of the soldier and the relationship; also date of birth of minors under the age of 18, and the date and place of marriage to present wife. Children are eligible only if unmarried and either (1) under 18 years of age, or (2) of any age but incapable of self-support by reason of mental or physical defect. In the case of a former wife divorced to whom alimony is still payable, enter date and place of marriage, date of divorce, amount of monthly alimony or support payment decreed by court order or legal agreement for former wife or provision for child living separate and apart, date alimony or support payment ceases, and the name and location of court.

If space is insufficient, attach additional paper, mark it paragraph II, and enter the information required.

Class B dependents

- III. Under this heading, enter the full name of all relatives of the soldier who are either a father, mother, grandfather, grandmother, stepfather, stepmother, either of husband or wife, person in loco parentis (for not less than 1 year prior to the man's enlistment or induction), brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, or (grand)child to whom enlisted man has stood in loco parentis for a period of not less than 1 year prior to his enlistment or induction) and who are dependent upon the soldier for a substantial portion of their support, showing complete address, relationship, date of birth, degree of dependency, and whether or not family allowance is desired. Brothers, sisters, and grandchildren are eligible only if unmarried and either (1) under 18 years of age or (2) of any age, but incapable of self-support by reason of mental or physical defect. As to "Degree of dependency" (percent) show the percent of the whole support of a dependent furnished by the soldier. Example: If the soldier furnished one-quarter of the support of any particular dependent, show it as 25%; if he furnished one-half of the support of any particular relative, show it as 50%; if three-fourths, as 75%, etc.

As to "Is family allowance desired?" answer "Yes" or "No" for each person named.

If space is insufficient, attach additional paper, mark it paragraph III, and enter the information required.

Make checks payable to —

- IV. A family allowance may be paid in behalf of a dependent or dependents to any person designated by the soldier unless such a person is determined not an appropriate payee. The purpose of paragraph IV is to secure the name of the person (or persons, if more than one) to whom the check (or checks) should be made payable. For example: The allowance for the wife and children may be made payable to the wife by one check; or the allowance for the parent and brother may be made payable by individual checks to the parent and the brother or by one check for both; or the allowance for a child and a sister may be made payable by one check to the sister or to an appropriate third person. In the first column headed "Payments covering line numbers in paragraphs II and III above," enter the numbers which precede the names you have already entered in paragraphs II and/or III (Class A and/or Class B dependents) instead of the names themselves. Follow this number (or numbers) with the name and address of the person to whom the check should be made payable. Example: If the name on line 1 is the wife (Mary Jones) and on line 2 is a son (John Jones) and on line 3 is an adopted daughter (Rose Jones), and it is desired that this check should be made payable to the wife (Mary Jones), enter "1, 2, and 3" on the first line of the first column, followed by the name Mary Jones and her address in the remaining columns. Thus, as in this case, since one check is to be made payable, one line is used for all numbers. If, however, two checks were to be made payable, two lines would have been used.

If space is insufficient, attach additional paper, mark it paragraph IV, and enter the information required.

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

- V. Under this heading enter the full name and address of members of the soldier's immediate family who are now serving as soldiers, sailors, marines, or coast guardsmen (not officers) in the military or naval service. After each, specify whether serving in the Army, Navy, Marine Corps, or Coast Guard, and the relationship and age.

Signature

VI. Sign the application and swear or affirm to the correctness of its contents before a notary public or other civilian official, or military officer authorized (under the 114th Article of War) to administer oaths. A seal is required if notarized by a civilian.

Documentary proof which must accompany application

If application is made by a person other than the soldier, the following documentary proof *must* accompany the application. If application is made by the soldier, he may have up to 6 months from the date of filing the application in which to furnish such documentary proof to the Office of Dependency Benefits, 213 Washington St., Newark, N. J.

1. DATE OF BIRTH OF MINORS WHO ARE UNDER 18 YEARS OF AGE:

- a. A certified copy of the public record of birth or church record of baptism.
- b. If a cannot be produced, an explanation and an affidavit from physician or midwife in attendance at birth.
- c. If a or b cannot be produced, then the affidavit of two or more disinterested persons, stating their ages, and the name, date, and place of birth of the person whose birth or age is being established; and stating that from their own knowledge such person is the child of such parents, naming the parents.

2. PROOF OF MARRIAGE TO SOLDIER:

- a. A duly certified copy of the public or church record.
- b. If a cannot be produced, an explanation and an affidavit of the clergyman or magistrate who officiated.
- c. If b cannot be produced, the production of the original marriage certificate accompanied by proof of its genuineness and the authority of the person to perform the marriage.
- d. If a, b, or c cannot be produced, then the affidavit of two or more eyewitnesses to the ceremony.
- e. In jurisdictions where common-law marriages are recognized, proof may be made by affidavit of one or both parties to the marriage, if living, supplemented by affidavits of two or more witnesses who know that the parties lived together as husband and wife and were so recognized, and stating how long to their knowledge such relationship continued, and so forth.

ADOPTION OF A MINOR UNDER 18 BY THE SOLDIER OR PREVIOUS ADOPTION OF THE SOLDIER BY A FOSTER PARENT:

A certificate from the clerk of the court which legalized the adoption, or certified copy of order of adoption from a court of competent jurisdiction.

4. CHANGE OF NAME OF A DEPENDENT OF THE SOLDIER:

Certified copy of the decree of the court or other court record effecting such change of name.

~~DIVORCE OF FORMER WIFE OF THE SOLDIER; SEPARATION OR MAINTENANCE CONCERNING WIFE, FORMER WIFE, OR CHILDREN:~~

- a. Certified copy of the divorce decree from the court in which such decree was awarded.
- b. Separation or maintenance agreement concerning wife, former wife, or children to which must be appended an affidavit that the same is a true copy in all respects and is still in full force and effect.

6. GUARDIANSHIP OF A DEPENDENT OF THE SOLDIER:

Certified copy of court decree.

7. RELATIONSHIP AND DEPENDENCY OF CLASS B DEPENDENTS:

Proof of status by affidavit (of two disinterested persons attesting to the relationship and dependency) is required. If any of the above subjects under headings 1 through 6 are involved, the proof for that subject by submission of the appropriate documents as listed for that subject must be furnished.

Before forwarding application

Ask Yourself THE FOLLOWING QUESTIONS:

- * Have name, Army serial number, Army grade, Army mailing and home addresses of soldier been entered?
- Are all names, addresses, and other information given, correct and clearly legible?
- Is the date of birth of each person under 18 years of age correct?
- Have all questions pertaining to wife or divorced wife (if there is one) been answered completely and truthfully?
- Has each question of relationship and dependency been fully and carefully answered?
- Where question is not applicable to this case has the word "None" been entered?
- Has the application been properly signed?
- Has application been notarized? (With seal if by a civilian.)
- Are all supporting documents such as certified copies of birth, marriage, and adoption certificates, divorce decree, separation or maintenance agreement, guardianship decrees, court decrees effecting change of name, affidavits as to the relationship and dependency of Class B dependents, etc., attached?
- Have you read the penalties provided for by law as quoted at the beginning of these instructions?
- Review and check all entries made on the application to insure that they are correct.
- Receipt of your application by the Office of Dependency Benefits will be acknowledged and you will also be notified when the application has been approved or disapproved.
- Please do not write unnecessary letters concerning your application.