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TM 12-223

WAR DEPARTMENT TECHNICAL MANUAL

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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.*

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RECEPTION CENTER  
OPERATIONS

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WAR DEPARTMENT • 20 DECEMBER 1944

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*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.

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## 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

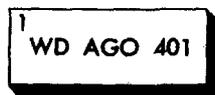


FIGURE 2

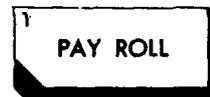


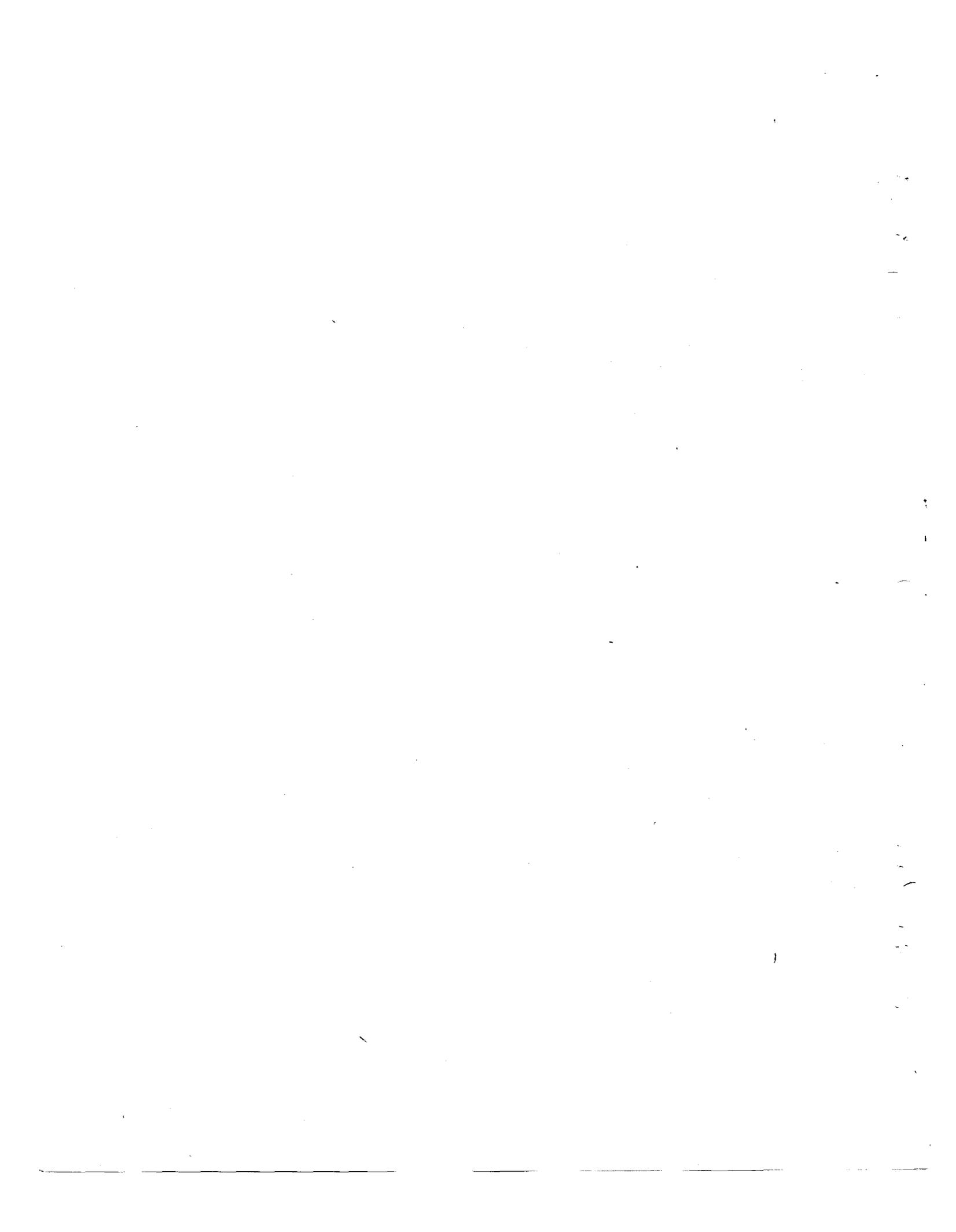
FIGURE 3



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.

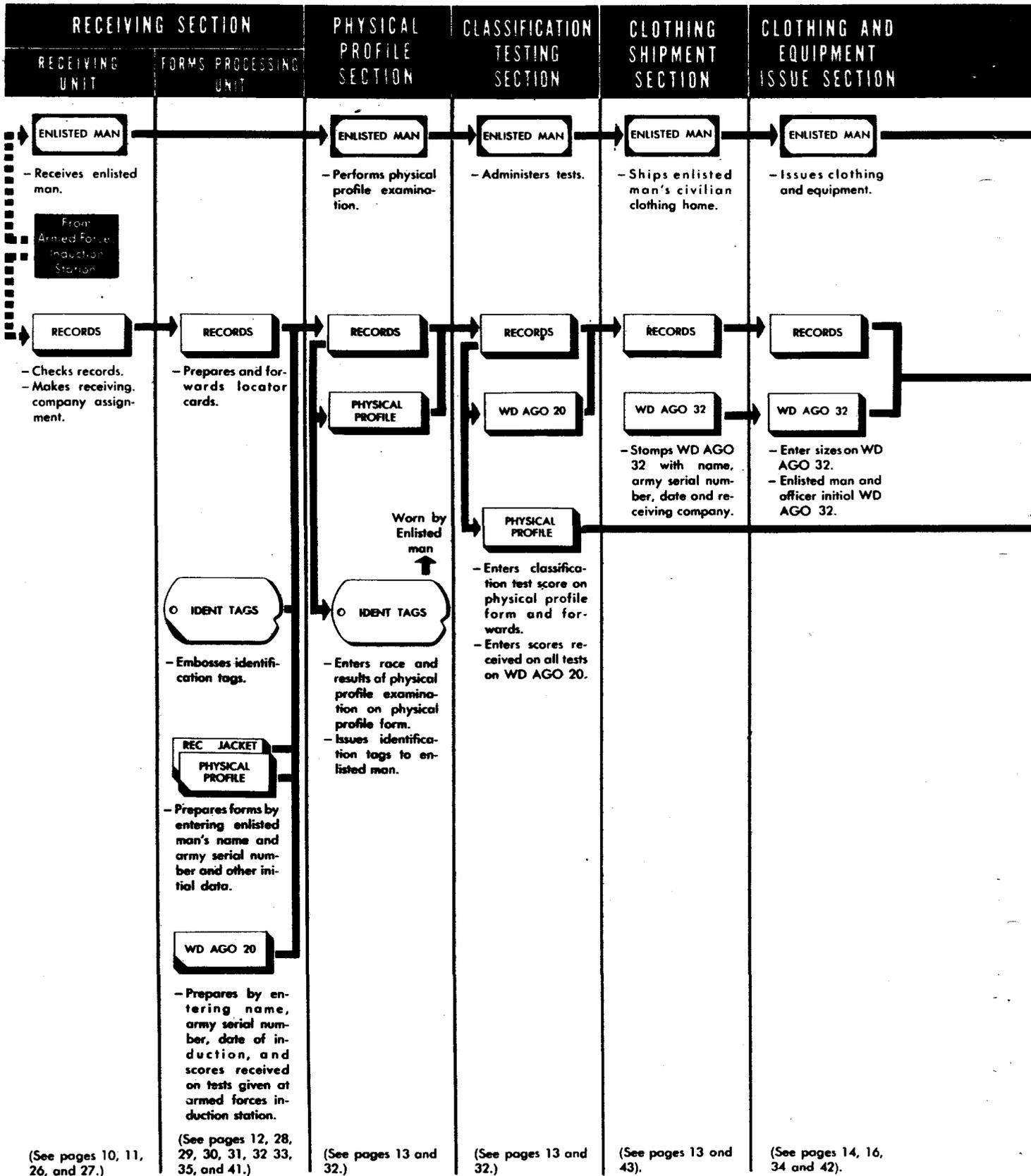
**RECEPTION CENTER PROCESSING PLAN**

<b>INITIAL STEPS</b>	<b>FIRST PROCESSING DAY</b>	<b>SECOND PROCESSING DAY</b>
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		

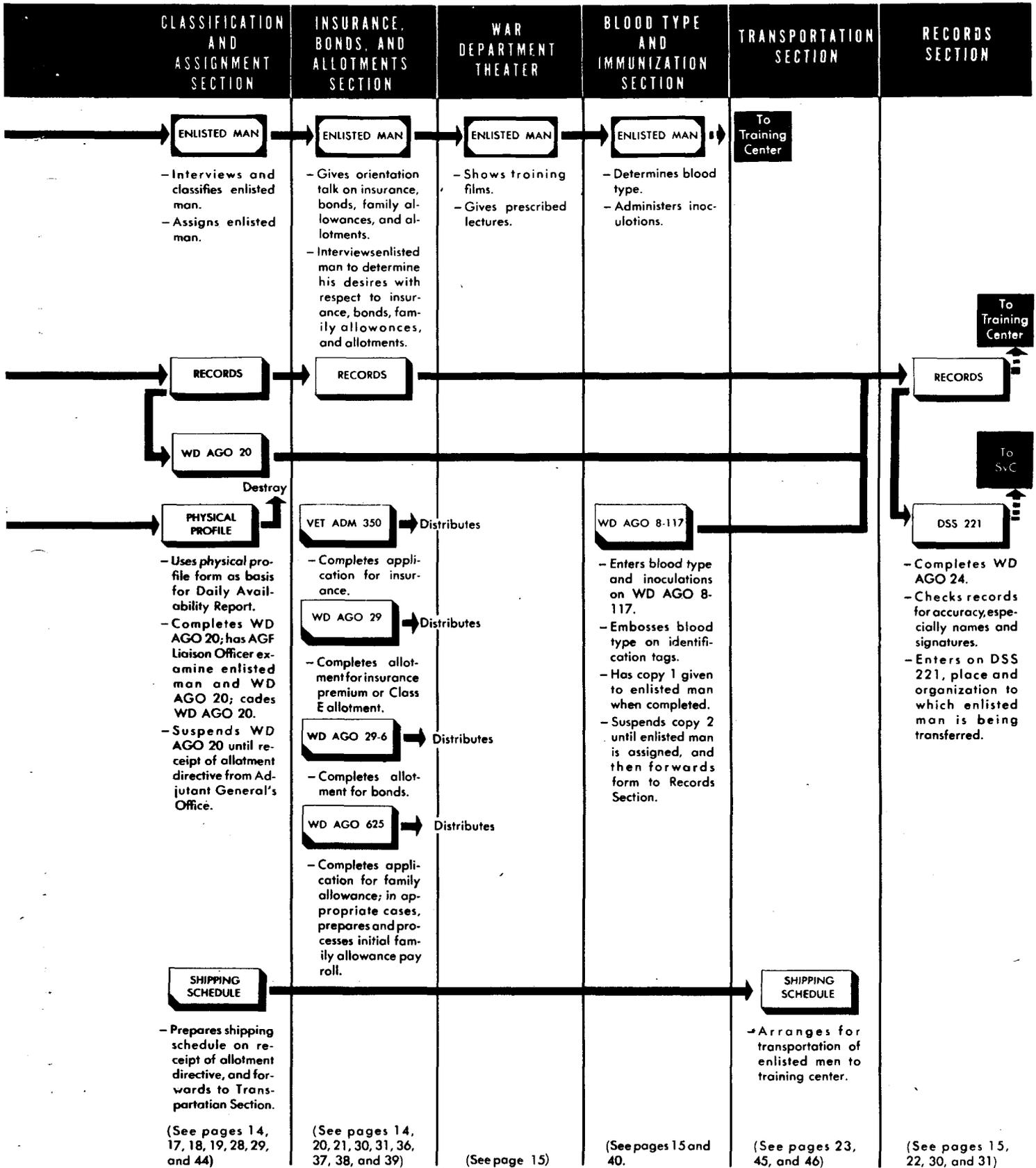
\* Immediately after the completion of the Army General Classification Test, the results thereof will be determined and forwarded to the Classification and Assignment Section.

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.

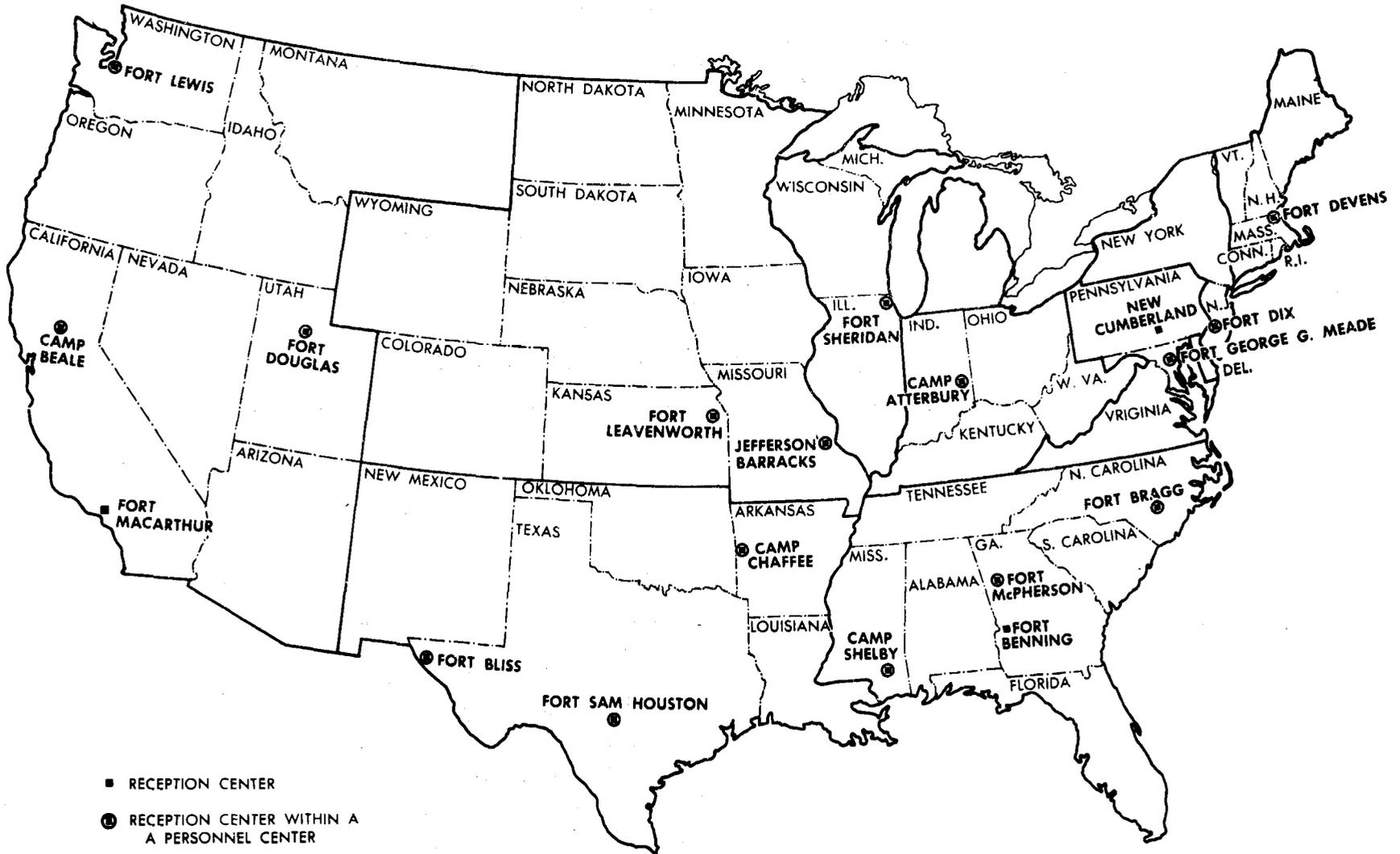
# MAJOR STEPS IN



# RECEPTION CENTER PROCESSING



# LOCATION OF RECEPTION CENTERS



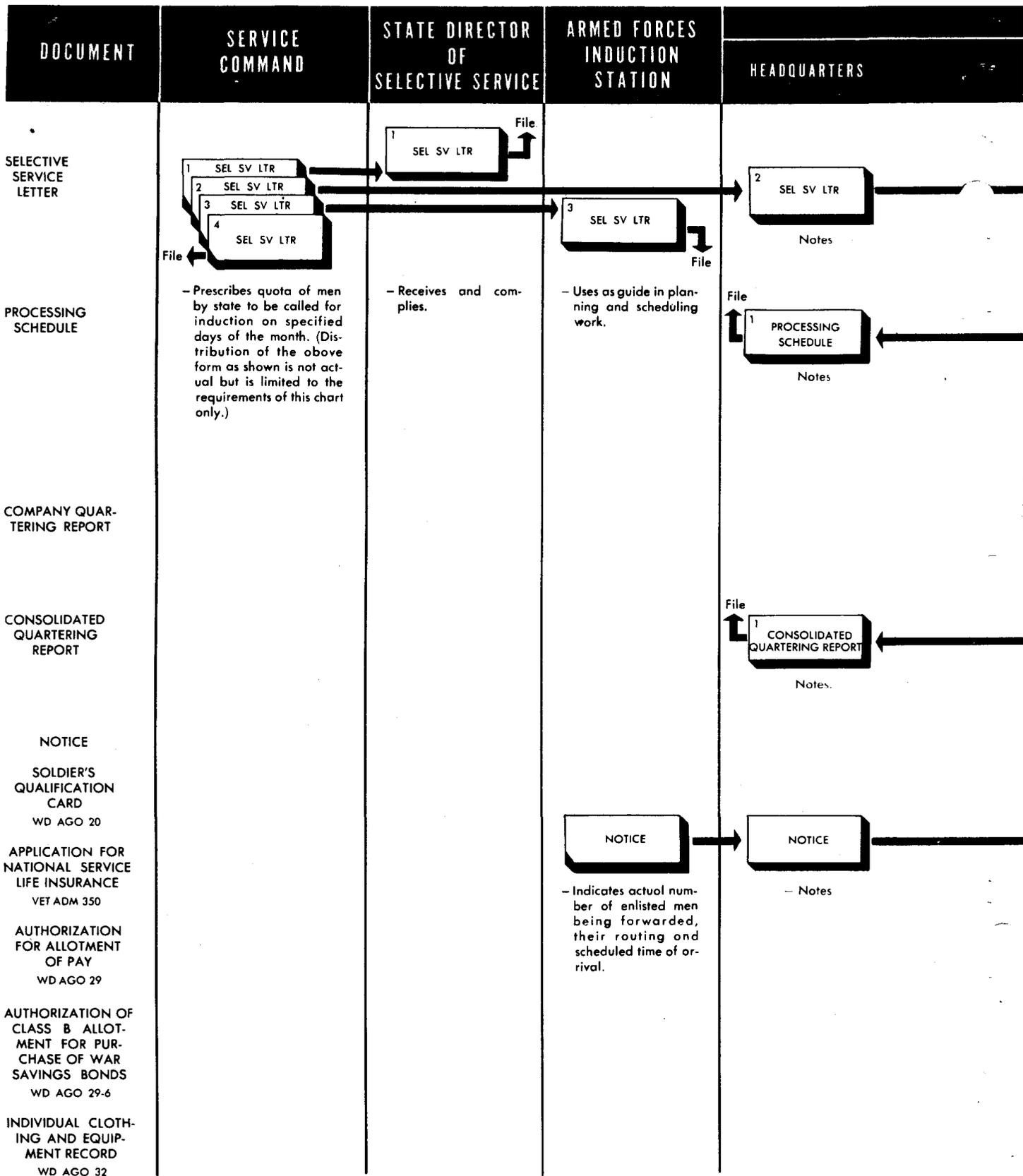
Section II

# RECEPTION CENTER PROCEDURE CHARTS

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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

## RECEPTION CENTER

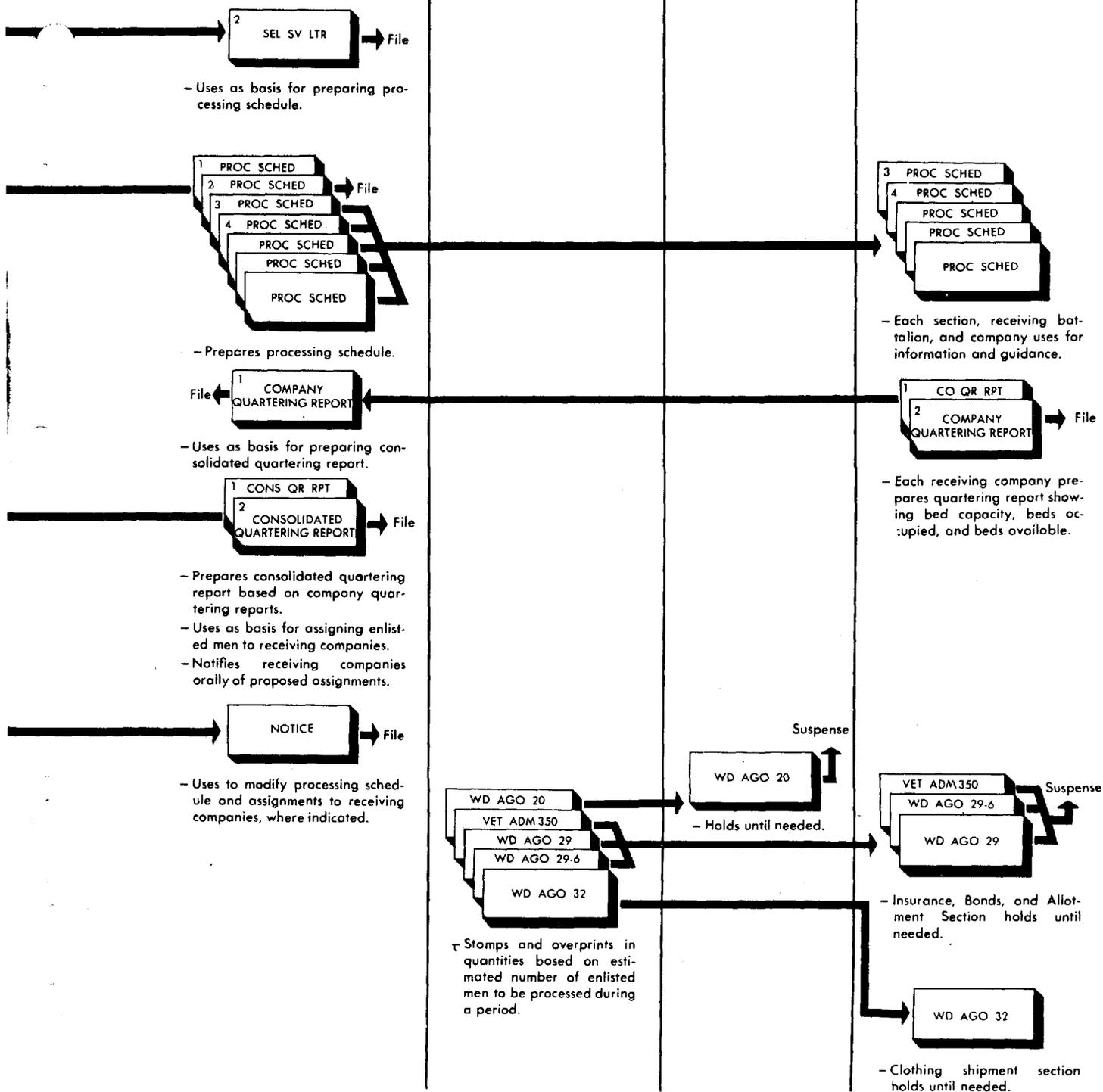
### RECEIVING SECTION

#### RECEIVING UNIT

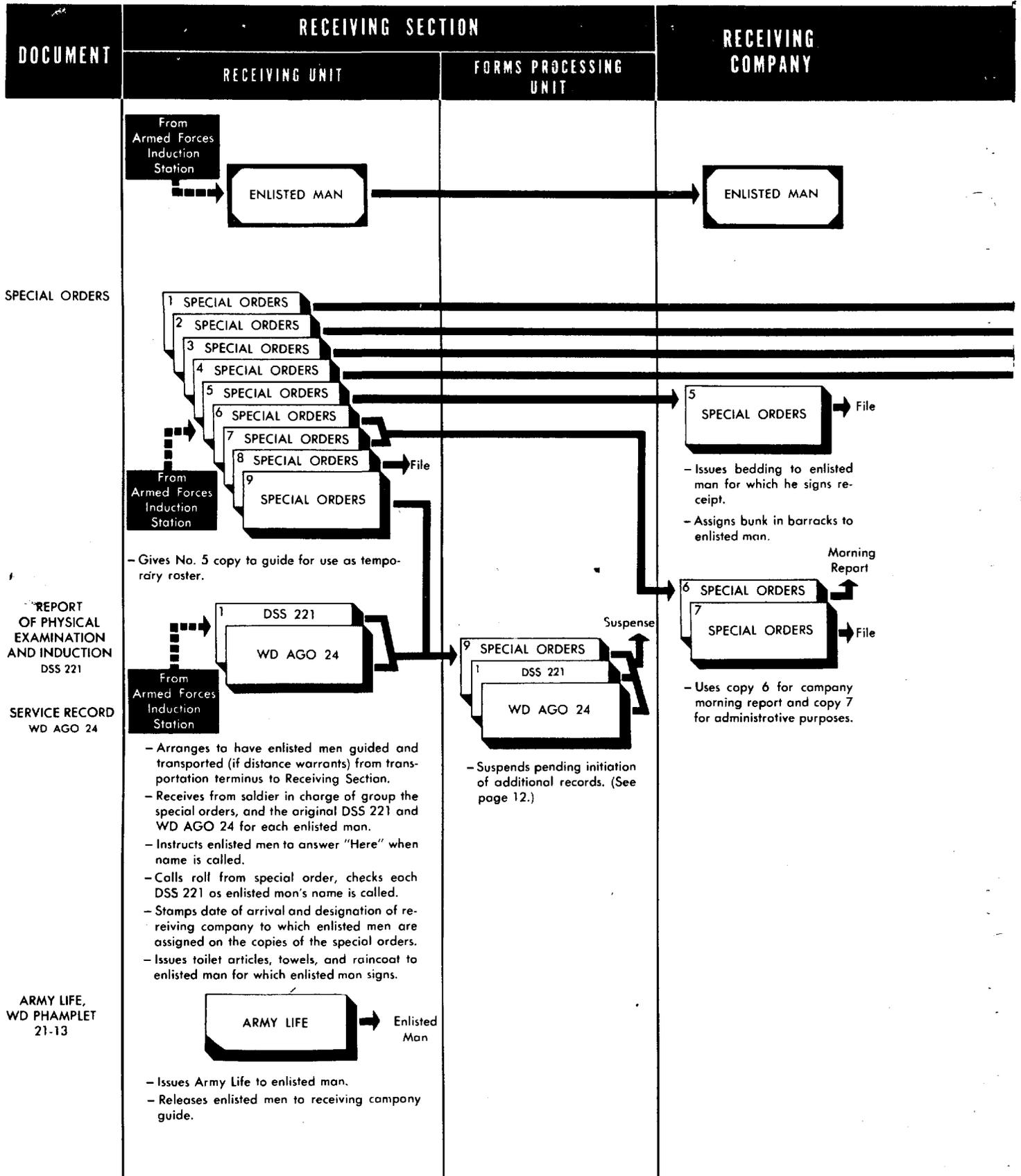
#### PRINTING UNIT

#### FORMS PROCESSING UNIT

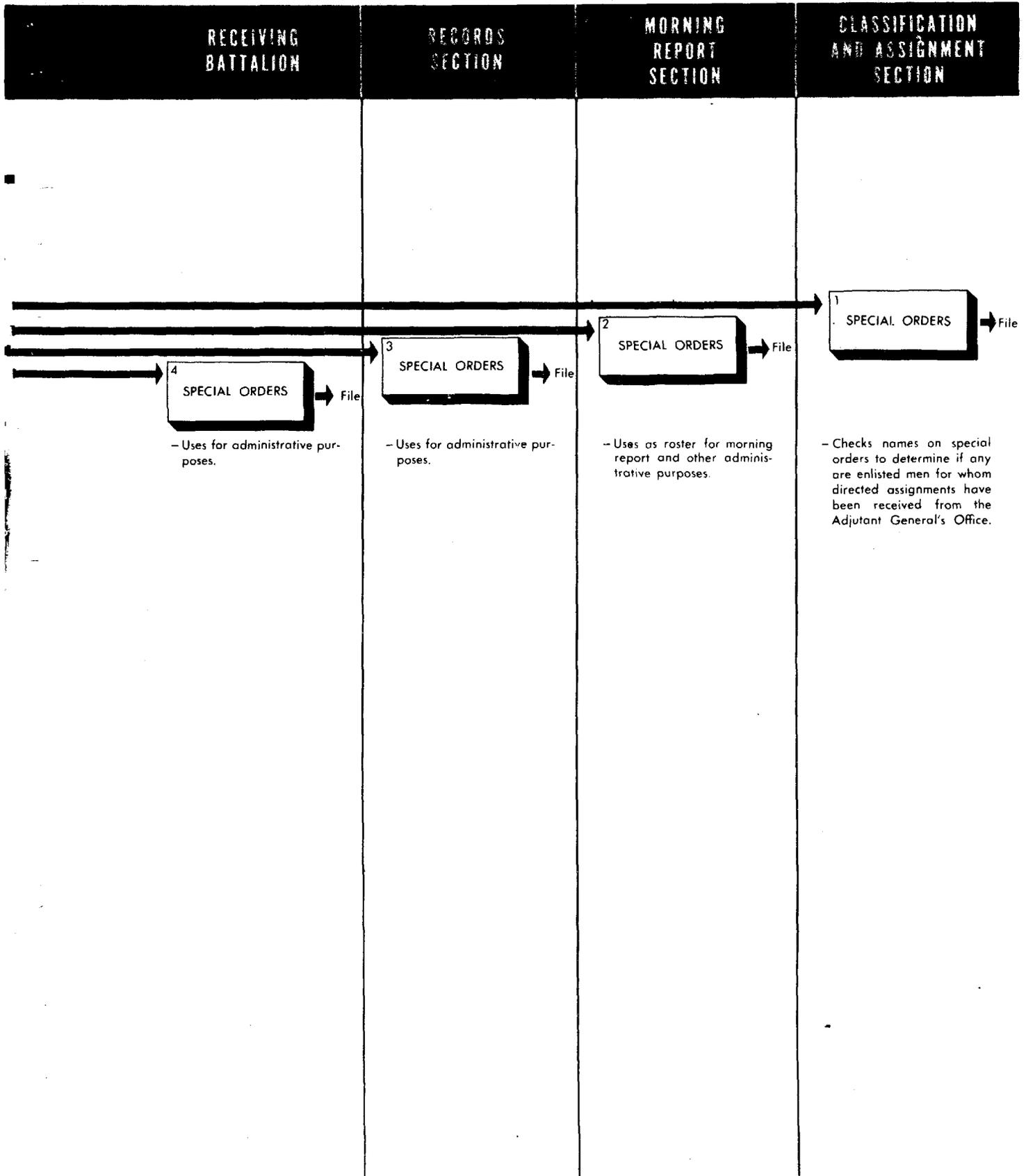
#### OTHER SECTIONS, RECEIVING BATTALIONS AND COMPANIES



# ACTION ON ARRIVAL



# OF ENLISTED MEN



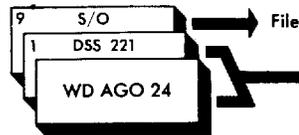
# ACTION AFTER ARRIVAL

## DOCUMENT

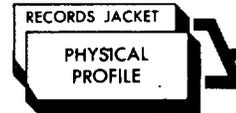
## RECEIVING SECTION

### 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



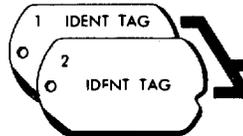
- Removes form from suspense. (See page 10.)
- Stamps DSS 221 with date of arrival and designation of receiving company to which enlisted man is assigned.



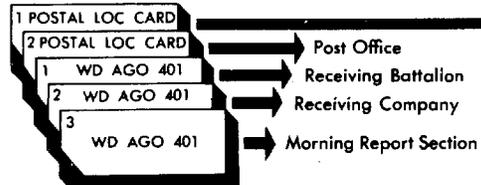
- Stamps records jacket and physical profile form with date of arrival, designation of receiving company, and special orders and paragraph number.



- 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.

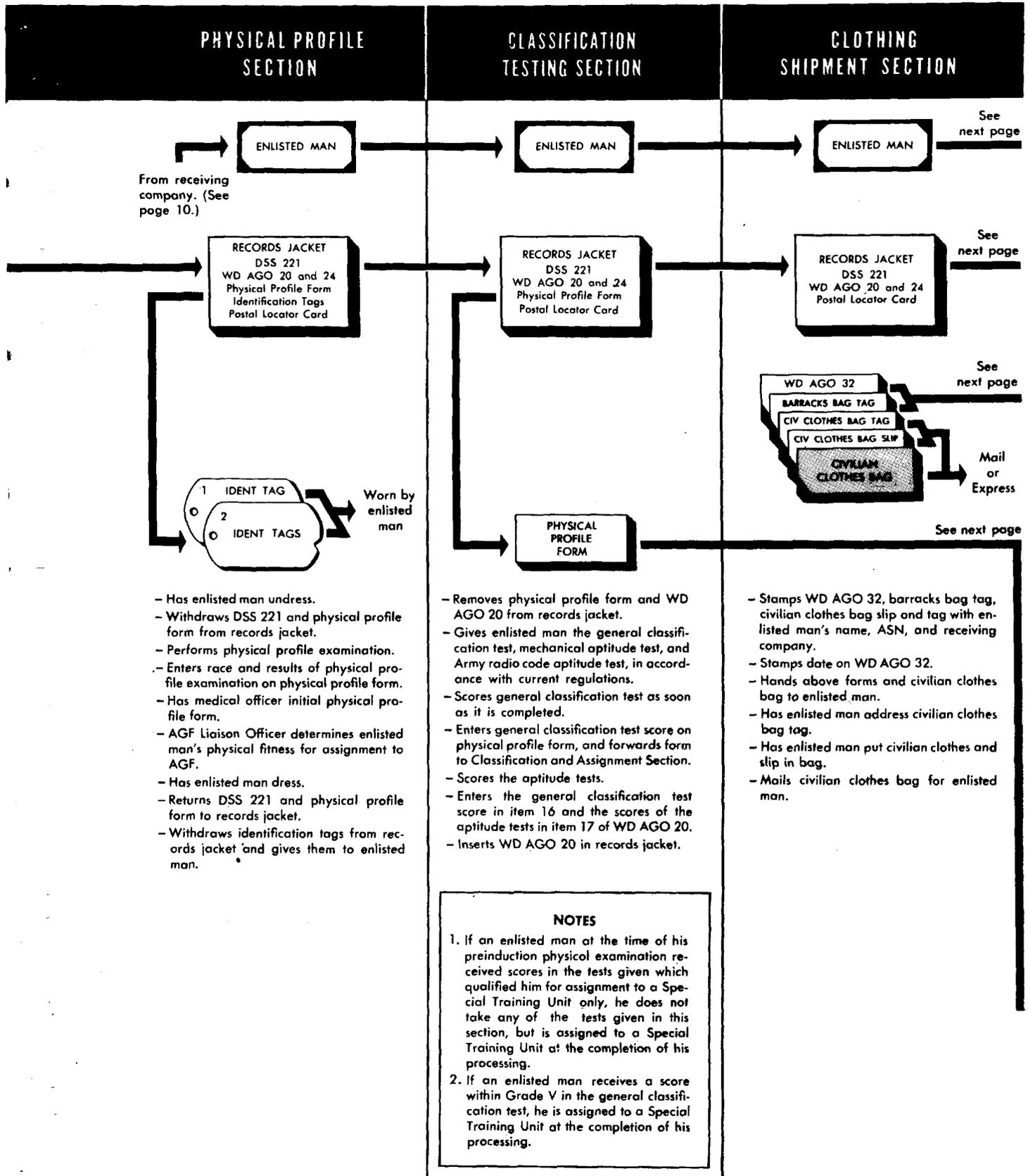


- Stamps one postal locator card with one identification tag, and one WD AGO 401 with the other identification tag.
- Checks correctness of identification tags by comparing impressions made by identification tags (letter for letter, digit for digit) against DSS 221.
- Stamps remaining postal locator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

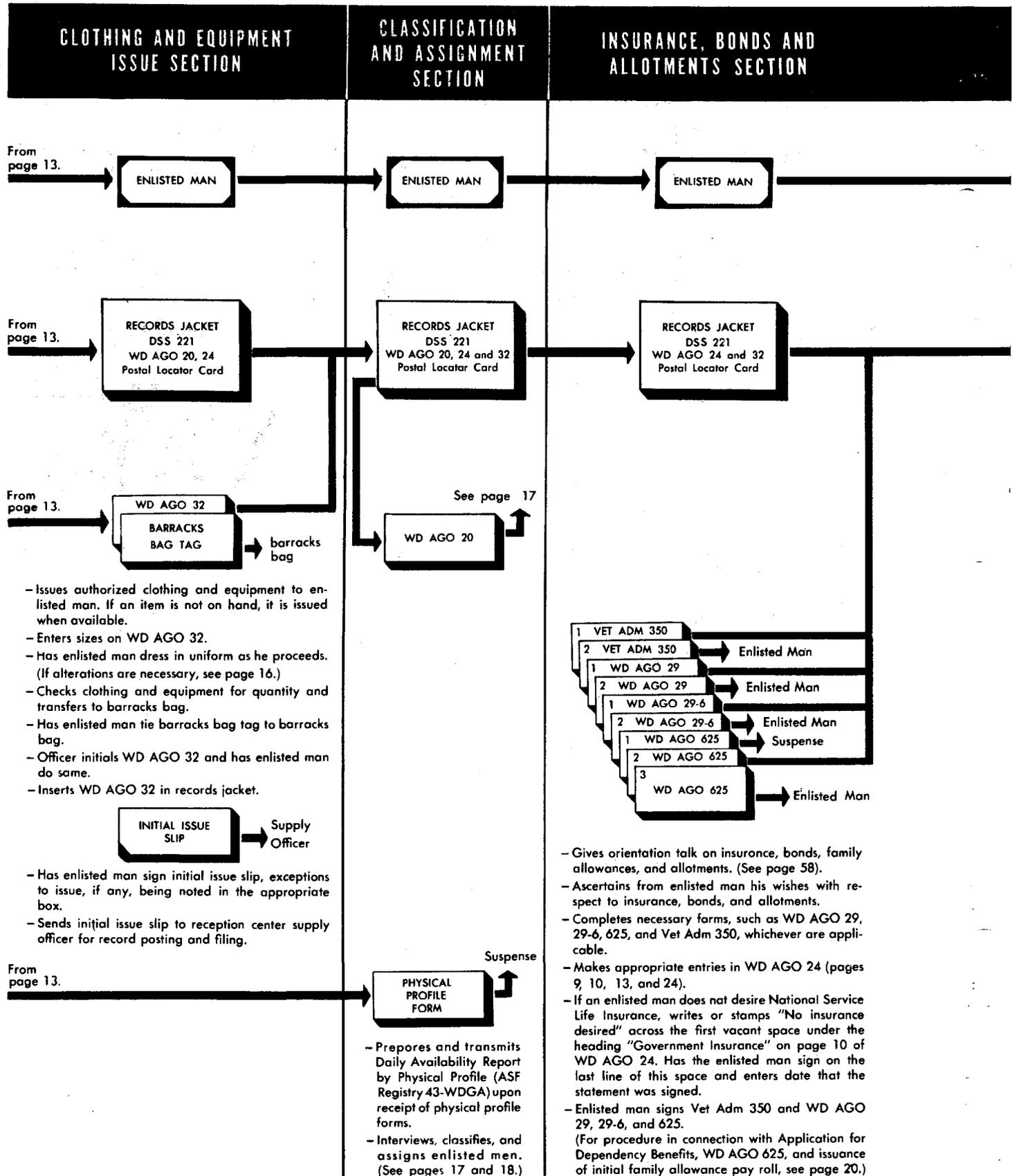


- Stamps enlisted man's name and ASN on WD AGO 490, records jacket, and physical profile form.
- Stamps date of induction on WD AGO 490.
- Places identification tags on necklace.
- Makes appropriate entries on pages 4, 10, and 15 of WD AGO 24.
- Sends WD AGO 490 to the Adjutant General's Office on the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

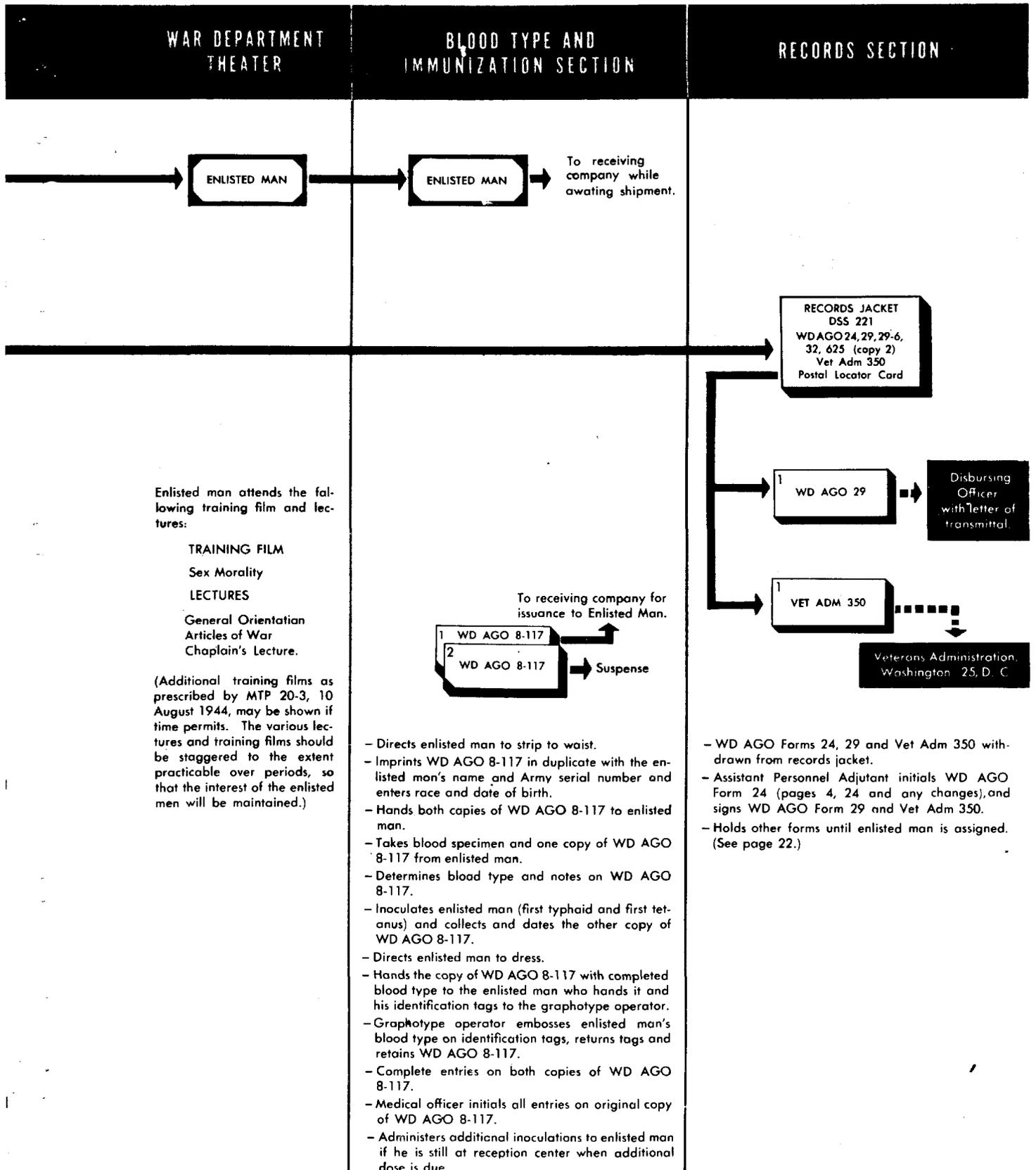
# OF ENLISTED MEN



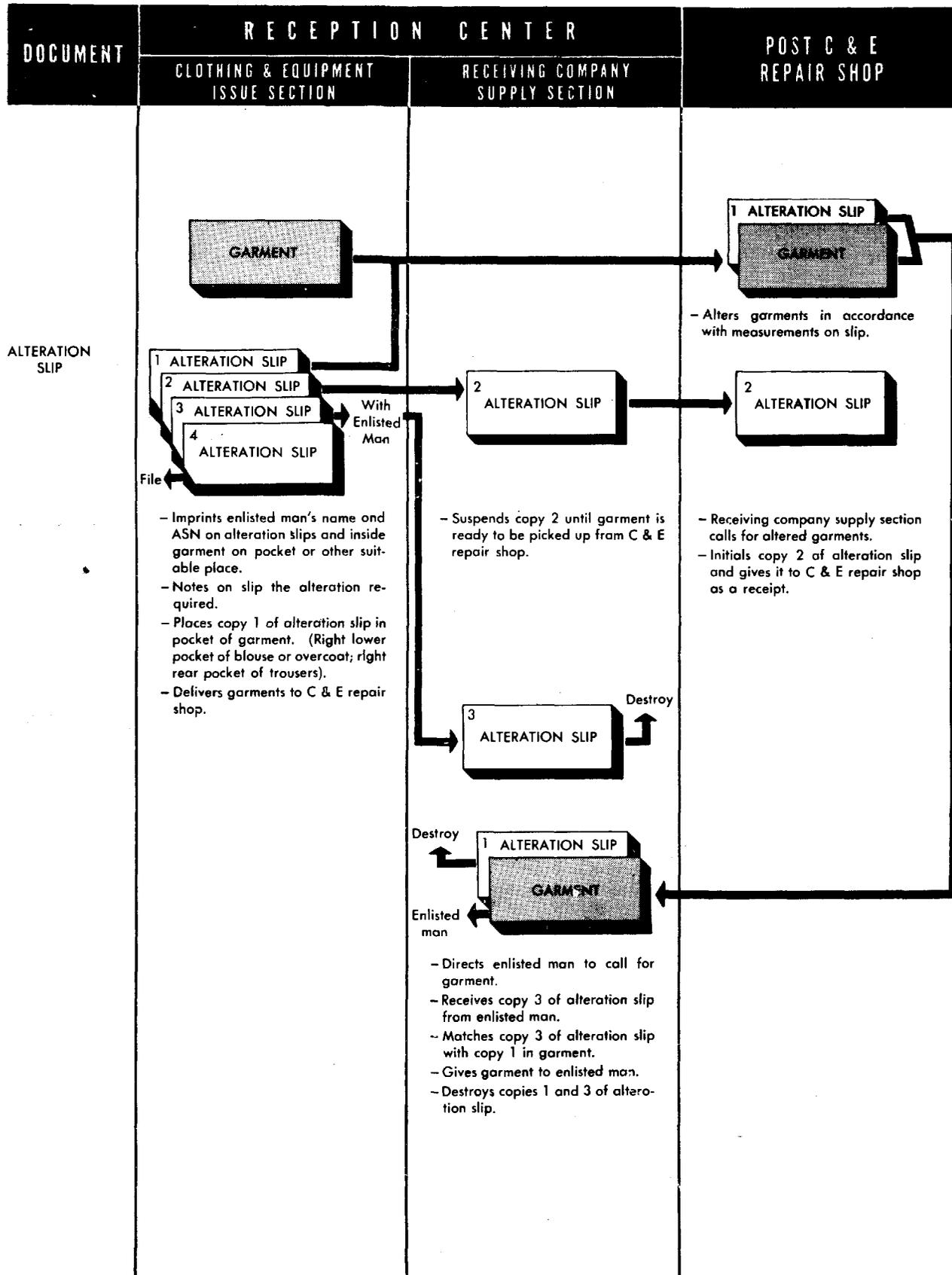
# ACTION AFTER ARRIVAL



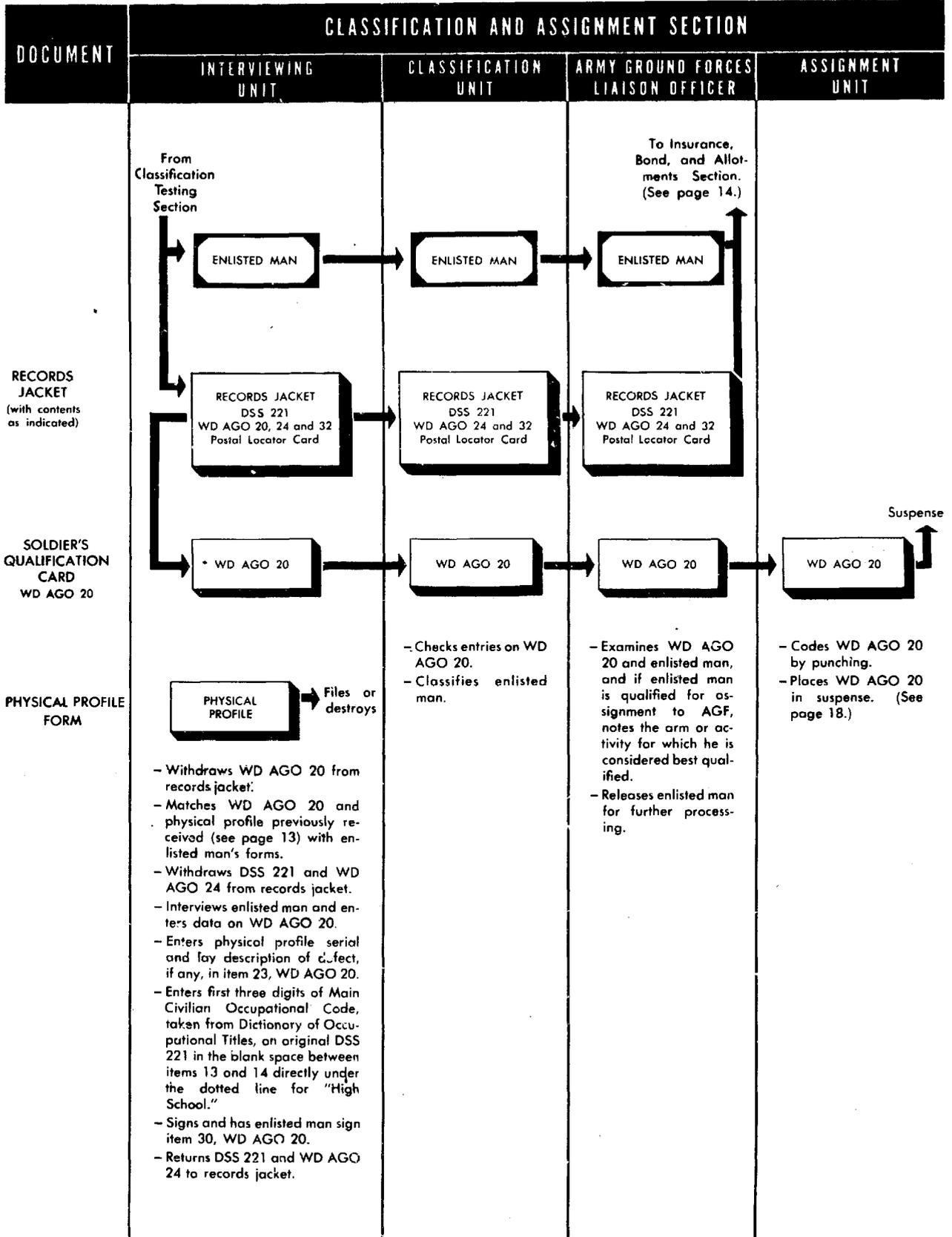
# OF ENLISTED MEN (Cont'd)



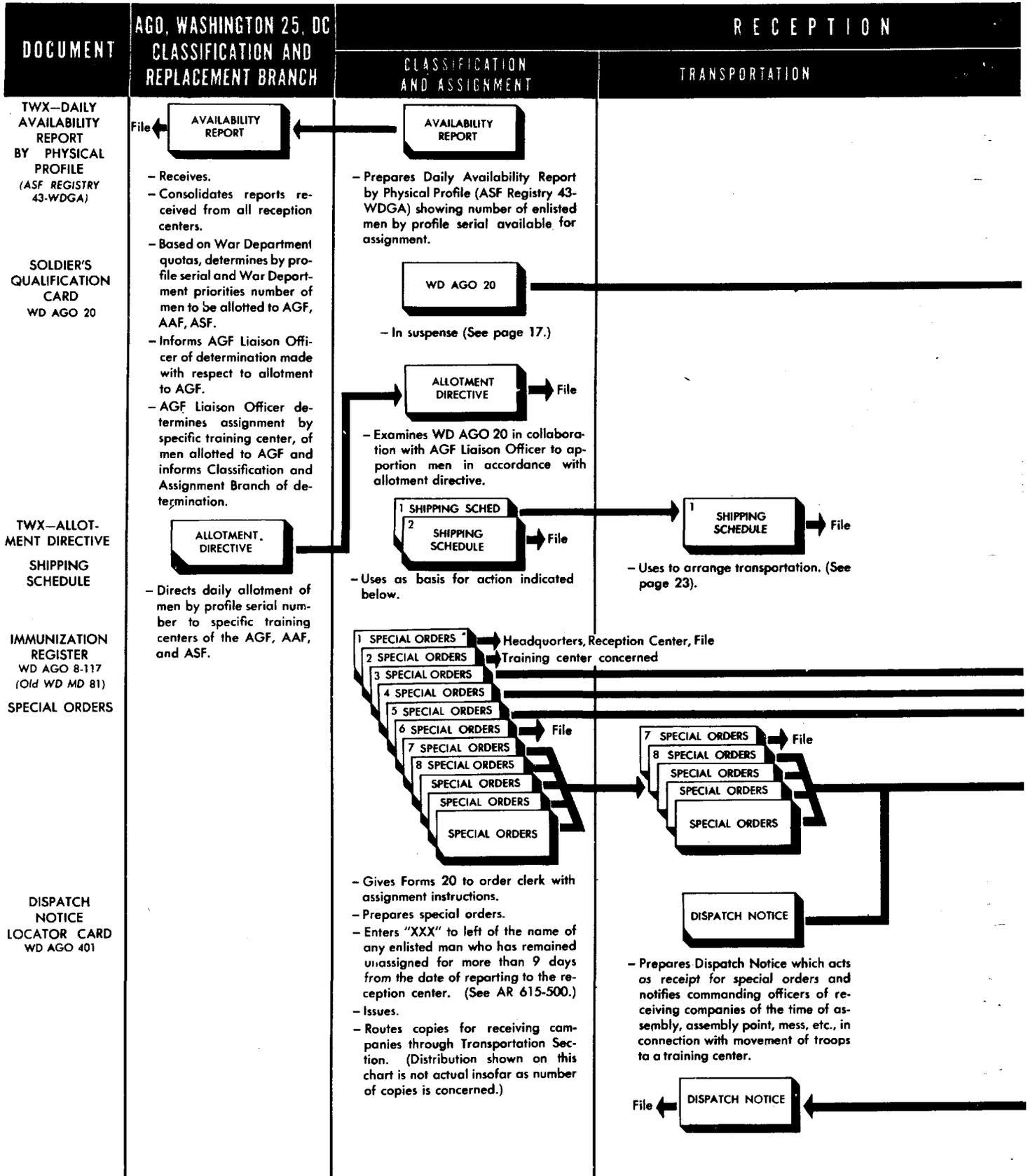
# CLOTHING ALTERATIONS



# CLASSIFICATION OF ENLISTED MEN

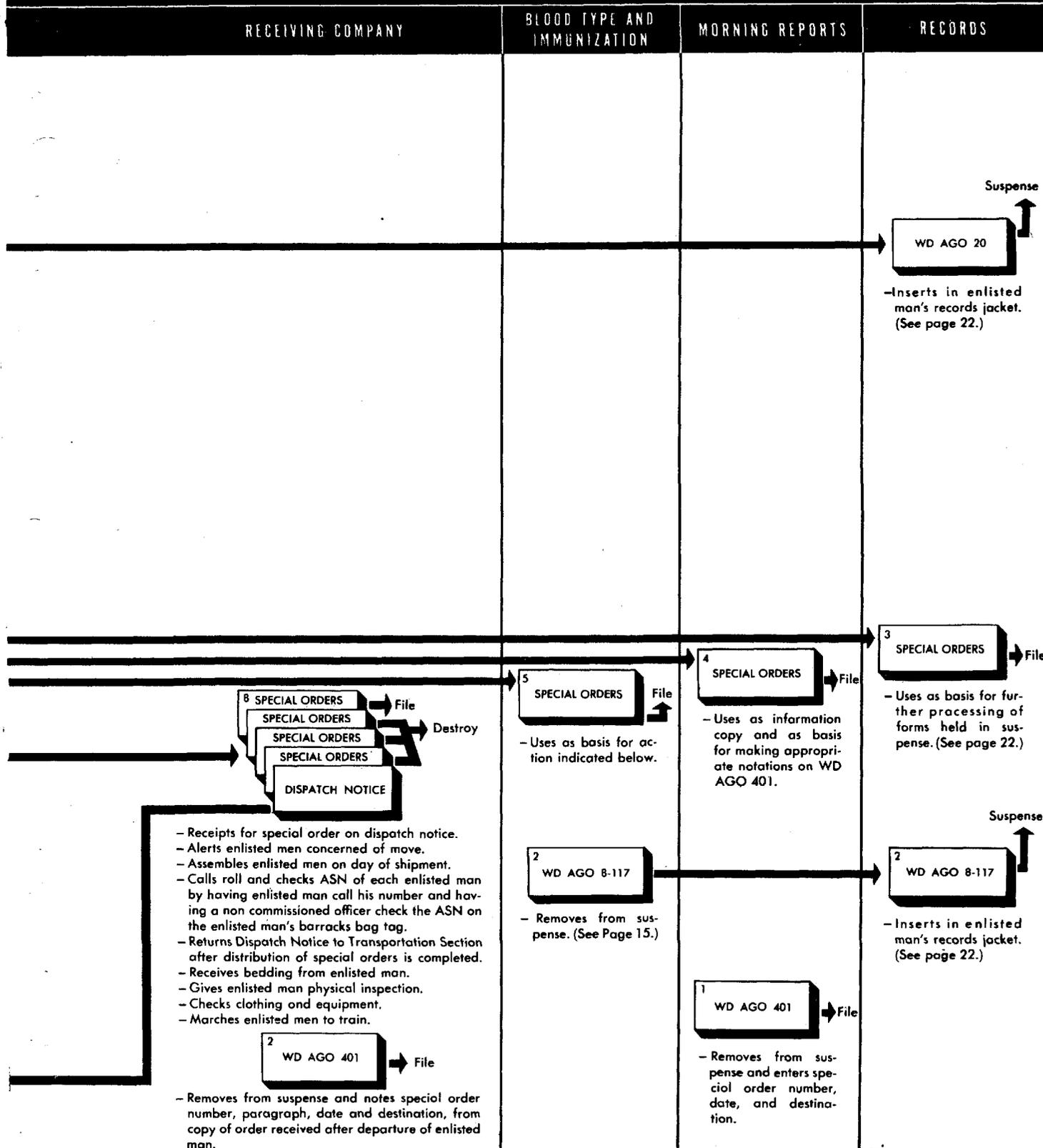


# ASSIGNMENT OF

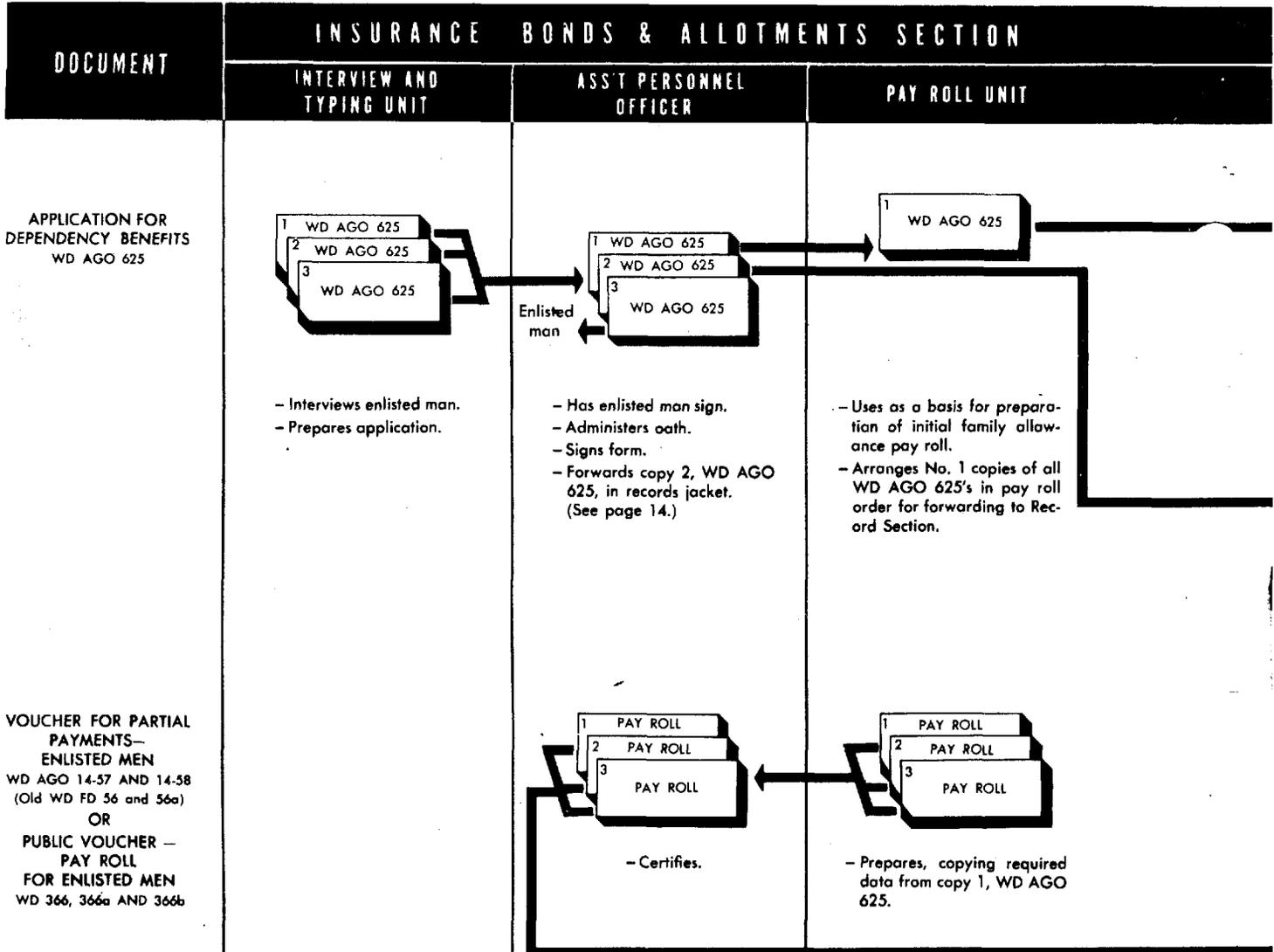


# ENLISTED MEN

## CENTER SECTIONS

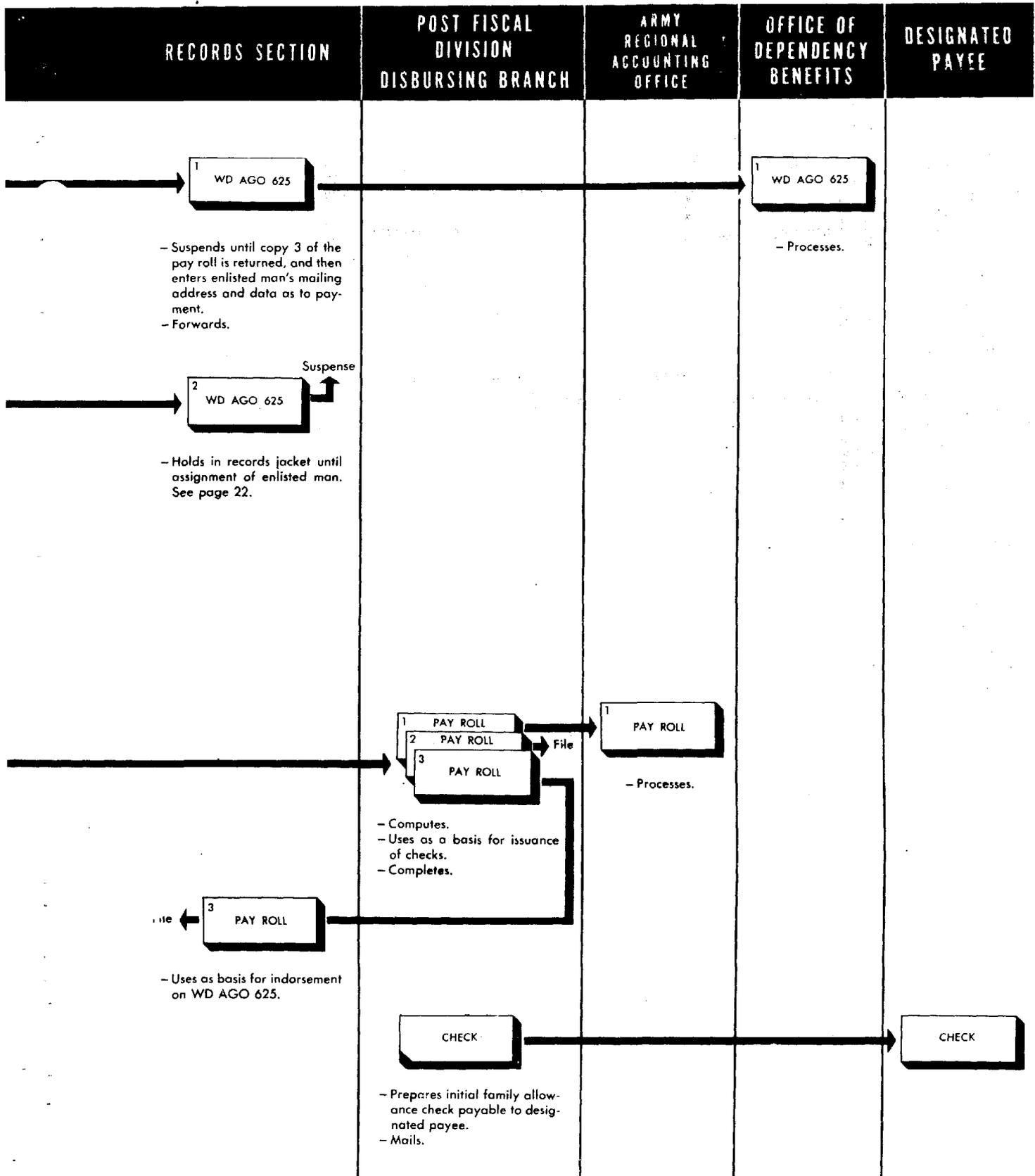


# INITIAL FAMILY



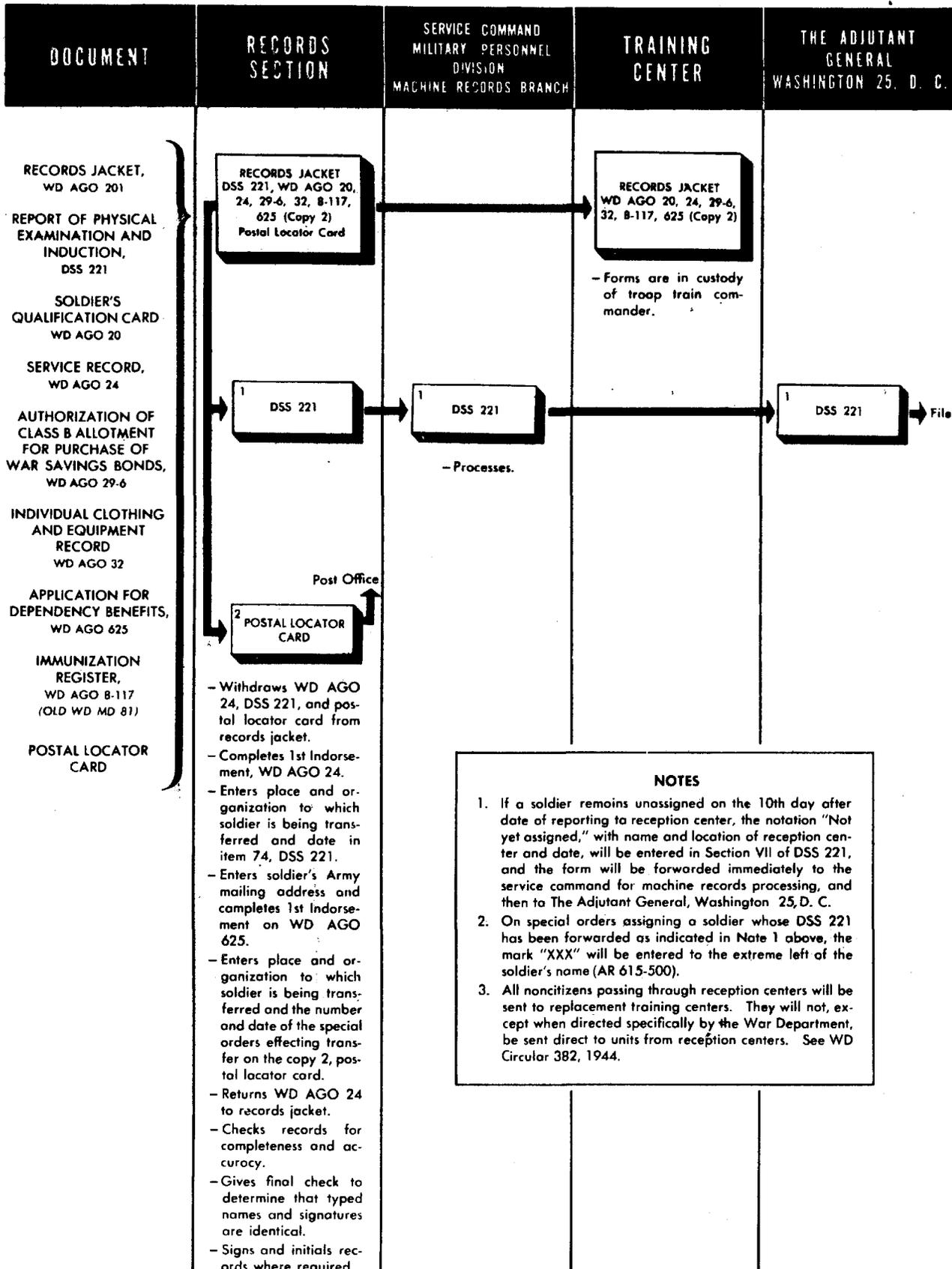
CHECK

# ALLOWANCE PAY ROLL

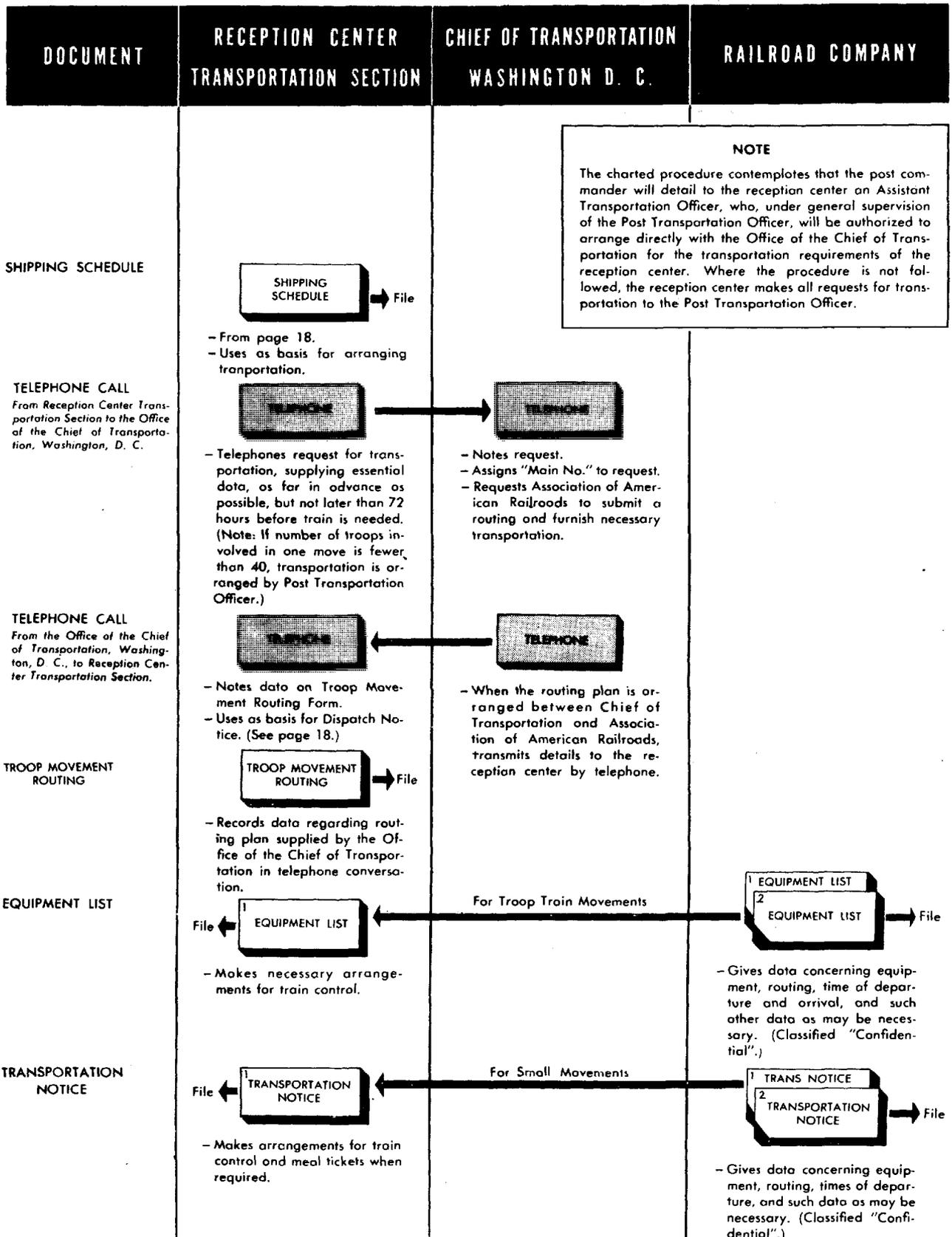


Charts

# 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	VERMONT Rutland	MASSACHUSETTS Boston Springfield	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/m  
13 Jul 1944

SPBFC 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 Devens, Mass., PSC

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)	(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							
#3	A		Reserve 11 August 99					0800	1300	
	A	30	SS of 12 August							
	A	32	SO #162 Par 5							
	A	16	SO #99 Par 1							
	A		RECLASS:							
	A		Dstefans, Cosmo							
	A		McKanzle, Roy							
	A		Siebach, Henry H							
	A		Weiss, Irving							
	A		Rye, Stephen M							
A	3	Miller, Jack S								
A		Spears, Don G								
A		Lcuzzo, Philip								
A		Welch, Jacob Jr								
A		Evans, Cra								
A		Smith, Ben L								
A		Anderson, Dan J								
A		Luttrupp, Eric								
A		Sawyer, Hyron								
A		Durrance, Francis								
A		Weiss, Walter								
A	5	Sevek, John								
A		Cudworth, Richard								
A		Hazzard, William								
A	1	But								

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, indctd 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 212/60426.

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 ETC	LAST DIS-CHARGE (YEAR)	SPECIAL TRAINING RECEIVED				DATE	ORGANIZATION AND STATION	GRADE	PRINCIPAL DUTY	SPEC. SER. NO.
					SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)					
-	3	SGT	SR B.P.C.	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 DESIGNATION			SPEC. SERIAL NO.	POTENTIAL	UN- SKILLED	SKILLED	TYPE OF EQUIPMENT						
STEP 5 COMPLETED BY CLASSIFICATION INTERVIEWER													
(28) REMARKS (3) 1932-1935 - ALL JOBS OF SHORT TENURE NOT CLASSIFIABLE				(30) DATE OF (CROSS OUT ONE)		INDUCTED 25 AUG 1944							
				DATE OF INTERVIEW	28 AUG 44		STATION		FORT DEVENS, MASS.				
				BY	R. L. Daniels, Sgt.		BY		Vincent P. O'Brien				
				BY	James A. Brown		BY		STEP 7 CLASSIFIER SIGNS				
				(31) DRIVES AUTO		<input checked="" type="checkbox"/> 1 TON TRUCK		MOTORCYCLE					
				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 1916 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 equipment thereon)

STEP 3  
STEP 9

10

**CLASS F DEDUC**

\$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. R. 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. R. 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**

\_\_\_\_\_ per month for \_\_\_\_\_ months, commencing \_\_\_\_\_  
 and expiring \_\_\_\_\_ in favor of \_\_\_\_\_  
 for the purpose of \_\_\_\_\_  
 Discontinued \_\_\_\_\_ reason \_\_\_\_\_  
 W. R. 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**

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

STEP 5  
STEP 1  
STEP 6

9

C. M. \_\_\_\_\_ A. W. \_\_\_\_\_  
 (Date of allotment) (Date of allotment)

\_\_\_\_\_ of specifications \_\_\_\_\_  
 Estimate authorized and pledged \_\_\_\_\_  
 Estimate as \_\_\_\_\_ Approved \_\_\_\_\_

**STEP 4**

**B**

**CLASS B ALLOTMENTS**

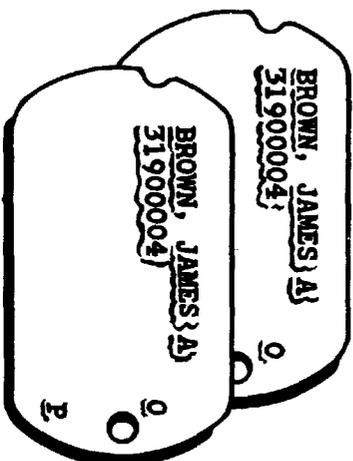
Class B allotments of pay reflecting an allotment of \_\_\_\_\_  
 \$7.50 per month for Indefinite Sep 44  
 and expiring Indefinite in favor of \_\_\_\_\_  
 for the purpose of Purchase of War Bonds  
 Discontinued \_\_\_\_\_ reason \_\_\_\_\_  
 W. R. A. G. O. Form No. 20, mailed to Finance Officer,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

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	✓	✓	✓	✓	✓	✓
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.**

DO NOT DEFACE THIS STAMP

Local Board No 37 .13 Suffolk County 025 7 Jul 1944 037	1016 Commonwealth Ave Boston, Mass <small>(Local Board of Origin Date Stamp with Code)</small>
---	--

25 AUG. 44 CO. A RC

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

GENERAL MILITARY SERVICE

Armed Forces Serial No. **31900004**

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

<p>1. Name <b>BROWN</b> <b>JAMES</b> <b>ARTHUR</b> <small>(Last—in capitals) (First) (Middle)</small></p> <p>2. Present address <b>1530 Brighton Ave.</b> <b>Boston</b> <b>Suffolk</b> <b>Mass</b> <small>(Street or rural route) (Town or city) (County) (State)</small></p> <p>3. Registrant's order No. <b>1225</b> 4. Social Security No. <b>021-01-1121</b></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 <b>2</b> 7. Birthdate of registrant <b>March</b> <b>31, 1916</b> <small>(Month) (Day) (Year)</small></p> <p>8. Birthplace of registrant <b>Brighton</b> <b>Mass</b> <b>U.S.A.</b> <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 <b>8</b> High school <b>3</b> or business school <b>0</b> College or university <b>0</b></p> <p>14. Occupation and industry: (a) Title and duties of present job <b>Clerk</b> <b>170</b> (b) Length of experience: Years <b>5</b> Months <b>2</b> (c) Business of present employer <b>Department Store</b></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 <b>0</b> (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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Do Not Use</td></tr> <tr><td style="text-align: center;">RESIDENCE</td></tr> <tr><td style="text-align: center;">Sex:</td></tr> <tr><td style="text-align: center;">Country:</td></tr> <tr><td style="text-align: center;">Place Inducted:</td></tr> <tr><td style="text-align: center;">Days Inducted:</td></tr> <tr><td style="text-align: center;">Day:</td></tr> <tr><td style="text-align: center;">Month:</td></tr> <tr><td style="text-align: center;">Year:</td></tr> <tr><td style="text-align: center;">Source:</td></tr> <tr><td style="text-align: center;">Religion:</td></tr> <tr><td style="text-align: center;">Year of Birth:</td></tr> <tr><td style="text-align: center;">Special Status:</td></tr> </table>	Do Not Use	RESIDENCE	Sex:	Country:	Place Inducted:	Days Inducted:	Day:	Month:	Year:	Source:	Religion:	Year of Birth:	Special Status:
Do Not Use														
RESIDENCE														
Sex:														
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Days Inducted:														
Day:														
Month:														
Year:														
Source:														
Religion:														
Year of Birth:														
Special Status:														

**STEP 2**  
**RECORDS CODE FOR MAIN**  
**CIVILIAN OCCUPATION.**

DSGS Form 821 (Rev. 6-19-44) Judge 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. LANDING, 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)





# 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-symbol, grade, component, etc.)

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

1550 Brighton Ave Boston MASS.  
(The soldier's home 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.)

Last	First	Middle	Number and street or R. F. D.	City, town or P. O. and postal zone No.	State	Relationship	Date of birth of		
							Mo.	Day	Year
Brown	Mary	Ann	1530 Arlington Ave.	Boston	MASS	Wife			
Brown	He								
Brown	Fr								

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.

Last	First	Middle	Number and street or P. O. and postal zone No.	State	Relationship	Age	Service in Army, Navy, Marine, Coast or Civil Guard		
							Class	Grade	Pay
None									

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.

(Initial) \_\_\_\_\_ (Signature) James A. Brown

initial family allowance payment for  
Class A  
The month of AUGUST  
In the amount of \$ 100.00  
Check(s) No. 51508  
Paid 29 AUG 44  
Name of bank, P. O. No., SOOTH

Subscribed and sworn to before me this 29 day  
of AUG, 1944, at FT. DEVENS, MASS.  
(City, town or post office, State)

(Signature) \_\_\_\_\_  
(Name and rank) J. J. McWENNY, 1st Lt., AUS, SCU #1112  
SUMMARY COURT, Assistant Surg., 1st

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. DEVENS, MASS.

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

- Proper entry has been made on soldier's service record.
- Monthly class F deduction commencing with the month of Sept, 1944 in the amount of \$ 22.00 have been or will be made.
- Soldier entered on active duty in a pay grade of Pvt on 22 AUG, 1944.
- Soldier's voluntary allotments have been withdrawn and filed with the soldier's service record.
- The official copy of this application has been withdrawn and filed with the soldier's service record.
- 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 still have him, exclusive of possible court martial forfeitures, at least \$10 a month for his personal use.

(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: \_\_\_\_\_

- 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.
- Monthly deduction of (\$22) (\$27) (\$ ) must be made on the pay-roll starting with the month of \_\_\_\_\_, 1944.
- 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 <b>SERVICE COMMAND UNIT NO 1112</b>	STATION <b>FORT DEVENS, MASS.</b>	VOUCHER NUMBER <b>2514</b>
APPROPRIATION: SYMBOL, ALLOTMENT <b>212/50425 601-60 P 414-01 899-999</b>	AMOUNT <b>\$ 2750.00</b>	PAID BY <b>F. S. BCCTH CAPT FD</b>
THIS VOUCHER CONSISTS OF _____ SHEETS. LAST PAGE OF THIS VOUCHER WILL BE INITIALED BY THE PERSONNEL OFFICER IMMEDIATELY UNDER LAST AMOUNT ENTERED.		DATE <b>29 August 44</b>

**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 man 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 Myrle D. White (wife)		Cl A	Myrle D. White	
Cl A Bernard W. White (son)			Concord, Vt.	100.00
Cl A Janet M. White (Dau)				

"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 reenter 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 Middle Last name  
**JAMES ARTHUR BROWN**

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

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

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: (If none, state "none.") A. PRESENT ORGANIZATION: Rank, grade, or rating. B. SERIAL NUMBER  
**25 Aug 44 Pvt Unassigned 31 900 004**

5. I AM 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. AM I NOW CARRYING GOVERNMENT LIFE INSURANCE? OVER "YES" OR "NO" NO. IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT: **None** POLICY NO. **None**

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 to be paid to each beneficiary Post-office address (Number and street, city, town, or post office and State)  
 PRINCIPAL **Mary Ann Brown** Wife **10,000** **1530 Brighton Ave., Boston, Mass**  
 CONTINGENT

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

10. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the \_\_\_\_\_ day of **Immediately**, 19**44** 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 check, draft, or money order)  
 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 becomes 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 Quarterly Semiannually Annually  
**Monthly \$ 7.00**

12. SIGNED AT: **Fort Devens, Mass.** ON THE **28** DAY OF **Aug**, 19**44**

WITNESSED BY: **S. H. GARLAND** (Rank and organization: See reverse side, paragraph 11.)  
**S. H. GARLAND, 2nd LT, AUS SCU # 1112**

APPLICANT SIGN HERE: **James A. Brown** (Do not print signature)

Effective Date: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Action taken: \_\_\_\_\_ Examiner: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Certificate issued: \_\_\_\_\_ Policy issued: \_\_\_\_\_

NOTE - Premiums for insured in arrears for full or partial term of insurance, \$1,000 to \$1,000 fine and imprisonment. Insurance will be forfeited for nonpayment, unless, upon or other specified advance. (Sections 611, 612, and 613, 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 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.

(S) 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. 99 November 4, 1943 16-9431-2 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 <input type="checkbox"/> \$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 (Mrs. Mary A. Doe, nee Mrs. George A. Doe)  
 Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_

6. \* Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to \_\_\_\_\_  
At 1530 Brighton Ave Boston, Mass  
(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. 79-6 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)



### 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		RECEIVING COMPANY COPY		
STAMPS ON ARRIVAL OF ENLISTED MAN.		25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P	MORNING REPORT SECTION COPY
		FORWARDING ADDRESS		STAMPS AFTER ENLISTED MAN DEPARTS	
		SO 230 9-1-44	INF RTC CP BLANDING, FLA		
(Units equipped with Addressograph imprinting equipment, use this side) 10-34922-1					

### POSTAL LOCATOR CARD

25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P	
FORWARDING ADDRESS			
SO 230	25 AUGUST 44 CO. A. RC	BROWN, JAMES A 31900004	P
	FORWARDING ADDRESS		TO POST OFFICE AFTER ENLISTED MAN DEPARTS
		SO 230 9-1-44	INF RTC CP BLANDING, FLA

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		

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				
26 AUG 44 A				
26 AUG 44 A				

RECEIVING CO COPY

ENLISTED MAN'S COPY

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.

### CIVILIAN CLOTHES BAG SLIP

BROWN, JAMES A  
31900004

26 AUG 44 A

### BARRACKS BAG TAG

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 Lab Starke  
 AUTH: TWX 999 SPXOC-T 28 Aug 44

---

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

CALLER 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

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**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

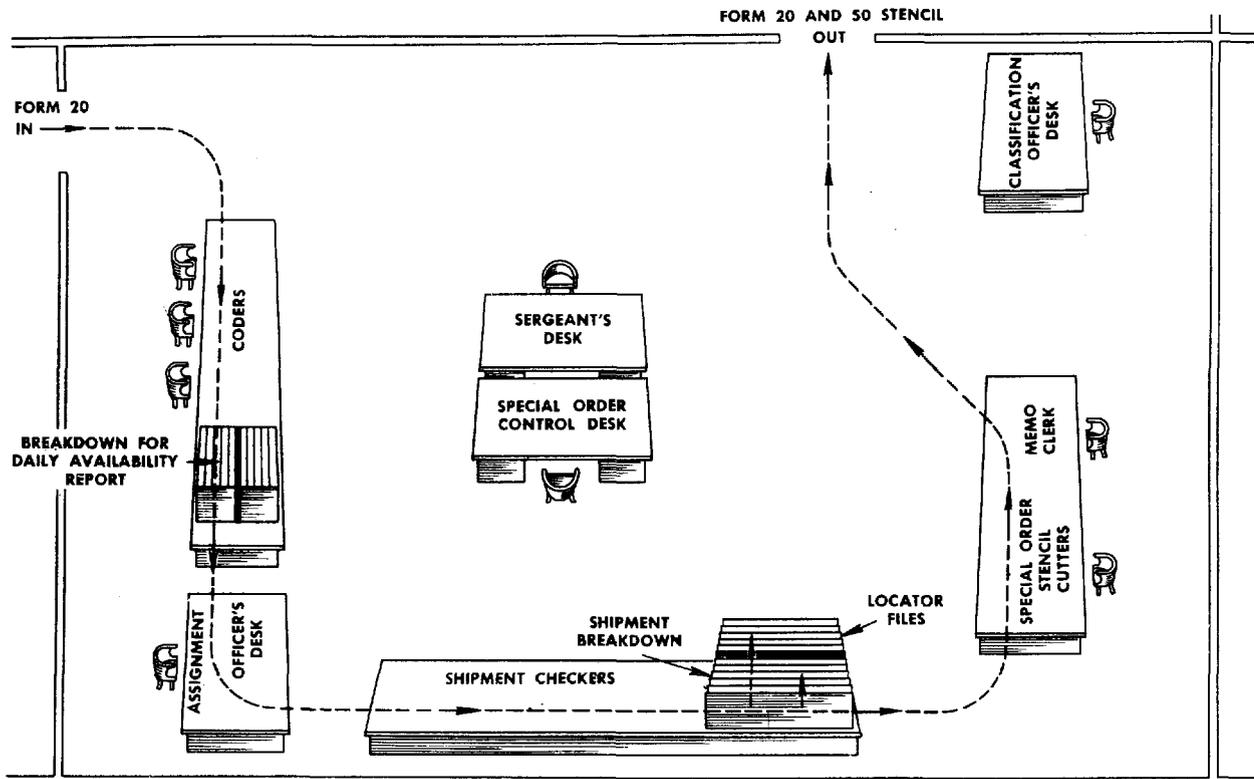
### 13. General.

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

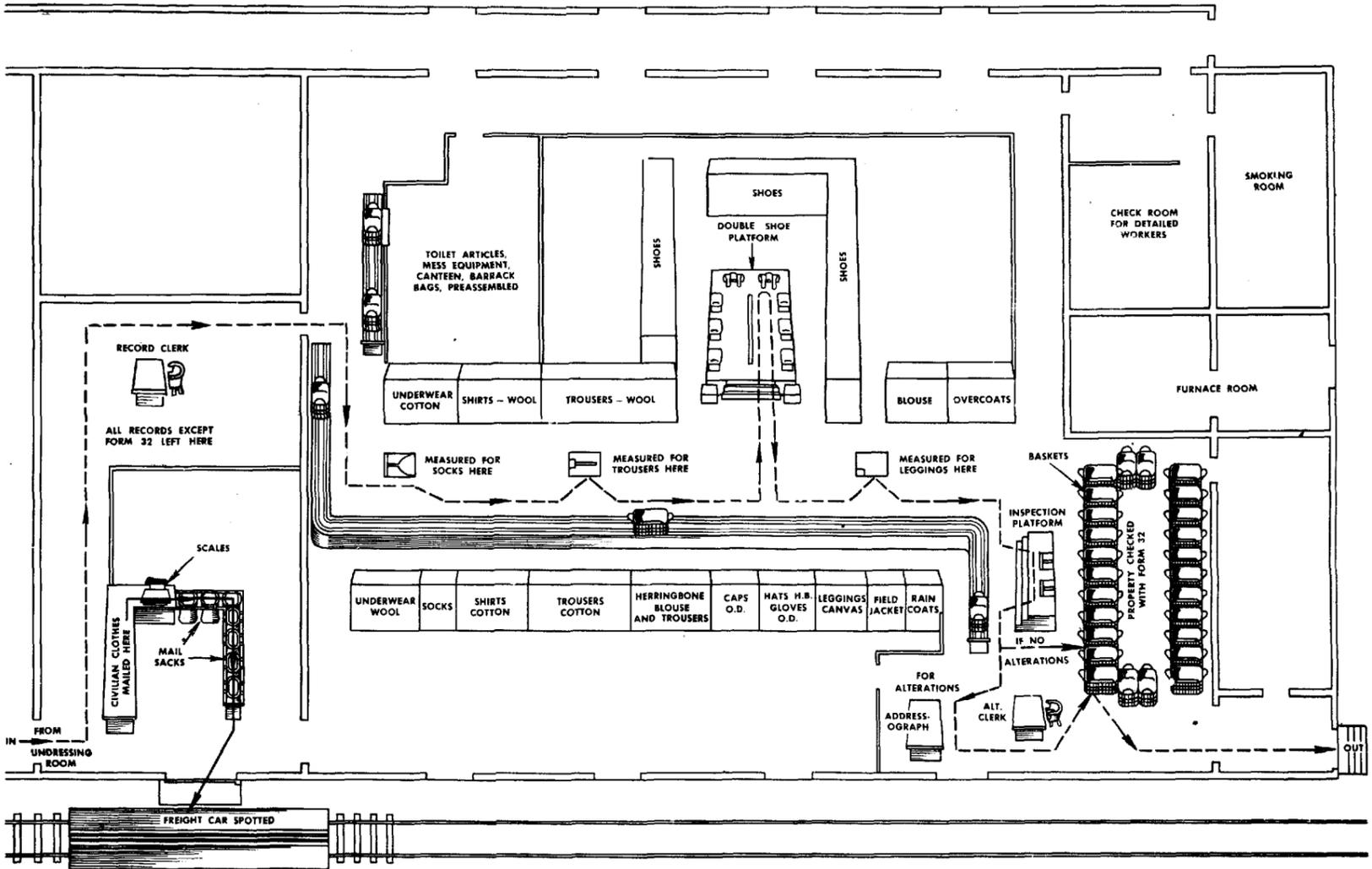
### 14. Office Layout.

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 (c) 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 world-wide period of active service without interruption, must make application on Insurance Form 350, which requires a complete report of physical examination. **USE THIS FORM.**

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

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

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY: (If no previous active duty, state "none.") None 8. ARE YOU NOW DISABLED OR 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. AM I 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 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: \_\_\_\_\_  
Contingent: \_\_\_\_\_

Permitted class of beneficiaries: 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 remittances payable to the TREASURER OF THE UNITED STATES by \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ in payment of the first premium on the insurance, or \_\_\_\_\_ (Check, draft, or money order) \_\_\_\_\_

B. 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, 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 to the first day of the month following the month and the amount of the premium is deducted from the UNITED STATES IS NOT

M. I WILL PAY SUBSEQUENT PREMIUMS IN THE MAN- A 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 offenses. (See 18 U.S.C. 1001.)

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)

Pvt RC, Ft Devens, Mass.

(Last name) (First name) (Middle initial) (Army serial number) (Grade) (Company, regiment, or arm or service)

The enlisted man named above hereby authorizes a Class I (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 continues 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) \_\_\_\_\_

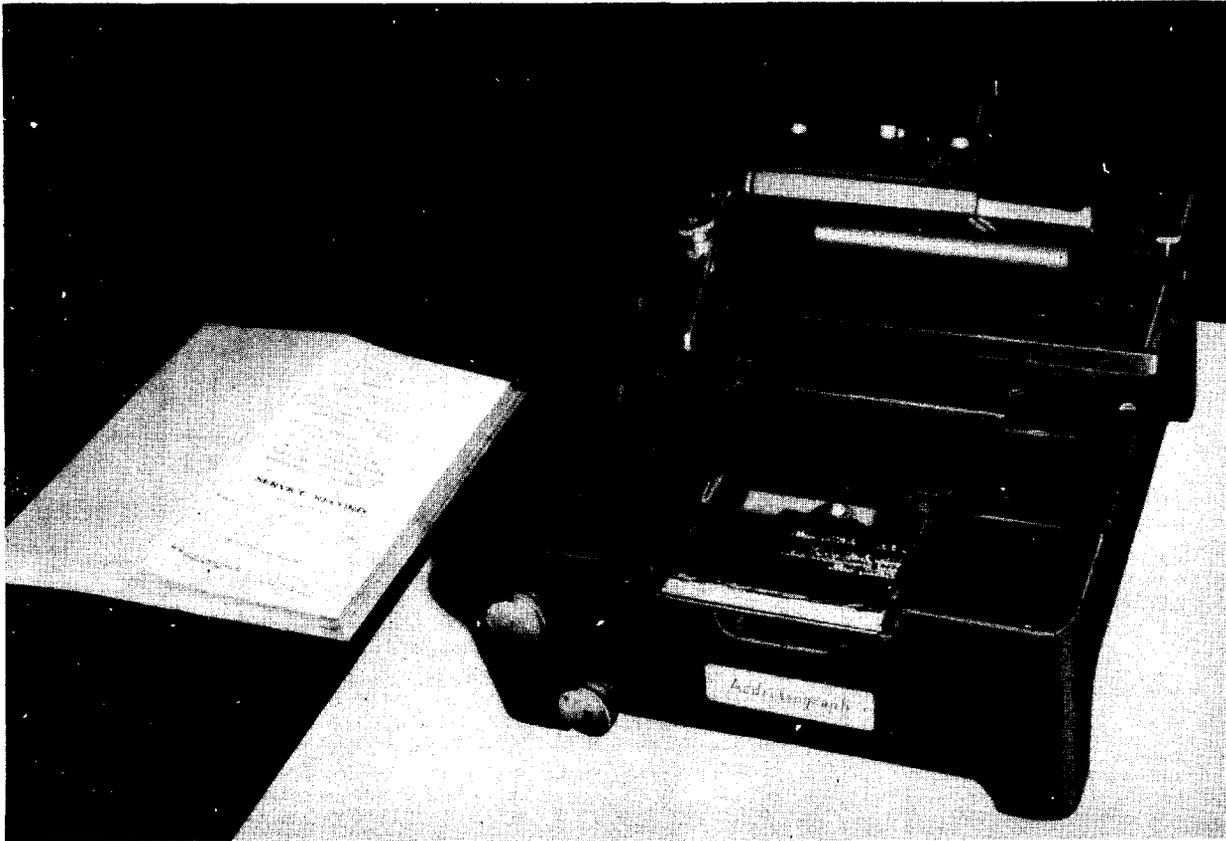
\* Strike out words not applicable.

(Signature of commanding officer or personnel officer, with grade and organization)

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 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. 28 November 4, 1943 12-9-21-5 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.

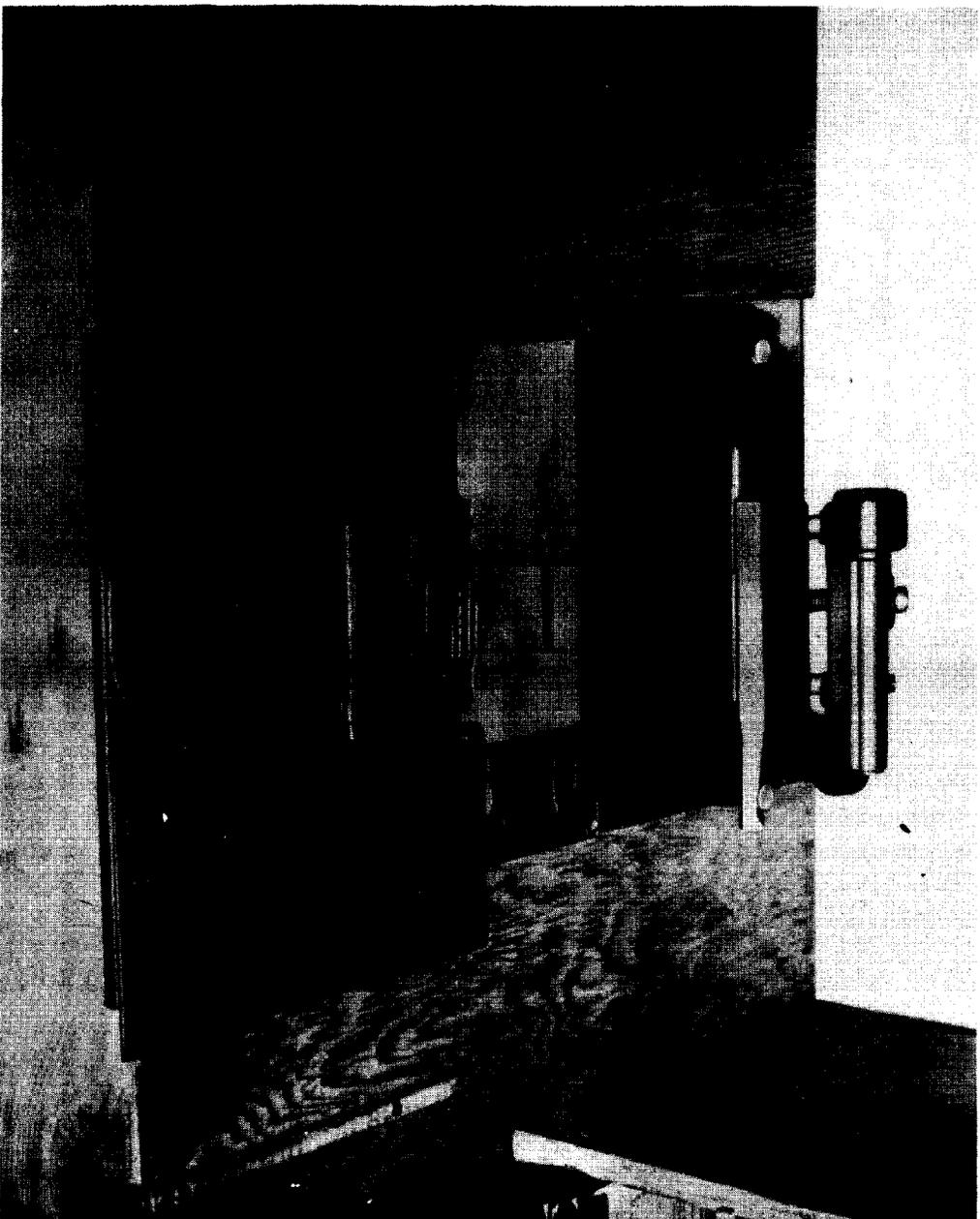


Machine for imprinting

**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-

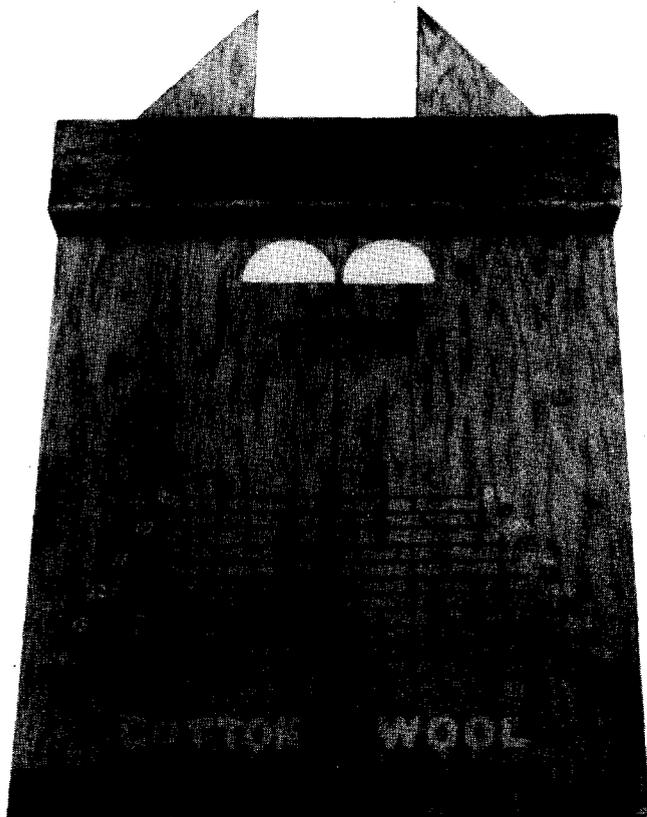
ing upon the type of equipment and the amount available, some stations may find it preferable to imprint the enlisted man's name and Army serial number on the various forms at one point. The illustrations demonstrate methods used to imprint the enlisted man's name and Army serial number on forms.



Imprinting Machine with Improvised Sliding Chasse

# THE ARMY LIBRARY

WASHINGTON, D. C.



Device for foot measurement.

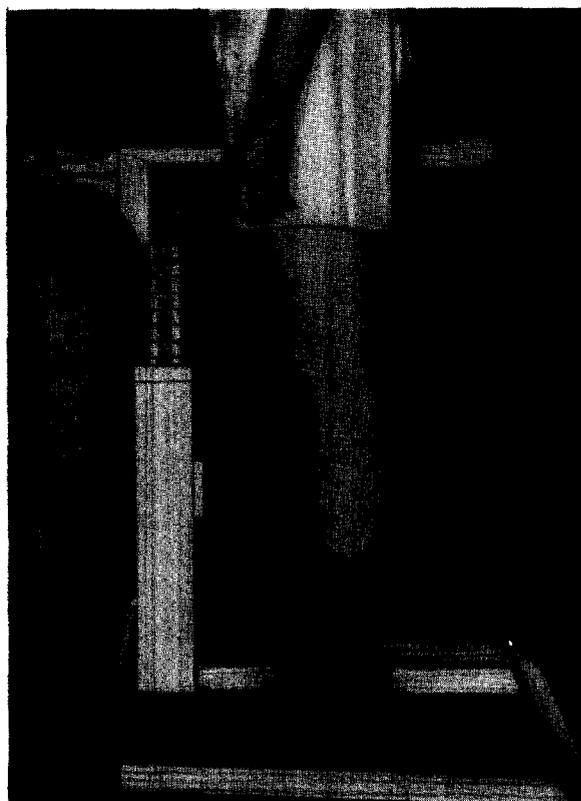
### 17. Clothing and Equipment.

*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.

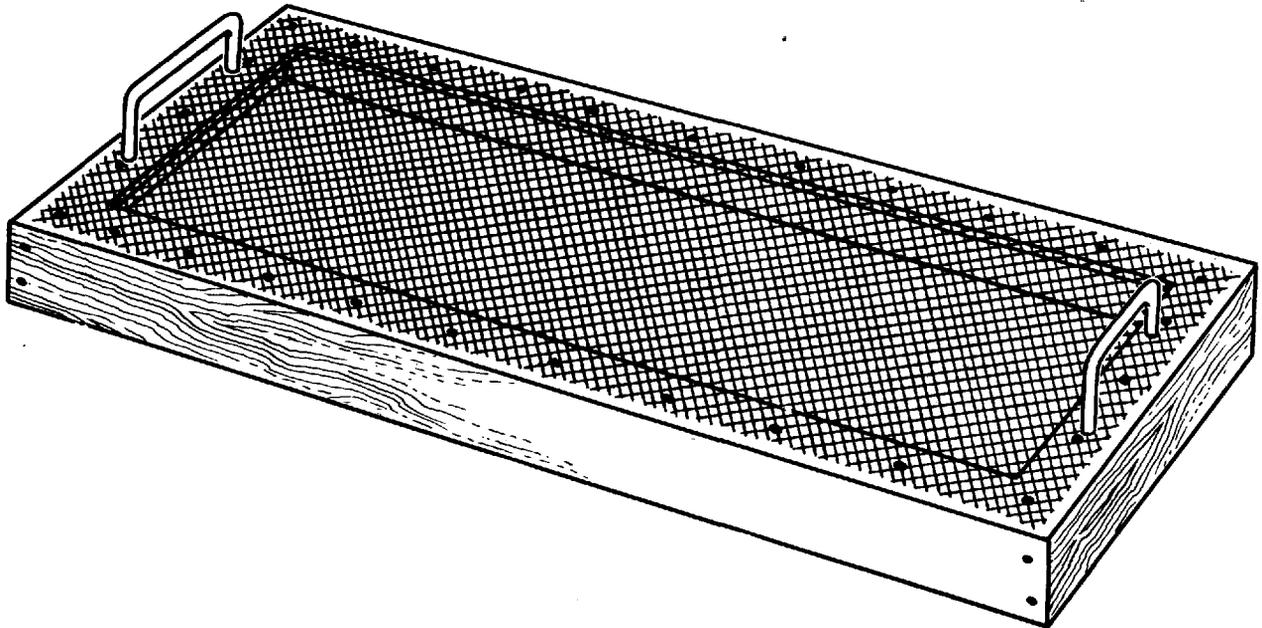
*b.* The enlisted man may send his civilian clothes home or is given an opportunity to donate them to the Red Cross. If he elects to send his clothes home, he proceeds to a table on which there is a supply of civilian clothes bags. He addresses a bag, places his clothes in it, and leaves it at the parcel 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 man has been tested, interviewed, and classified. It is highly important that complete records be maintained, particularly with respect to follow up for subsequent inoculations, should the enlisted man remain at the reception center for a sufficient period of time.

*b.* A freshly sterilized needle will be used for each individual inoculation. Where hypodermic needles are sterilized while lying loose in a sterilizer tray, each needle will be picked up and placed on the syringe using sterile thumb forceps.

*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 tips of the needles from touching any supporting surface. Coppercoated or bronze wire mesh, commonly used to make window screens, is then tacked firmly across the top of the rack. Wire handles are added for ease in handling. The wooden frame replaces the ordinary metal sterilizer tray and is of the same size. Three racks are used, one with sterile needles, one for used unsterile needles, and one in the sterilizer. The hypodermic needles are dropped lightly into place tip down through the interstices of the screen. The hub is grasped with thumb and index finger when the needle is removed for use.

### 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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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-I — 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-I 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-I, \$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.

