

DECLASSIFIED
Authority AWD 88207P

PA SERVICE RECORD (DEVELOPMENT OF)

RECONSTRUCTED RECORD OF SERVICE
 As a Member of The Philippine Commonwealth Army In
 Of The Armed Forces, Of The United States (PL

1. Name	2. SN		
4. Date of Birth	5. Place of Birth		
6. Date of Entry	8. Authority For Separation		
	9. Last Grade And Organizations Served In		
7. Date-Character of Separation	(a) USAFFE		
	(b) Guerrilla		
	(c) Regular PA		
10. Type of Service, Including Status Under Missing Persons Act			
FROM	TO	MPA STATUS	RETIRED

11. DEATH DATA: Soldier (Died) (Did Not Die) in the service.
 (a) Soldier is (Conclusively) (Determined) (Presumed) to have
 (b) Place: (c) Cause:
 (d) (In Line Of Duty) (Not In Line Of Duty)
 (e) Evidence of Death Attached:
 (f) Board Report on Injury or Death (Attached) (Not in File)
 (g) Date of Determination or Presumption of Death is
 Adequate Evidence of Death was Received or the Earliest
 (or Presumption) of Death was Made.

12. PAY DATA
 (a) Soldier Was Last Paid Prior to Surrender in 1942 to Include
 (b) Soldier or Dependents Entitled to Receive Service Pay to
 (c) Any Periods Shown as Non Casualty Status, AMOL, or Inactive
 are Periods of Non Entitlement to Pay.
 (d) Payment Under Arrears in Pay Program Was Made to Include

13. MARITAL STATUS AND NEXT OF KIN
 Single Married Widower Divorced
 Name of Next of Kin Relationship

RECONSTRUCTED RECORD OF SERVICE

As A Member Of The Philippine Commonwealth Army In The Service
Of The Armed Forces, Of The United States (PL 85-56)

1. Name	2. SN	3. VA Claim Number
4. Date of Birth	5. Place of Birth	
6. Date of Entry	8. Authority For Separation	
	9. Last Grade And Organizations Served In	
7. Date-Character of Separation	(a) USAFFE	
	(b) Guerrilla	
	(c) Regular PA	
10. Type of Service, Including Status Under Missing Persons Act, If Any		
<u>FROM</u>	<u>TO</u>	<u>MPA STATUS</u> <u>BASIS/REASON</u>

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Authority: ARJ 788301P

11. DEATH DATA: Soldier (Died) (Did Not Die) in the service.
- (a) Soldier is (Conclusively) (Determined) (Presumed) to have died on _____
- (b) Place: _____ (c) Cause: _____
- (d) (In Line Of Duty) (Not In Line Of Duty)
- (e) Evidence of Death Attached: _____
- (f) Board Report on Injury or Death (Attached) (Not in File)
- (g) Date of Determination or Presumption of Death is _____ Which is the Date
Adequate Evidence of Death Was Received or the Earliest Date a Determination
(or Presumption) of Death Was Made.

12. PAY DATA
- (a) Soldier Was Last Paid Prior to Surrender in 1942 to Include _____
- (b) Soldier or Dependents Entitled to Receive Service Pay to Include _____
- (c) Any Periods Shown as Non Casualty Status, AWOL, or Inactive in Items 10 and 20
are Periods of Non Entitlement to Pay.
- (d) Payment Under Arrears in Pay Program Was Made to Include _____

13. MARITAL STATUS AND NEXT OF KIN
- Single Married Widower Divorced
- Name of Next of Kin Relationship Address

14. NSLI DATA

(a) Amount \$

(b) Premium

(c) Policy No.

(d) Effective Date

(e) Premium Last Paid On

BeneficiariesRelationshipAddress

15. RECORD OF PHYSICAL EXAMINATION

(a) Entrance

(b) RTMC

(c) Discharge

(d) Processing/Reprocessing

 If made lost or destroyed as result of the war. Not Available
 Not Applicable Not Available
 Not Applicable Not Available
 Not Applicable16. Record of Processing for Regular PA Service, Separation, or For Pay Purposes. Not Applicable None Available PA AGO Form 23 Dated

Copy Attached.

17. RECORD OF COURT MARTIAL PROCEEDINGS PENDING ON 30 JUN 1946

 No Record Not Applicable Attached

18. REMARKS

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The service data included herein are compiled from best evidence available in the files of this office. They are considered factually accurate in absence of evidence to the contrary. Any payments for arrears in pay to claimant based on these service-data were made in accordance with the provisions of the Missing Persons Act.

INCLOSURES	SO Disch	R. V. ICE
Clin Recs	Fm 23	Major General, USA
X-Rays	Afdvts	The Adjutant General
Med Cards	Extracts	AGMR
Phy Exams	Other	

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Authority NAID 883078

INCLOSURES			Fm 23		R. V. LEE Major General, USA The Adjutant General AGAR-R
Clin Recs					
X-Rays	No.		Afdvts		
Med Cards	Extract SO	Hqs.		Dtd	
Phy Exams			Other		

INCLOSURES				Fm 23	R. V. LEE Major General, USA The Adjutant General AGAR-R
Clin Recs				SO Disch	
Afdvts				Med Cards	
Extracts			X-Rays	No.	
Phy Exams			Other		

INCLOSURES		Med Cards		Fm 23	R. V. LEE Major General, USA The Adjutant General AGAR-R
Clin Recs					
SO Disch			X-RAYS	NO.	
Afdvts			Extracts		
Phy Exams			Other		

RECONSTRUCTED RECORD OF SERVICE
 AS A MEMBER OF THE PHILIPPINE COMMONWEALTH ARMY 47 IN THE
 IN THE SERVICE OF THE ARMED FORCES OF THE U.S. (PL 85-56) 57

1. NAME	2. SN	3. VA CLAIM NUMBER
4. DATE OF BIRTH	5. PLACE OF BIRTH	
6. DATE OF ENTRY	7. DATE AND CHARACTER OF SEPARATION	
	8. AUTHORITY FOR SEPARATION	

7 DG

10. TYPE OF SERVICE, INCLUDING MPA STATUS IF ANY.

FROM 21 Dec 41 TO 8 Apr 42 MPA Status B-1 BASIS/REASON _____

Date returned to military control n/a ?

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 Authority: AUCD 883013

11. DEATH DATA: Soldier (died) (did not die) in the service.

- (a) PLACE: (b) PLACE: (c) CAUSE:
- (1) IN LINE OF DUTY (NOT IN LINE OF DUTY)
- (d) EVIDENCE OF DEATH ATTACHED:
- (f) BOARD REPORT ON INJURY OR DEATH (ATTACHED) (NOT IN FILE)
- (g) SOLDIER IS ^{INDUBITABLY} (DETERMINED) (PRESUMED) TO HAVE DIED ON _____ ?
- (h) EVIDENCE TO SUPPORT A DETERMINATION OR PRESUMPTION OF DEATH WAS RECEIVED IN THE DEPARTMENT OF THE ARMY ON _____

12. PAY DATA

(a) SOLDIER WAS PAID PRIOR TO SURRENDER IN 1942 TO INCLUDE _____

(b) SOLDIER OR DEPENDENTS ENTITLED TO RECEIVE ALLOWANCES, ALLOTMENT OR SERVICE PAY TO INCLUDE _____

(c) ANY PERIODS SHOWN AS NON CASUALTY STATUS, ABSENT WITHOUT LEAVE, OR INACTIVE IN ITEMS 9 AND 20 ARE PERIODS OF NON ENTITLEMENT TO PAY.

(d) PAYMENT UNDER ARREARS IN PAY PROGRAM WAS MADE TO INCLUDE _____

13. MARITAL STATUS and Next of Kin:

SINGLE MARRIED WIDOWER DIVORCED

Name of NEXT of Kin _____ relationship _____ address _____

NAME OF NEXT OF KIN	RELATIONSHIP	ADDRESS
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14. NSLI DATA

(a) AMOUNT \$ _____ (b) PREMIUM \$ _____ (c) POLICY NR. _____
 (d) EFFECTIVE DATE _____ (e) PREMIUM LAST PAID ON _____
BENEFICIARIES RELATIONSHIP ADDRESS

16. RECORD OF PHYSICAL EXAMINATION

(a) AT ENTRANCE: NOT AVAILABLE, IF MADE, LOST OR DESTROYED AS RESULT OF THE WAR
Let separate copy sent back to me
document at item 17
 (b) ON RETURN TO MILITARY CONTROL: COPY FORM _____ ATCHD. NOT AVAIL NOT APPLICABLE
 (c) AT DISCHARGE: COPY FORM _____ ATCHD. NOT AVAIL. NOT APPLICABLE
 (d) AT PROCESSING/REPROCESSING: COPY FORM _____ ATCHD. NOT AVAIL. NOT APPLICABLE

17. FORM 23

COPY ATCHD EXTRACT ATCHD NOT AVAIL NOT APPLICABLE
 NO ILLNESS OR INJURY CLAIMED *He declines this & just list as avail*

18. CLINICAL RECORDS

lets eliminate this & just list as avail

19. COURTS MARTIAL PROCEEDINGS: PENDING ON 30 JUN 1946 ATTACHED NONE
not applicable

20. REMARKS

We are showing everything but organization. This should also be included in a S/K.

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 Authority AWD 883078

RECORD OF PHILIPPINE ARMY SERVICE
IN THE SERVICE OF THE ARMED FORCES OF THE UNITED STATES

NAME	ASN	VA CLAIM NUMBER
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DATE OF BIRTH	PLACE OF BIRTH
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~~BRANCH AND ORGANIZATION~~ SERVED IN:

USARPF	GUERRILLA
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1. BEGINNING DATE OF VETERAN'S SERVICE IN THE ARMED FORCES OF THE UNITED STATES	2. DATE OF SEPARATION FROM SERVICE Attached are the following copies of evidence of discharge:
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3. CHARACTER OF SEPARATION FROM SERVICE

4. VETERAN <input type="checkbox"/> DIED <input type="checkbox"/> DID NOT DIE WHILE IN THE SERVICE DEATH <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY UNDER AR 40-1025. SEE ATTACHED PROOF AND CIRCUMSTANCES OF DEATH. <input type="checkbox"/> ACTUAL <input type="checkbox"/> PRESUMED	(a) PLACE OF DEATH
	(b) CAUSE OF DEATH

5. REPORT OF BOARD OF OFFICERS COVERING LINE OF DUTY STATUS OF DEATH OR INJURY ATTACHED NONE

6. FROM BEGINNING DATE OF SERVICE TO DATE OF SEPARATION, VETERAN'S MILITARY HISTORY IS DETERMINED TO BE AS FOLLOWS

<u>STATUS</u>	<u>FROM</u>	<u>TO</u>
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7. VETERAN IS ENTITLED TO RECEIVE PAY DURING THE ABOVE PERIODS EXCEPT AS FOLLOWS

<u>FROM</u>	<u>TO</u>	<u>REASONS</u>
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8. VETERAN WAS DETERMINED IN A MISSING STATUS AND ENTITLED TO PAY UNDER MPA (Including interpretations under Staff Memo #14, BPD, AFWESPAC, dtd 25 Dec 45) FOR THE PERIODS INDICATED IN PARAGRAPH 6 ABOVE FOR THE REASONS SHOWN BELOW. INCLUDED HEREIN ARE DETAILS OF MISSING STATUS FOR UNRECOGNIZED GUERRILLA SERVICE UNDER A COMMISSIONED OFFICER, IF ANY.

<u>FROM</u>	<u>TO</u>	<u>REASONS</u>
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9. VETERAN WAS DETERMINED IN A POW STATUS (See paragraph 4 above) DURING PERIODS WHEN HE WAS UNDER ACTUAL PHYSICAL RESTRAINT BY THE ENEMY. REASONS FOR THE RESTRAINT IMPOSED AND BASIS OF DETERMINATION ARE AS FOLLOWS:

<u>FROM</u>	<u>TO</u>	<u>REASONS</u>	<u>BASIS</u>
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10. RECOGNIZED GUERRILLA SERVICE RECONSTRUCTED ROSTER CASUALTY ROSTER INDIVIDUAL RECOGNITION

(a) NAME OF GUERRILLA UNIT	(d) VETERAN'S NAME IS LISTED AS
(b) DATE(S) OF RECOGNITION OF UNIT	
(c) BEGINNING DATE OF VETERAN'S RECOGNIZED GUERRILLA SERVICE	

11. DID VETERAN RETURN TO MILITARY CONTROL? NO YES, ON _____

12. VETERAN WAS LAST PAID PRIOR TO SURRENDER IN 1942 TO INCLUDE _____

13. LAST DATE VETERAN OR HIS DEPENDENTS ENTITLED TO RECEIVE ALLOWANCES, ALLOTMENT OR SERVICE PAY _____

14. MARITAL STATUS OF VETERAN _____

15. NEXT OF KIN

NAME	RELATIONSHIP	ADDRESS

16. INSURANCE DATA

(*) AMOUNT OF POLICY	(b) MONTHLY PREMIUM \$	(c) POLICY NUMBER(S)
(d) EFFECTIVE DATE OF POLICY	(e) PERIOD PREMIUM LAST PAID	

BENEFICIARIES	RELATIONSHIP	ADDRESS

17. RECORD OF PHYSICAL EXAMINATION

(*) AT ENTRANCE	(b) ON RETURN TO MILITARY CONTROL
(c) AT DISCHARGE	(d) AT PROCESSING/REPROCESSING

18. CERTIFIED EXTRACT OF AFFIDAVIT, FORM 25, RELATIVE TO ILLNESS OR INJURY CLAIMED _____

19. CLINICAL RECORDS AND/OR OTHER EVIDENCE OF TREATMENT FOR ILLNESS OR INJURY (including illness or injury resulting in death) _____

20. COURT MARTIAL PROCEEDINGS PENDING ON 30 JUNE 1946
 ATTACHED NONE

21. REMARKS

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 Authority *AND 88307P*

VETERANS ADMINISTRATION REQUEST FOR INFORMATION						1. TYPE OF CLAIM											
2. SEPARATION FORMS ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		3. DATA REQUESTED <input type="checkbox"/> SERVICE <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> OTHER															
4. TO <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD (Army) <input type="checkbox"/> NATIONAL GUARD (Air) <input type="checkbox"/> OTHER (Specify)																	
FROM	5A. NAME AND ADDRESS OF VA REQUESTING OFFICE				5B. ORIGINATING UNIT		6. CLAIM NO. C-										
							7. INSURANCE NO.										
8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)				9. ALL SERVICE NOS.													
10. DATE OF BIRTH		11. PLACE OF BIRTH		12. DATE OF DEATH													
13. DATE ENTERED ACTIVE DUTY		14. DATE SEPARATED FROM ACTIVE DUTY		15. CHARACTER OF SEPARATION OR DISCHARGE		16. LAST GRADE, RATE OR RANK, AND ORGANIZATION											
A.																	
B.																	
C.																	
17. ALLEGED DISEASE OR INJURY		18. DATES OF TREATMENT		19. PLACES OF TREATMENT		20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED											
A.																	
B.																	
C.																	
21. ADDITIONAL INFORMATION REQUESTED																	
22. DATE		23. SIGNATURE AND TITLE OF VA OFFICIAL															
ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))																	
<input type="checkbox"/> AVAILABLE REQUESTED RECORDS FORWARDED		<input type="checkbox"/> ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT			<input type="checkbox"/> ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT.												
NO. OF ENCLOSURES		ORIG		COPY		NO. ENCLS. (Cont.)		ORIG		COPY		SERVICE INFORMATION		DATE		SIGNATURE AND TITLE	
HEALTH RECORDS						CLINICAL RECORDS											
						X-RAYS											
PHYSICAL EXAMINATIONS AT ENTRANCE						DENTAL RECORDS						MEDICAL RECORDS		DATE		SIGNATURE AND TITLE	
						MEDICAL CARDS											
PHYSICAL EXAMINATIONS AT SEPARATION						OTHER RECORDS											

VETERANS ADMINISTRATION REQUEST FOR INFORMATION						1. TYPE OF CLAIM				
2. SEPARATION FORMS ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		3. DATA REQUESTED <input type="checkbox"/> SERVICE <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> OTHER								
4. TO <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD (Army) <input type="checkbox"/> NATIONAL GUARD (Air) <input type="checkbox"/> OTHER (Specify)		5A. NAME AND ADDRESS OF VA REQUESTING OFFICE						5B. ORIGINATING UNIT		
FROM						6. CLAIM NO. C-				
						7. INSURANCE NO.				
8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)				9. ALL SERVICE NOS.						
10. DATE OF BIRTH		11. PLACE OF BIRTH		12. DATE OF DEATH						
13. DATE ENTERED ACTIVE DUTY		14. DATE SEPARATED FROM ACTIVE DUTY		15. CHARACTER OF SEPARATION OR DISCHARGE		16. LAST GRADE, RATE OR RANK, AND ORGANIZATION				
A.										
B.										
C.										
17. ALLEGED DISEASE OR INJURY		18. DATES OF TREATMENT		19. PLACES OF TREATMENT		20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED				
A.										
B.										
C.										
21. ADDITIONAL INFORMATION REQUESTED										
22. DATE		23. SIGNATURE AND TITLE OF VA OFFICIAL								
ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es)) <input type="checkbox"/> AVAILABLE REQUESTED RECORDS FORWARDED <input type="checkbox"/> ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT <input type="checkbox"/> ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT.										
NO. OF ENCLOSURES		ORIG	COPY	NO. ENCL. (Cont.)		ORIG	COPY	SERVICE INFORMATION	DATE	SIGNATURE AND TITLE
HEALTH RECORDS				CLINICAL RECORDS						
PHYSICAL EXAMINATIONS AT ENTRANCE				X-RAYS				MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION				DENTAL RECORDS						
				MEDICAL CARDS						
				OTHER RECORDS						

DECLASSIFIED
 Authority NOV 883078

VETERANS ADMINISTRATION REQUEST FOR INFORMATION						1. TYPE OF CLAIM			
2. SEPARATION FORMS ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		3. DATA REQUESTED <input type="checkbox"/> SERVICE <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> OTHER							
4. TO <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD (Army) <input type="checkbox"/> NATIONAL GUARD (Air) <input type="checkbox"/> OTHER (Specify)									
FROM 5A. NAME AND ADDRESS OF VA REQUESTING OFFICE				5B. ORIGINATING UNIT		6. CLAIM NO. C-			
						7. INSURANCE NO.			
8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)				9. ALL SERVICE NOS.					
10. DATE OF BIRTH		11. PLACE OF BIRTH		12. DATE OF DEATH					
13. DATE ENTERED ACTIVE DUTY		14. DATE SEPARATED FROM ACTIVE DUTY		15. CHARACTER OF SEPARATION OR DISCHARGE		16. LAST GRADE, RATE OR RANK, AND ORGANIZATION			
A.									
B.									
C.									
17. ALLEGED DISEASE OR INJURY		18. DATES OF TREATMENT		19. PLACES OF TREATMENT		20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED			
A.									
B.									
C.									
21. ADDITIONAL INFORMATION REQUESTED									
22. DATE		23. SIGNATURE AND TITLE OF VA OFFICIAL							
ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable boxes) <input type="checkbox"/> AVAILABLE REQUESTED RECORDS FORWARDED <input type="checkbox"/> ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT <input type="checkbox"/> ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT									
NO. OF ENCLOSURES		ORIG	COPY	NO. ENCL. (Cont.)		ORIG	COPY	DATE	SIGNATURE AND TITLE
HEALTH RECORDS				CLINICAL RECORDS					
PHYSICAL EXAMINATIONS AT ENTRANCE				X-RAYS					
PHYSICAL EXAMINATIONS AT SEPARATION				DENTAL RECORDS					
				MEDICAL CARDS					
				OTHER RECORDS					
				SERVICE INFORMATION		MEDICAL RECORDS		DATE	SIGNATURE AND TITLE

DECLASSIFIED

Authority NUD 88307P

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION

1. TYPE OF CLAIM

2. SEPARATION FORMS ON FILE

 YES NO

3. DATA REQUESTED

 SERVICE MEDICAL DENTAL OTHER

4. TO

 ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD NATIONAL GUARD (Army) NATIONAL GUARD (Air) OTHER (Specify)

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE

FROM

5B. ORIGINATING UNIT

6. CLAIM NO.

C.

7. INSURANCE NO

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)

9. ALL SERVICE NOS.

10. DATE OF BIRTH

11. PLACE OF BIRTH

12. DATE OF DEATH

13. DATE ENTERED ACTIVE DUTY

14. DATE SEPARATED FROM ACTIVE DUTY

15. CHARACTER OF SEPARATION OR DISCHARGE

16. LAST GRADE, RATE OR RANK, AND ORGANIZATION

A.

B.

C.

17. ALLEGED DISEASE OR INJURY

18. DATES OF TREATMENT

19. PLACES OF TREATMENT

20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED

A.

B.

C.

21. ADDITIONAL INFORMATION REQUESTED

22. DATE

23. SIGNATURE AND TITLE OF VA OFFICIAL

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable boxes)

 AVAILABLE REQUESTED RECORDS FORWARDED

 ITEMS 8 & 9 AND 12 THROUGH 15 VERIFIED CORRECT

 ITEMS 8 & 9 AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCL. (Cont.)	ORIG	COPY	SERVICE INFORMATION	DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION		SIGNATURE AND TITLE
			X-RAYS					
PHYSICAL EXAMINATIONS AT ENTRANCE			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
			MEDICAL CARDS					
PHYSICAL EXAMINATIONS AT SEPARATION			OTHER RECORDS					

 VA FORM 3101
 JUL 1957

 SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND
 VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

4

DECLASSIFIED
Authority EAM 7883078

PA SERVICE RECORD (DEVELOPMENT OF)

DECLASSIFIED

Authority AWD 883078

Jose S. Alunan 10 301 925