

DECLASSIFIED  
Authority WJ 883078

**DECLASSIFIED**

Authority NND 883078

PROCESSING TERMINAL DATE

GUERRILLAS

GRLA-35

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Authority NND 883078

*2d. S.  
Team # 1  
Zambales*

GSXRP

SOP Terminal Date Guerrilla  
Processing

Opr Sec, PA Br

Team Leaders

2 Dec 46  
FBG/avg

1. TERMINAL DATE GUERRILLA (TDG) refers to recognitions by Guerrilla Affairs Branch, HQ AFWESPAC, which are made to cover a specific period of time. Such individuals have had their Guerrilla services recognized from one specified starting date to another specified terminating date.

a. TDG Personnel so recognized (except USAFFE and Philippine Scouts) are to be paid, at the time processing is completed, for that period of time covered by the limiting dates as set by Guerrilla Affairs Branch.

b. These recognitions may apply to the entire roster of a Guerrilla Unit, or to a part of it, such as a supplementary roster. In some instances a supplementary roster may have limiting dates, while the initial roster of the same unit does not.

c. TDG Units are processed by teams composed of RPD Arrears in Pay Examiners and Demobilization Section, made up of Finance, Medical and Administrative personnel.

2. Individuals recognized as Terminal Date Guerrillas by Guerrilla Affairs branch, AFWESPAC, and at present patients in the hospital will be processed and paid without discharge. Headquarters Army of the Philippines will be notified that such individuals have been processed and paid for their period of recognition and should be carried on full time pay status until they are discharged from the hospital.

3. Teams processing such Terminal Date Guerrillas function as follows:

a. Authenticated roster of Unit concerned is secured from Strength and Returns Section, HAP. An authenticated copy of the letter from Guerrilla Affairs Branch giving the Unit's recognition dates and strength, must be attached to each roster. (This letter is the proper authority for the Finance Section to pay personnel on roster.)

b. Certificate is secured from the Commanding Officer of the Unit to the effect that none of the personnel is charged with Government Property. (Sample - Incl #1)

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c. Each processee will be required to show his Residence Certificate as identification prior to payment.

4. Forms are to be accomplished by Team Personnel indicated as follows:

FOR BOTH OFFICERS AND EM

a. Examiners and typists: PA AGO Form #23 (in triplicate) and marriage Affidavit (in triplicate) Samples - Incls 2 and 3.

b. Medical Examiners: ND AGO Form 38 and 63 (in triplicate) Samples - Incls 4 and 5.

Note: Any Processee requiring hospitalization should be completely processed, paid and discharged, and then given three (3) extra copies of his Physical Examination Form, along with a written request for admittance to a PA Hospital, signed by the Medical Officer and AUS Team Leader.

c. Administrative Section: PA AGO Form 55 (in triplicate) Sample - Incl 6.

d. Finance Section: EM Payroll secured from Unit Commanding Officer (quadruplicate) properly signed, Statement of Monies Received (triplicate) Sample - Incl 7.

Note: Marriage Affidavit and Residence Certificate are used by Finance Section.

For Officers, Pay Vouchers (quadruplicate) properly signed, are used in place of Payroll, and before payment is made to any Officer or EM identification by his Commanding Officer will be required, as follows:

1. CO signs Voucher a/o Payroll certifying that he has identified the right individual, and witnessed payment.
2. CO accomplished Identification Affidavit (Sample - Incl 8)

5. Disposition of Forms:

a. PA AGO Form #23 (triplicate)

Original - arranged in order of claim numbers with roster for each twenty-five (25) claims, and forwarded to Adm Section, PA Branch, RPD, HQ AFWESPAC, APO 707.

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Duplicate - Copies marked "Draft" and arranged alphabetically, with roster for each fifty (50) claims, and forwarded to Operations Section, PA Branch, RPD, HQ AFWESPAC, APO 707.

Triplicate - arranged alphabetically, with rosters of 50, and forwarded to HAP, AG-Pers Sec, for use in preparing Service Records.

b. WD AGO Forms #38 and #61 - Reports of Physical Examination (triplicate) Incls 4 and 5.

Original and duplicate - forwarded with Form #23 to HAP.  
Triplicate - forwarded with Form #23 (Draft Copy) to RPD, Opr Sec.

c. PA AGO Form #55 - Discharge (triplicate) Incl 6.

Original - presented to individual processee  
Duplicate - forwarded with Form #23 to HAP.  
Triplicate - forwarded with Form #23 (Draft Copy) to RPD, Opr Sec.

Note: The foregoing provides for three (3) separate points to which Forms will be forwarded. When forms are combined they are to be shipped as follows:

RECIPIENT:

1. Adm Section, PA Branch, RPD:

Rosters of 25, by Claim numbers  
Original Forms #23

2. Opr Sec, PA Branch, RPD:

Rosters of 50, alphabetically  
Duplicate Forms #23 (Draft Copy)  
Triplicate Forms #38 or #63  
Triplicate Forms #55

3. HAP, AG-Pers Sec:

Rosters of 50, alphabetically  
Triplicate Forms #23  
Original Forms #38 or #63  
Triplicate Forms #38 or #63  
Duplicate Forms #55

Rosters should be on top of each bundle, and the Medical and Discharge Forms may be inserted in the proper Forms #23.

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6. Teams processing "Terminal Date Guerrilla" Units will handle PA AGO Form #23 as previously instructed, filling in all available information as given by claimant, with special handling as covered herein.

a. Personnel of these Units who are USAFFE or PS may be processed, and claim filed thru normal channels; but it is understood that they will not be paid until claims are adjudicated, as is the case with regular recognized Guerrilla and PA personnel.

b. Guerrillas that were in the USAFFE or PS service prior to their recognition as Terminal Date Guerrillas will not be paid at the time of processing. Such Guerrillas will be processed, then their papers will be forwarded, along with an extract of the recognized roster thru normal channels, to Living Claims Section, RPD, for adjudication. (Incl #10)

c. Guerrillas that have been processed for arrears in pay for their USAFFE or PS services prior to their recognition as Terminal Date Guerrillas will not be paid at the time of processing for their guerrilla services. An extract of the recognized roster will be made and forwarded thru normal channels to Living Claims Section, RPD for 201 Files. (Incl #10)

7. The claimant's pay for the period of recognition will be listed in the space provided for "Initial Current Pay".

8. The Date of Discharge will be indicated as the date following the last day of the recognition period, as stipulated for the Unit of which the claimant is a member.

9. All Forms #23 for personnel in this Terminal Date category (excepting USAFFE and PS) will carry the following:

a. To be stamped or typed at the top of page 1:

TERMINAL DATE GUERRILLA

b. To be stamped, or typed, and filled in at the bottom of page 4, with claimant's signature when paid:

RECEIVED PAYMENT OF \_\_\_\_\_  
AS CLAIMED HEREIN FOR PERIOD FROM  
19 \_\_\_\_ THRU \_\_\_\_ 19 \_\_\_\_  
SIGNED \_\_\_\_\_

10. Blocks of claim numbers will be assigned, with the prefix, "T" indicating Terminal Date Guerrilla personnel, by RPD, TDG Processing Section, Camp Murphy.

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11. When a TDG Unit has been processed, a certificate will be secured from the Commanding Officer stating the number of men processed and the total recognized strength, with explanation as to why any personnel were not able to be present for processing.

12. Special situations are covered in Question-Answer Check sheet, as Incl #9 herewith.

9 Incls - as stated

F.B.G.



# AFFIDAVIT FOR PHILIPPINE ARMY PERSONNEL

Affidavit \_\_\_\_\_

Processing Unit

(Unit No.) \_\_\_\_\_

Province of \_\_\_\_\_  
 Commonwealth of the Philippines                      SS  
 United States of America

1. USAFFE (Regular) or (Reservist)
  2. USAFFE-GUERRILLA
  3. Civilian guerrilla
- (Check (X) applicable statement)

1. a. \_\_\_\_\_  
(Last Name)                      (First Name)                      (Middle Initial)                      (Gr & Br of Serv)                      (ASN)

b. \_\_\_\_\_  
(Present Organization)                      (Mailing Address)

c. Male (or) female—If female, state duty \_\_\_\_\_  
(Strike out word not applicable)

d. \_\_\_\_\_  
(Legal residences from 8 Dec 1941 to 30 June 1942)

e. \_\_\_\_\_  
(Birthplace)                      (Day)                      (Month)                      (Year)

f. Citizen of \_\_\_\_\_

**2. CHRONOLOGICAL RECORD OF ACTIVITIES:**

a. Activities include all military and/or civilian occupations engaged in by the individual during the period from commencement date to date processed in Philippine Army. Generally, under heading "Activity-Duties Performed", activities should be classified and phrased as follows:

- (1) **Military Activities—USAFFE:**
  - (a) Date called to active duty; (b) Date of induction; (c) Name of unit to which returnee was last attached.
- (2) **Guerrilla Activities:**
  - (a) Date first joined a guerrilla unit;
  - (b) List of guerrilla units to which returnee was attached.
- (3) **Civilian Status:**
  - (a) Returnee must list down all civilian occupations engaged by him during the Japanese regime.
- (4) If PW, state ("PW" Captured — Surrendered).  
(Strike out inapplicable word)
- (5) If escaped or released from PW, state "Escaped" or "Released".  
(Strike out inapplicable word)

- b. The first date to be entered in Line 1, below, will be determined as follows:
- (1) If individual was a regular in the Philippine Army, commence with 1 July 1941; or
  - (2) If individual was a reservist, commence with the date he was called to active duty, but in no event earlier than 1 July 1941; or

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(3) If individual was not USAFFE, but in a civilian status (including Reservists who did not join a USAFFE unit), commence with date he joined first guerrilla unit.

c. All time from commencement date to date processed in Philippine Army, 1945, must be accounted for. There must be **no overlapping of dates**. The last entry on this paragraph must be the date returnee was finally processed. Separate lines may be used if there is a **major change of duty, or location of units (Sulu to Bataan)**. For civilian activities, use separate lines for any change of address, employment or work.

| From Date | Period | To Date | Activity-Duties Performed (for military duty, list name of Unit). For civilian employ, list occupation & name of firm. | Location | Name of CO of Military Unit or of Civilian Employer. |
|-----------|--------|---------|--|----------|--|
| 1.        |        |         |  |          |  |
| 2.        |        |         |  |          |  |
| 3.        |        |         |  |          |  |
| 4.        |        |         |  |          |  |
| 5.        |        |         |  |          |  |
| 6.        |        |         |  |          |  |
| 7.        |        |         |  |          |  |
| 8.        |        |         |  |          |  |
| 9.        |        |         |  |          |  |
| 10.       |        |         |  |          |  |

**REMARKS:** Activities prior to the surrender need not be amplified unless individual was not with his unit at date of surrender in which case he must explain the circumstances of his failure to join his unit. Guerrilla activities should be briefly amplified; i.e., nature of work performed by unit (intelligence or combat), area of operation, etc. Civilian activities should be described in enough detail to account for means of livelihood, stating nature of employment (if employed), or private business. If engaged in farming, state size and location of farm, crop yield, etc.

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**3. INDIVIDUAL RECORD OF PROMOTION**

If USAFFE—state rank on 1 July 1941, or on date of induction in 1941, or early 1942.  
 If Guerrilla—state rank at which inducted into guerrilla unit.  
 Thereafter, list all promotions received subsequent to above dates.

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| Organization | Grade or Rank | Authority (SO, if known) | Effective Date | Name of CO who authorized promotion |
|--------------|---------------|--------------------------|----------------|-------------------------------------|
| _____        | _____         | _____                    | _____          | _____                               |
| _____        | _____         | _____                    | _____          | _____                               |
| _____        | _____         | _____                    | _____          | _____                               |

**4. INDIVIDUAL FINANCE RECORD**

**a. Monies received:**

**(1) Military services, USAFFE.**

| From  | PERIOD | To    | Grade | Received Amount | REMARKS<br>(Strike out inapplicable word)               |
|-------|--------|-------|-------|-----------------|---|
| _____ | Dec 41 | _____ | _____ | P _____         | Old Rate & Quarters Allowances                          |
| _____ | Jan 42 | _____ | _____ | _____           | Old Rate & Quarters Allowances                          |
| _____ | Feb 42 | _____ | _____ | _____           | Emer. Note ) Quarters Allowances<br>Old Rate )          |
| _____ | Mar 42 | _____ | _____ | _____           | Emer. Note ) Quarters Allowances<br>Old Rate )          |
| _____ | Apr 42 | _____ | _____ | _____           | Quezon Pay ) Quarters Allowances<br>Emer. Note )        |
| _____ | May 42 | _____ | _____ | _____           | Old Rate ) Quarters Allowances<br>Quezon Pay )          |
| _____ |        | _____ | _____ | _____           | Emer. Note ) Quarters Allowances<br>Old Rate )          |
| _____ |        | _____ | _____ | _____           | Quezon Pay ) Quarters Allowances<br>Emer. Note )        |
| _____ |        | _____ | _____ | _____           | Old Rate ) Quarters Allowances<br>Quezon Pay )          |
| _____ |        | _____ | _____ | _____           | 3 mos bonus (if received)                               |
| _____ |        | _____ | _____ | _____           | 3 mos adv pmt chargeable against arrears                |
| _____ |        | _____ | _____ | _____           | Initial current pay                                     |
| _____ |        | _____ | _____ | _____           | Monies rec'd as Army or Comm. employee after liberation |

**(2) Military Services, GUERRILLA.**

| From  | PERIOD | To    | Grade | Received Amount | REMARKS                                       |
|-------|--------|-------|-------|-----------------|---|
| _____ |        | _____ | _____ | _____           | Emergency Notes                               |
| _____ |        | _____ | _____ | _____           | Emergency Notes                               |
| _____ |        | _____ | _____ | _____           | Emergency Notes                               |
| _____ |        | _____ | _____ | _____           | Qtrs Allowance, Emer. Notes and USAFFE funds. |

(Note: For detailed financial record of monies received, use separate sheet of paper.)

**(3) Employment by Japanese Mil Administration (except PW), Japanese Gov't, Japanese-controlled civil or puppet government, or firm dealing with Japanese.**

| From Date | To Date | Position Held | Employed by | Total Pay Received |
|-----------|---------|---------------|-------------|--------------------|
| _____     | _____   | _____         | _____       | _____              |
| _____     | _____   | _____         | _____       | _____              |
| _____     | _____   | _____         | _____       | _____              |

NOTE: Periods here specified must correspond to periods listed in paragraph 2c above.

(4) Are you in any way covered by G. O. No. 135? YES or NO \_\_\_\_\_

b. My present grade is \_\_\_\_\_

c. In (1941/1942) I authorized Class N deduction of \_\_\_\_\_ per mo. from my pay for National Service Life Insurance.

d. I was married on \_\_\_\_\_ at \_\_\_\_\_ ;  
(If unmarried, state "Single")

My wife's name is \_\_\_\_\_  
(If single, state emergency addressee)

and she resides at \_\_\_\_\_  
(Present address)

The names and ages of my children (under 18 yrs of age) are:

| Name  | Age   | Name  | Age   |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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e. I was authorized on \_\_\_\_\_ (1941/1942), which is the date I was last paid by a recognized disbursing officer of the United States or Philippine Army to draw quarters allowances in the amount of ₱ \_\_\_\_\_ per month.

f. During the period covered by this affidavit, my dependents; viz, my lawful wife and/or unmarried children under 18 years of age, occupied Government quarters for the following periods, at the locations designated:

(If none, state "No government quarters furnished".)

**5. CHRONOLOGICAL RECORD OF WOUNDS AND ILLNESS INCURRED FROM 8 DEC 41, TO DATE OF RETURN TO MIL CONTROL. SHOW ALL WOUNDS AND ILLNESS INCURRED.**

| From  | To    | Unit  | Geographical Location | By Whom Treated | Nature of Injury or Illness | Permanent Disabilities Incurred, in any |
|-------|-------|-------|-----------------------|-----------------|-----------------------------|---|
| _____ | _____ | _____ | _____                 | _____           | _____                       | _____                                   |
| _____ | _____ | _____ | _____                 | _____           | _____                       | _____                                   |
| _____ | _____ | _____ | _____                 | _____           | _____                       | _____                                   |

(Dates listed above must agree with those shown par 2c above.)

**6. INDIVIDUAL DECORATIONS, CITATIONS AND AWARDS**

(Include type and authority—include unit citations)

\_\_\_\_\_  
 \_\_\_\_\_

**7. VITAL STATISTICS REGARDING OTHER SERVICE PERSONNEL (FILIPINO, AMERICAN AND ALLIED) AND AMERICAN AND ALLIED CIVILIANS. (List only those who were taken as POW's by the Japanese)**

a. Living:

| Name  | Rank or Civilian | Where Last Seen | Activity if known | State of Health |
|-------|------------------|-----------------|-------------------|-----------------|
| _____ | _____            | _____           | _____             | _____           |
| _____ | _____            | _____           | _____             | _____           |
| _____ | _____            | _____           | _____             | _____           |

b. Dead:

| Name  | Rank or Civilian | Date of Death | Circumstance |
|-------|------------------|---------------|--------------|
| _____ | _____            | _____         | _____        |
| _____ | _____            | _____         | _____        |

I have read the following affidavit and swear that the information set forth therein is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
 (Signature)

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Grade & Branch of Service)

\_\_\_\_\_  
 (Title)

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To be read individually or collectively, to officers and enlisted men to be processed: "Articles of War 97, PA, provides punishment by military courts-martial for false swearing".

HEADQUARTERS  
PHILIPPINES- RYUKYUS COMMAND  
RECOVERED PERSONNEL DIVISION  
PA BRANCH, OPERATIONS SECTION

Record of TDG Processing

Name of Proceegee \_\_\_\_\_ Org \_\_\_\_\_  
(last name) (First Name) (MI) (Rank or Gr)

Limiting Dates of Recognition From: \_\_\_\_\_ To: \_\_\_\_\_  
(Original) or Revised)

Place of Processing: \_\_\_\_\_

| Steps in Processing               | Accomplished: Time | Accomplished: Date | Accomplished by: Print Gr, or Rank & Name | Official Signature |
|-----------------------------------|--------------------|--------------------|---|--------------------|
| 1. Initial Interview              | :                  | :                  | :   | :                  |
| 2. Verification of Name of Roster | :                  | :                  | :   | :                  |
| 3. Identification of Proceegee    | :                  | :                  | :   | :                  |
| 4. Accomplishing FA AGO Form 23   | :                  | :                  | :   | :                  |
| 5. Physical Examination           | :                  | :                  | :   | :                  |
| 6. Documents Checked              | :                  | :                  | :   | :                  |
| 7. Discharge papers               | :                  | :                  | :   | :                  |
| 8. Adjudication                   | :                  | :                  | :   | :                  |
| 9. Payroll made                   | :                  | :                  | :   | :                  |
| 10. Transmittal (To HAP)          | :                  | :                  | :   | :                  |

I hereby certify that the above is complete record of Processing of

\_\_\_\_\_  
(Rank) (Grade) (Name)

who belongs to \_\_\_\_\_ with recognition date \_\_\_\_\_  
(Unit or Organization)

of \_\_\_\_\_  
(Original or Revised)

Distributions:

1. OIC, Opr Sec
2. OIC Team

\_\_\_\_\_  
(Name)  
OIC, TDG Team # \_\_\_\_\_

OPR # 1

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REPUBLIC OF THE PHILIPPINES)  
Province of \_\_\_\_\_ ) S. S.  
Municipality of \_\_\_\_\_ )

A F F I D A V I T

I, \_\_\_\_\_, of legal age, (married, single)  
and at present residing at \_\_\_\_\_, after having been duly  
sworn to according to law, depose and say:

That I am the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_, a Guerrilla Outfit recognized from \_\_\_\_\_  
to \_\_\_\_\_.

That I know personally \_\_\_\_\_ who  
was inducted to our unit by \_\_\_\_\_ on  
\_\_\_\_\_, with the rank of \_\_\_\_\_.

That (his, her) records of (promotions or reductions) in rank are  
as follows:

|          |                             |
|----------|-----------------------------|
| On _____ | Promoted * Reduced to _____ |
| On _____ | Promoted * Reduced to _____ |
| On _____ | Promoted * Reduced to _____ |
| On _____ | Promoted * Reduced to _____ |
| On _____ | Promoted * Reduced to _____ |

That (his, her) period of attachments to different US Army Outfits  
are as follows:

|            |          |                    |
|------------|----------|--------------------|
| From _____ | To _____ | Attached to: _____ |
| From _____ | To _____ | Attached to: _____ |
| From _____ | To _____ | Attached to: _____ |
| From _____ | To _____ | Attached to: _____ |
| From _____ | To _____ | Attached to: _____ |

That (he, she) was already processed at \_\_\_\_\_  
with the rank of \_\_\_\_\_ on \_\_\_\_\_ and was given ASN: \_\_\_\_\_

In witness whereof, I hereunto affixed my signature this \_\_\_\_\_  
day of \_\_\_\_\_ 194 \_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Rank Br of Sv ASN  
\_\_\_\_\_  
(Designation)

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_  
194 \_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
(Administering Officer)  
\_\_\_\_\_  
Rank Br of Sv ASN  
\_\_\_\_\_  
(Designation)

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OPR #4  
/gee

I. STATEMENT OF MONIES RECEIVED:

I hereby certify that the following is the true statement of all monies received by me (since I joined my Unit in case of Grla, or since return to military control, in case of USAFFE Sol.)

| <u>Date Received</u> | <u>Grade or Rank</u> | <u>Period Covered</u> | <u>Nature of Payment</u> | <u>Finance Officer</u> | <u>Amount</u> |
|----------------------|----------------------|-----------------------|--------------------------|------------------------|---------------|
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |
| _____                | _____                | _____                 | _____                    | _____                  | _____         |

I further certify that I have not collected from any Finance Officer, any other sum of money than what are enumerated above. (In case of Officer, attention is invited to the provision of Par I Section II, Circular No. 7, HAP c. s. placing on the officer the personal responsibility for the correctness of the data shown in his voucher.

\_\_\_\_\_  
(Name) (Rank) (Org) (ASN)

II. (To be executed by the CO in case of EM)

I hereby certify that the official oath, that I have verified the above statement of monies received by \_\_\_\_\_ from the Service Records, copies of payrolls, and vouchers and other records kept by this Unit, which records I also certify as having been made complete and up to date and that no payments has been authorized to be made on subject EM without entering same in his service record. In case it will be discovered later that \_\_\_\_\_ was overpaid or have collected any othersums not enumerated above which has not been entered on his service records, I hold myself jointly liable with said \_\_\_\_\_ to the Government.

\_\_\_\_\_  
(Name) (Rank) (Org) (ASN)

III. (To be executed by Finance Officer making final payment incident to discharge)

I hereby certify that I have examined the foregoing statement of monies received by \_\_\_\_\_ and that payment to him of \$ \_\_\_\_\_ incident to his discharge was made in accordance herewith.

\_\_\_\_\_  
(Name) (Rank) (Org) (ASN)

Finance Officer \_\_\_\_\_  
(Unit)

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Republic of the Philippines)  
Province \_\_\_\_\_ )  
Town \_\_\_\_\_ )

A F F I D A V I T

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Rank) (Br/Sv) (ASN)

married and resident of \_\_\_\_\_ after  
having been sworn to in accordance to law, depose and say:

That I am married to \_\_\_\_\_ having  
been legally married to her on \_\_\_\_\_  
at \_\_\_\_\_.

That I am not divorced nor I am living separately from my wife.

That my wife and \_\_\_\_\_ are not furnished any govern-  
(No. of Children)  
ment quarters in any kind at present.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Br of Sv)

SIGNED IN THE PRESENCE OF :

\_\_\_\_\_

\_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_  
1947 at \_\_\_\_\_.

\_\_\_\_\_  
(Administering Officer)

\_\_\_\_\_  
(Rank & Br of Service)



C E R T I F I C A T E

I certify that the signature and right thumb mark appearing below is the signature and right thumb mark of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The correct mailing address of the above-named individual is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Guerrilla Leader)

\_\_\_\_\_  
(Unit)

\_\_\_\_\_  
(Commanding)

C E R T I F I C A T E

I certify the bearer \_\_\_\_\_  
(Name) (Grade) (ASN)

is included in the recognized roster of Terminal Date Guerrilla  
Unit \_\_\_\_\_  
(Name of unit)

and has not been processed and paid for the recognition period  
\_\_\_\_\_, of this unit. He has been  
(Inclusive Recognition Date)

instructed to report to Recovered Personnel Division, Terminal Date  
Guerrilla Processing Section at RPD Area, Mandaluyong, Rizal.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name) (ASN)

\_\_\_\_\_  
(Grade) (Br)

\_\_\_\_\_  
(Commanding Officer)

OPR Form #10

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PROCESSING TERMINAL DATE GUERRILLAS

GRLA-315

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