

WAR DEPARTMENT

APPLICATION FOR FAMILY ALLOWANCES  
(Servicemen's Dependents Allowance Act of 1942)

Date May 24, 1943

Do not write in this space  
APPLICATION NUMBER  
**X-**

I. (a) Soldier SWIRYN HERSCHEL (NONE) 19131736 Private  
(Last name) (First name) (Middle name) (Army serial number) (Present Army grade (private, corporal, sergeant, etc.))

Single White  
(Single, married, divorced) (Race)

1552 6th Avenue Los Angeles California  
(Soldier's Army mailing address) (Soldier's home address: Number and street or R. F. D.) (City, town, or P. O.) (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.

I. (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) \_\_\_\_\_  
(Number and street or R. F. D.) (City or town) (State)

\_\_\_\_\_ hereby apply for the family allowances authorized by law for the following-named relatives and/or dependents of the soldier whose name appears in paragraph I above, to whom this application pertains.

CLASS A

II. List: Wife (W), child (C), former wife divorced to whom alimony is still payable (W. Div.). (If there are none in class A, write "None" in the name column.)

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

Date and place of marriage to present wife \_\_\_\_\_  
 Date and place of marriage to divorced wife \_\_\_\_\_ Date of divorce \_\_\_\_\_  
 Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, \$ \_\_\_\_\_  
 Date alimony or support payment ceases \_\_\_\_\_, 194\_\_\_\_ Name and location of court \_\_\_\_\_

CLASS B DEPENDENTS

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

	Name			Address			Relationship	Date of birth of minors			Degree of dependency (percent)	Is family allowance desired? (Indicate yes or no)
	(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State		Mo.	Day	Year		
6.	<u>Swiryn</u>	<u>Rose</u>	<u>Plotkin</u>	<u>1552 6th Ave.</u>	<u>Los Angeles</u>	<u>Calif</u>	<u>Mother</u>				<u>50%</u>	<u>Yes</u>
7.												
8.												
9.												

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

Make checks payable to—

Payments covering line numbers in paragraphs II and III above	Name	Address		
		Number and street or R. F. D.	City, town, or post office	State
<u>6</u>	<u>Rose Plotkin Swiryn</u>	<u>1552 6th Avenue</u>	<u>Los Angeles</u>	<u>Calif</u>

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

V The following-named members of (my) (the soldier's) immediate family are now serving as soldiers, sailors, marines, or coast guardsmen (not officers) in the military or naval service.

Name			Home address			Serving in— (Specify: Army, Navy, Marine Corps, or Coast Guard.)	Relationship	Age
(Last)	(First)	(Middle)	Number and street or R. F. D.	City, town, or post office	State			
None								
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VI. I hereby swear or affirm that all the foregoing statements are correct and that every member of Class B for whom I claim the family allowance is dependent, to the degree indicated, upon the soldier whose name appears in paragraph I above, for support

*Herschel Surrin*  
-----  
(Signature)

Subscribed and sworn to before me this 25th day  
of May, 1943, at Fort MacArthur, California  
(Seal is required when sworn to before civilian)

(Title) -----  
(Notary, summary court, etc.)

16-29383-1

May 25 3

Headquarters, Service Command Unit 1959, Reception Center, Fort MacArthur, Calif.  
recall to A.D. May 24 43

3. Cont.

First deduction will be made in June 1943

**APPLICANT'S COPY**