

2.426  EST FOR CHARGE  NOTICE OF CRED. JUE

SERVICE NO. 11 182 966 LAST NAME-FIRST NAME-MIDDLE INITIAL Bulger, James J.

GRADE 4 ORGANIZATION 53 PAY GROUP

TO DISBURSING OFFICER 1  THE PAY ACCOUNT OF THE ABOVE-NAMED INDIVIDUAL IS TO BE CHARGED IN THE AMOUNT STATED BELOW. YOUR ENTRY IN THE PAY ACCOUNT SHOULD SHOW:  
 THE AMOUNT STATED BELOW IS CERTIFIED TO BE DUE THE ABOVE-NAMED INDIVIDUAL, AS OF THE DATE SPECIFIED ABOVE. YOUR ENTRY IN THE PAY ACCOUNT SHOULD SHOW:

AMOUNT 3.25 APPROPRIATION 5713500 NAME AND SYMBOL NO. OF ACCOUNTABLE OFFICER

REASON (GIVE SUFFICIENT INFORMATION TO ENABLE OFFICER MAKING CHARGE TO FULLY INFORM INDIVIDUAL CONCERNED OR STATE BRIEF BUT SPECIFIC REASON FOR CREDIT)  
 INSURANCE PAYMENTS FOR SERVICE PERSON INDICATED HAVE BEEN MODIFIED AS SHOWN BELOW IN ACCORDANCE WITH INSTRUCTIONS RECEIVED FROM THE VETERANS ADMINISTRATION

EXPLANATION		PRIOR MONTHLY PAYMENT		CURRENT MONTHLY PAYMENT		DIFFERENCE TO BE COLLECTED FROM SERVICE PERSON	DIFFERENCE TO BE REFUNDED TO SERVICE PERSON
		AMOUNT	DISCONTINUED	AMOUNT	ESTABLISHED		
OUR RECORDS SHOW	1	3.25	6/30/51				
	2						
	3						
V.A. WANTS US TO SHOW	1	3.25	5/31/51				3.25
	2						
	3						

ADJUST PER AUTHORITY OF PARAGRAPH 1e, AFR 173-61, DATED 10 OCTOBER 1950

SYMBOL NO. NAME AND SIGNATURE OF REQUESTING OFFICER  
 for R. C. O'HARA, Lt Colonel, USAF, Chief, Allotment Branch 67

STATION  
 ALLOTMENT DIVISION, AIR FORCE FINANCE CENTER, 3800 York Street, Denver, Colorado

CHARGE  CREDIT HAS BEEN ENTERED AS REQUESTED AND COPY HAS BEEN RETURNED TO ORIGINATING OFFICE

SYMBOL NO. 225-318 DATE 5 Mar 52 NAME AND SIGNATURE OF OFFICER MAKING CHARGE OR CREDIT  
 W. J. NOTTON, Lt Lt., USAF

1 IF THE ABOVE-NAMED INDIVIDUAL HAS BEEN TRANSFERRED, FORWARD THIS NOTICE TO THE DISBURSING OFFICER OF THE ACTIVITY TO WHICH TRANSFERRED.

**ENLISTMENT RECORD—UNITED STATES**

CODING COLUMN

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>BULGER, JAMES JOSEPH</b>		2. SERIAL NO. <b>AF - 1182966</b>	3. SEX <b>Male</b>
4. HOME ADDRESS (Number and street or rural route (if none, so state), city, town or post office, county and State) <b>41 Logan Way, South Boston, Mass.</b>			
5. PLACE OF ENLISTMENT <b>Ft. Banks, Mass.</b>		6. ENLISTED IN THE GRADE OF <b>Pvt J.J.B.</b>	AUTHORIZATION <b>DA Cir 66</b>
7. ENLISTED UNDER AUTHORITY OF <b>DA Cir 66, AF ltr 35-114 as amended</b>		8. BRANCH ENLISTED FOR <b>USAF w/a J.J.B.</b>	
9. FOR ASSIGNMENT IN <b>J.J.B.</b>		10. TOTAL SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <b>0 0 0</b>	
DECLARATION OF APPLICANT			
11. DATE OF BIRTH DAY MONTH YEAR <b>3 Sept. 1929</b>		12. PLACE OF BIRTH (City and State) <b>Boston, Mass.</b>	13. COLOR EYES <b>Blue</b>
		14. COLOR HAIR <b>Blonde</b>	15. RACE <b>White</b>
16. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FILED DECLARATION		17. IF NATURALIZED OR DECLARANT, GIVE DATE, PLACE, AND COURT OF JURISDICTION	
19. MARITAL STATUS <b>Single</b>		20. NUMBER, AGE, AND RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT <b>None</b>	
21. EDUCATION (Years) GRAMMAR HIGH SCHOOL COLLEGE <b>8 1 0</b>		22. OTHER CIVILIAN SCHOOLS ATTENDED (If degree, state kind) <b>None</b>	
23. CIVILIAN TRADE OR OCCUPATION <b>None</b>		24. HOW LONG EMPLOYED	25. WEEKLY WAGE
26. LAST SERVICE (Army, Navy, Air Force)		27. COMPONENT (REG, RES, AUS, AFUS, Fed WG, or St G)	28. SERIAL NO.
29. ORGANIZATION		30. TYPE AND DATE OF DISCHARGE	31. IN GRADE OF MOS
32. HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR MORE THAN ONCE FOR ANY OTHER OFFENSE (excluding violations of local ordinances)? (If so, give details) <b>No.</b>			
33. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF ANY COURT? (If so, give details) <b>No</b>			
34. ARE YOU NOW OR HAVE YOU EVER BEEN ON SUSPENDED SENTENCE, PAROLE, PROBATION, OR ARE YOU AWAITING FINAL ACTION ON CHARGES AGAINST YOU? (Answer yes or no) <b>No.</b>		35. HAVE YOU EVER BEEN ARRESTED? (If so, give details) <b>Yes (Asalt to rape) Off chg to A&amp;B) 6/1/43</b>	
36. HAVE YOU EVER PREVIOUSLY BEEN REJECTED FOR INDUCTION OR ENLISTMENT IN ANY OF THE ARMED FORCES? (If so, give date, place, and cause of rejection) <b>No</b>			
37. HAVE YOU EVER HAD SPELLS OF UNCONSCIOUSNESS OR FAINTING, EPILEPSY, CONVULSIONS OR FITS, ENCEPHALITIS, NERVOUS TROUBLE OF ANY SORT, HAY FEVER, SINUS TROUBLE, RUNNING EAR, EYE DISEASE OR INJURY, CHRONIC HEADACHES, MIGRAINE, TUBERCULOSIS, ASTHMA, FOOD OR POLLEN ALLERGY, DIABETES OR SUGAR IN URINE, BED WETTING, VENEREAL DISEASE, STOMACH OR DUODENAL ULCER, SCARLET FEVER, CHRONIC BACK PAIN, ARTHRITIS, RHEUMATISM, RHEUMATIC FEVER, HEART DISEASE, BROKEN BONES, DISLOCATED JOINTS, LOCKED KNEE? HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN TREATED AT A HOSPITAL, ASYLUM, OR SANITARIUM FOR A NERVOUS OR MENTAL CONDITION OR DISEASE? HAVE YOU EVER BEEN ADDICTED TO THE USE OF ALCOHOL, MARIJUANA, NARCOTIC OR HABIT-FORMING DRUGS? HAVE YOU EVER HAD ANY MENSTRUAL, UTERINE, OVARIAN DISORDER OR ANY PREGNANCIES, ABORTIONS, OR MISCARRIAGES? (If answer to any part of the foregoing is "yes," give dates and ailments to which answer refers. Use additional plain sheet of paper for details if necessary.) <b>No.</b>			
38. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU NOW SOUND AND WELL? (If not, give details) <b>Yes</b>			

39. REMARKS

*J.J.B.* "I have read paragraph 2, SR 600-220-1, 10 November 1948, and certify that I ~~(have)~~ \* (have never) \* engaged in disloyal or subversive activities as defined therein."

40. I UNDERSTAND THAT I AM LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT, IF I SECURE ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO MY QUALIFICATIONS FOR ENLISTMENT; IN ADDITION, I KNOW IF I AM REJECTED BECAUSE OF ANY DISQUALIFICATION KNOWN TO ME AND CONCEALED FROM THE ACCEPTING OFFICER, THE GOVERNMENT WILL NOT FURNISH ME WITH RETURN TRANSPORTATION TO THE PLACE OF ACCEPTANCE.

I DECLARE THAT I AM NOT NOW A MEMBER OF ANY OF THE ARMED FORCES (Army, Air Force, Navy, Marine Corps, or Coast Guard) OR OF ANY COMPONENT THEREOF (Regular, Reserve, or National Guard) IN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS UNLESS SO INDICATED AND EXPLAINED BY ME; THAT THE FOREGOING QUESTIONS AND MY ANSWERS THERETO HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.

GIVEN AT (Place of acceptance)

55 Tremont St., Boston, Mass.

DATE OF ACCEPTANCE

3 January 1949

SIGNATURE OF WITNESS (First name—Middle initial—Last name)

S. J. GALZERANO, CAPT., AF RO

SIGNATURE OF APPLICANT (First name—Middle name—Last name)

*James Joseph Bulger*

41. REMARKS (For use by the Recruiting Officer)

VERIFIED AT

Ft. Banks, Mass.

BY (Signature of Recruiting Officer)

S. J. GALZERANO

GRADE AND ORGANIZATION OF RECRUITING OFFICER

CAPT., AF RO

42. OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Massachusetts ss:

CITY, TOWN, OR MILITARY POST Ft. Banks, Mass.

I, JAMES JOSEPH BULGER do hereby acknowledge to have voluntarily enlisted  
(First name—Middle name—Last name)

this 3rd day of January, 1949, in the United States Air Force

for a period of three (3) years *J.J.B.* under the  
(Words and figures initialed by enlistee)

conditions prescribed by law, unless sooner discharged by proper authority; and do also agree to accept from the United States such bounty, pay, rations, and clothing as are or may be established by law; and I do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the rules and articles of war.

SIGNATURE :

*James Joseph Bulger*  
(First name—Middle name—Last name)

I certify that the above oath was subscribed and duly sworn to before me this 3rd day of January

A. D., 1949. I further certify that this enlistee was minutely inspected by me previously to subscribing to the oath; that I found enlistee entirely sober and in full possession of all mental faculties; that to the best of my judgment and belief enlistee fulfills all legal requirements, and that in enlisting applicant into the service of the United States I have strictly observed the regulations which govern the recruiting service. I further certify that the above oath, as filled in, was read to the applicant before subscribing thereto.

SAMUEL J. GALZERANO, CAPT., AO-724034, AF SUM CM O

(Typed name, grade, and organization of Recruiting Officer)

(Signature of Recruiting Officer)

1 Carefully compare with the name at top of page 1.  
2 The dates in the oath and certificate must be the same.  
3 The signature must be identical with that subscribed to Declaration of Applicant.

AFFAF-3F2B 201-Bulger, James J. (Enl)  
(6 Apr 49) AF-11182966  
Subj: Fraudulent Enlistment

22 Jun 49

353BS

13th Ind

DCS/dgb

353rd Bombardment Squadron, 301st Bombardment Group, Medium, Smoky Hill  
Air Force Base, Salina, Kansas, 30 August 1949

TO: Commanding Officer, 301st Bombardment Group, Medium, Smoky Hill Air  
Force Base, Salina, Kansas

In compliance with 10th Indorsement, Headquarters, Fifteenth Air Force,  
dated 19 August 1949, appropriate notation has been accomplished in Pfc  
Bulger's service record.

FOR THE COMMANDING OFFICER:

1 Incl  
n/c

*Dale C. Smith*  
DALE C. SMITH  
2nd Lt., USAF  
Pers Officer

301S1 342

14th Ind

Headquarters, 301st Bombardment Group, Medium, Smoky Hill Air Force Base,  
Salina, Kansas

TO: Commanding General, 301st Bombardment Wing, Smoky Hill Air Force Base,  
Salina, Kansas

1 Incl  
n/c

*D. E. P.*

AFFMP-3F2B 201-Bulger, James J. (Enl)  
(6 Apr 49) AF-11182966  
Subject: Fraudulent Enlistment

22 Jun 49

340

10th Ind

PDCAB

HEADQUARTERS FIFTEENTH AIR FORCE, Ent Air Force Base, Colorado Springs,  
Colorado 19 AUG 1949

TO: Commanding Officer, 301st Bombardment Wing (M), Smoky Hill Air Force  
Base, Salina, Kansas

Pfc James J. Bulger, AF 11182966, will be retained in the service.  
A notation will be made in airman's service record setting forth this  
decision. Headquarters United States Air Force will be notified of  
completed action in this case by indorsement hereon.

BY COMMAND OF MAJOR GENERAL O'DONNELL:

1 Incl  
n/c



J. A. ADAMS  
CWO. USAF  
Ass't. Adj. Gen.

2704

ALP 342.03 - 201 Bulger, James J. (Airman) 11th Ind  
AF 11182966 (22 Jun 49)  
SUBJECT: Fraudulent Enlistment

S: 30 Aug 49  
JC/mm

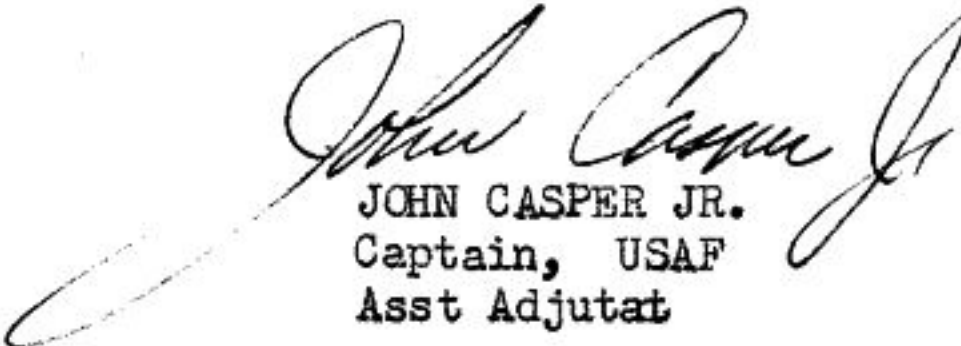
Headquarters, 301st Bombardment Wing, Smoky Hill Air Force Base,  
Salina, Kansas, 24 August 1949

TO: Commanding Officer, 301st Bomb Group, Smoky Hill Air Force  
Base, Salina, Kansas

For compliance with preceding indorsement, and return to  
this office not later than 30 August 1949.

BY ORDER OF COLONEL KELLY:

1 Incl  
n/c

  
JOHN CASPER JR.  
Captain, USAF  
Asst Adjutant

301S1 242.03

12th Ind

RGS/jwb


Headquarters, 301st Bombardment Group, Medium, Smoky Hill Air Force Base,  
Salina, Kansas AUG 29 1949

TO: Commanding Officer, 353d Bombardment Squadron, Smoky Hill Air Force  
Base, Salina, Kansas

Attention directed to preceding indorsement.

BY ORDER OF COLONEL ROGNER:

1 Incl  
n/c

  
DONALD R. PADEN  
Captain, USAF  
Adjutant

# AIR FORCE PERSONAL AFFAIRS STATEMENT

## INSTRUCTIONS

The Air Force Personal Affairs Statement is a consolidated record of the status of your personal affairs and indicates whether you have accomplished certain authorized forms which are made a matter of your official permanent record. This form will not be used as a

substitute for, or in lieu of, other authorized forms or official records. Prepare in triplicate: Original for Personal Affairs office file, duplicate for mailing to beneficiary, and triplicate for serviceman.

**NOTE TO DEPENDENT:** This form has been devised as a guide for all Air Force servicemen to follow in properly arranging their personal affairs. It is mailed to you for your information and safekeeping. You may from time to time receive additional up-to-date copies. It is important that any time there is a change in your address and you cannot notify the serviceman, notify

the Air Adjutant General, Department of the Air Force, Washington 25, D. C. In any such communication, include the serviceman's full name, grade, service number and last known address or APO number. In case of an emergency at home, do not fail to notify the local Red Cross at once.

## SECTION I - PERSONAL DATA

LAST NAME - FIRST NAME - MIDDLE NAME Bulger James Joseph		GRADE Pfc	SERVICE NUMBER AF11182966
DATE AND PLACE OF ENTRY ON ACTIVE DUTY (Current tour) 3 Jan 1949 Boston, Mass		SOCIAL SECURITY NO. [REDACTED]	
COMPONENT <input type="checkbox"/> RESERVE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> AFUS <input type="checkbox"/> NATIONAL GUARD		FORMER SERVICE NO. (S)	
DATE AND PLACE OF BIRTH 3 Sept 1929 Boston, Mass.		RELIGIOUS PREFERENCE Roman Catholic	
PERMANENT HOME ADDRESS 41 Logan Way, South Boston, Mass			

## MARITAL STATUS

SINGLE     MARRIED     SEPARATED     DIVORCED     WIDOW OR WIDOWER

**NOTE:** The following items should be completed to indicate that serviceman has either taken action or no further action is necessary as of this date. Items not completed indicate those which may require future action.

## SECTION II - GOVERNMENT LIFE INSURANCE

I HAVE NOW IN FORCE:			
\$ 10,000	NSLI	POLICY NO.	PLAN Term
\$	USGLI	POLICY NO.	PLAN
\$	SMI	[REDACTED]	
MY <input type="checkbox"/> POLICY <input type="checkbox"/> POLICIES <input type="checkbox"/> HAS <input type="checkbox"/> HAVE A DISABILITY RIDER ON \$			
I HAVE TAKEN ADVANTAGE OF WAIVER OF PREMIUMS IN THE AMOUNT OF \$ 3.25			
WHICH REPRESENTS <input checked="" type="checkbox"/> THE ENTIRE PREMIUM UNDER 5 YR LEVEL TERM PLAN			
<input type="checkbox"/> PURE INSURANCE RISK UNDER PERMANENT PLAN			
<input type="checkbox"/> I AM PAYING A TOTAL PREMIUM OF \$ None	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY		
<input type="checkbox"/> BY CLASS N ALLOTMENT <input type="checkbox"/> BY DIRECT REMITTANCE			
IF PAID BY DIRECT REMITTANCE, ADDRESS OF VA BRANCH OFFICE TO WHICH PAID			

## BENEFICIARY DESIGNATIONS

(This does not constitute official designation of beneficiary or selection of option)

USGLI	PRINCIPAL	ADDRESS
	CONTINGENT	ADDRESS
NSLI	PRINCIPAL Jean W. Bulger	ADDRESS 41 Logan Way, South Boston, Mass
	CONTINGENT James J. Bulger, Sr	ADDRESS 41 Logan Way, South Boston, Mass
SMI	PRINCIPAL	ADDRESS
	CONTINGENT	ADDRESS

**SECTION III - COMMERCIAL INSURANCE**

**LIFE INSURANCE**

NAME AND ADDRESS OF COMPANY	AMOUNT	POLICY NO.
A		
B		
C		
PRINCIPAL BENEFICIARY OF "A" ABOVE	ADDRESS	
PRINCIPAL BENEFICIARY OF "B" ABOVE	ADDRESS	
PRINCIPAL BENEFICIARY OF "C" ABOVE	ADDRESS	
PAYMENT OF PREMIUM		METHOD OF PAYMENT
<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY		<input type="checkbox"/> DIRECT REMITTANCE <input type="checkbox"/> CLASS E ALLOTMENT

**OTHER THAN LIFE INSURANCE** (*Hospitalization, health and accident, automobile, residence, personal property, etc.*)

TYPE OF INSURANCE	NAME AND ADDRESS OF COMPANY	AMOUNT	PREMIUM			
			MO	QTR	ANN	AMOUNT
A						
B						
C						
ADDRESS(ES) TO WHICH SENT IF PREMIUM(S) PAID BY DIRECT REMITTANCE			LOCATION OF POLICY(IES)			
A						
B						
C						

**SECTION IV - CLASS E ALLOTMENT** (*Other than insurance*)

AMOUNT	EFFECTIVE DATE	NAME AND ADDRESS OF RECIPIENT

**SECTION V - BASIC ALLOWANCES FOR QUARTERS FOR DEPENDENTS**

THE PROVISIONS OF THE DEPENDENTS' ASSISTANCE ACT OF 1950 HAVE BEEN EXPLAINED TO ME     YES     NO

I HAVE A CLASS Q ALLOTMENT IN FAVOR OF     YES     NO

**SECTION VI - SAVINGS**

THE ADVANTAGES OF AIRMEN'S DEPOSITS HAVE BEEN EXPLAINED TO ME     YES     NO    LOCATION OF DEPOSIT BOOK

**BANK ACCOUNTS**

SAVINGS ( <i>Name and address of bank</i> )	CO. OWNER	RELATIONSHIP
CHECKING ( <i>Name and address of bank</i> )	CO. OWNER	RELATIONSHIP
LOCATION OF SAVINGS BANK BOOK	LOCATION OF CHECK BOOK	



## SECTION VII - EMERGENCY DATA (Maintain in pencil only)

NAME AND ADDRESS OF PERSON I DESIRE TO HAVE NOTIFIED IN EVENT OF AN EMERGENCY	RELATIONSHIP
<i>Jean J. Bulger</i>	<i>Mother</i>
<i>41 Logan Way, S. Boston, Mass</i>	
<input checked="" type="checkbox"/> I HAVE EXECUTED DD FORM 93, RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE U.S., DESIGNATING EMERGENCY ADDRESSEE AS SHOWN ABOVE.	DATE EXECUTED DD FORM 93 20 Feb 1952

## SECTION VIII - PUBLIC RECORDS

MY BENEFICIARIES NOW POSSESS (or have been advised of the location of) COPIES, CERTIFIED UNDER PUBLIC SEAL, OF THE FOLLOWING APPLICABLE RECORDS:

<input type="checkbox"/> PUBLIC RECORD OF MY MARRIAGE	<input type="checkbox"/> BIRTH CERTIFICATE FOR OUR CHILD/CHILDREN
<input type="checkbox"/> BIRTH CERTIFICATE FOR MY WIFE	<input type="checkbox"/> ADOPTION PAPERS
<input checked="" type="checkbox"/> BIRTH CERTIFICATE FOR MYSELF	<input type="checkbox"/> DIVORCE OR ANNULMENT DECREE

## SECTION IX - LEGAL AFFAIRS

I HAVE BEEN ADVISED OF THE MILITARY AND CIVILIAN LEGAL ASSISTANCE FACILITIES AVAILABLE TO MILITARY PERSONNEL AND THEIR DEPENDENTS, AND THAT THIS ASSISTANCE INCLUDES THE FOLLOWING: WILLS, POWERS OF ATTORNEY, JOINT OWNERSHIP OF PROPERTY WITH RIGHT OF SURVIVORSHIP, INCOME TAX.

<input type="checkbox"/> I HAVE	<input checked="" type="checkbox"/> I HAVE NOT EXECUTED A WILL	IF SO, DATE	LOCATION
<input type="checkbox"/> I HAVE	<input checked="" type="checkbox"/> I HAVE NOT EXECUTED A POWER OF ATTORNEY	<input type="checkbox"/> (General)	<input type="checkbox"/> (Limited)
IF SO, DATE	NAME AND ADDRESS OF MY ATTORNEY IN FACT		

THE PROVISIONS OF THE SOLDIERS' AND SAILORS' CIVIL RELIEF ACT HAVE BEEN EXPLAINED TO ME.

THE MISSION OF THE AIR FORCE AID SOCIETY HAS BEEN EXPLAINED TO ME.

## SECTION X - PERSONAL INFORMATION FILE

I HAVE BEEN ADVISED OF THE IMPORTANCE OF MAINTAINING A BOUND FILE OF ALL RECORDS PERTAINING TO MY MILITARY SERVICE.

I HAVE RECEIVED A COPY OF AFM 34-4, "PERSONAL AFFAIRS OF AF PERSONNEL AND AID TO THEIR DEPENDENTS," HAVE BEEN ADVISED OF THE IMPORTANCE OF THE INFORMATION CONTAINED THEREIN, AND WILL INSURE THAT THIS INFORMATION IS AVAILABLE TO MY DEPENDENTS.

N/A

## SECTION XI - PAY AND FLYING STATUS

MY STATUS AS TO ALL ITEMS OF PAY HAS BEEN REVIEWED.

## OFFICERS ONLY

<input type="checkbox"/> I AM NOT ON FLYING STATUS	<input type="checkbox"/> ORDERS PLACING ME ON FLYING STATUS		
HQS.	DATE	ORDER NO.	PAR. NO.

## SECTION XII - BURIAL

IN THE EVENT OF MY DEATH IN SERVICE.  I DO  DO NOT DESIRE TO BE BURIED IN A NATIONAL CEMETERY. (This preference is indicated as a guide for my next-of-kin.)

## SECTION XIII - OTHER MATTERS

I BELIEVE IT ADVISABLE TO MAKE THE FOLLOWING NOTATIONS ON ITEMS NOT COVERED BY THIS FORM WHICH MAY BE OF INTEREST TO MY EMERGENCY ADDRESSEE. (Record of: Location of Safe Deposit Box (and access requirements), War and Savings Bonds, any other savings plans, etc.)

SECTION XIII - OTHER MATTERS (Continued)

SECTION XIV - ADDRESS OF DEPENDENTS (To be maintained in pencil only)

DURING ANY PERIOD OF MY ABSENCE DUE TO TEMPORARY DUTY OR PERMANENT CHANGE OF STATION, IN ORDER THAT MY DEPENDENTS(S) MAY BE REACHED IN CASE OF EMERGENCY, ON ROUTINE MATTERS PERTAINING TO MY SERVICE, AND/OR ON MATTERS PERTAINING TO MY OR THEIR PERSONAL AND/OR MATERIAL WELFARE, I SUBMIT THE FOLLOWING ADDRESS(ES) AT WHICH THEY MAY BE CONTACTED:

PRIMARY ADDRESS WHERE MY DEPENDENT(S) MAY BE CONTACTED

FULL NAME OF DEPENDENT(S) <i>Jean Veronica Bulger</i>		RELATIONSHIP <i>mother</i>
ADDRESS (Street No. or RFD, town or city and state) <i>41 Logan Way, S. Boston, Mass</i>		TEL. NO. <i>AV-23765</i>
ADDRESS (Street No. or RFD, town or city and state)		TEL. NO.

IN THE EVENT MY DEPENDENT(S) CANNOT BE CONTACTED AT EITHER OF THE ABOVE ADDRESSES, I SUGGEST YOU CONTACT THE FOLLOWING INDIVIDUAL:

NAME <i>Mrs Clifford</i>	ADDRESS (Street No. or RFD, town or city, and state) <i>172 O'Callaghan Way, S. Boston, Mass</i>
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I DO  DO NOT DESIRE THAT A COPY OF THIS STATEMENT AND SIGNIFICANT CHANGES THERETO BE FORWARDED, TOGETHER WITH COPIES OF PERTINENT PAPERS TO MY DEPENDENT LISTED ABOVE.

DATE <i>20 Feb 52</i>	STATION <i>53rd Strat Rcn Sq APO 856, c/o PM, N.Y. N.Y.</i>	SIGNATURE OF SERVICEMAN <i>James J. Bulger</i>
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REVIEW RECORD

DATE	STATION	INITIALS OF PAO	INITIALS OF PROCESSEE