

Indiana WW2 Bonus Fund

- Bonus Card
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Acc000375

Doc0353.pdf

ROBBINS WALTER C
R R I
EATON IND
DELAWARE CO

BONUS NUMBER

83259

SERVICE OR SERIAL NUMBER

35 569 476

This will acknowledge receipt of your application which has been assigned the above Bonus Number. Please do not write about your claim unless we request additional information.

The enclosed change of address form should be filled out and returned if you change your address before you receive payment. Your original documents are returned herewith.

Orville P. Bray
Administrative Officer
World War II Veterans' Bonus
State of Indiana

APPLICATION FORM NO. 1

Application for compensation from the World War II Bonus Fund of the State of Indiana.

This form to be used by living veterans only
(Surviving next of kin of deceased veterans must use Form No. 2)

APPLICANT MUST NOT WRITE IN SPACE BELOW

1. Name Walter C. Robbins
First Middle Last

Bonus File No. _____

Date Received _____
Documents Received: _____

2. Service or Serial No.(s): 35 569 476
3. Sex (M) or (F)

Date Returned _____

ACTIVE DOMESTIC DUTY

Months _____ Days _____ \$ _____

ACTIVE FOREIGN DUTY

Months _____ Days _____ \$ _____

Disability

Yes

No

Degree _____ \$ _____

Total Payment \$ _____

4. Address (Present) R. R. #1
Street or R. F. D. No.
Maton Delaware Indiana
City Zone County State

Audited by _____

5. Name Under Which You Served in Armed Forces
Walter C. Robbins
First Middle Last

Approved for payment _____ Bonus Administrative Officer

6. Date of Birth 19 Mar. 1918
Day Month Year
7. Place of Birth Portville, Indiana
City and State

Approved for "order-to-pay" _____ Director

8. Have you applied for or received a World War II Bonus from any other STATE? Yes No

Payment Disallowed _____ Reviewing Officer

9. Indicate branch of Service: Army Navy Air Force Marine Corps
Coast Guard Other

Remarks: _____

10. Date of entry on ACTIVE service 1 Dec. 1942
Day Month Year
11. Date of separation or discharge 9 Oct. 1945
Day Month Year

APPLICANT'S COPY

12. Were you an enlisted man? An Officer? Both?

13. Location of your Draft Board at time of entry into active duty:
#1 Winchester Randolph Indiana
Bd. No. City County State

14. Did you serve on active duty in Alaska between Dec. 7, 1941 and Sept. 2, 1945?
Yes No
15. Were you ever AWOL or under sentence of Court Martial during:
Domestic Service Yes No
Foreign Service Yes No

16. Are you now on active duty? Yes No

If answer to foregoing question is YES, the following certificate must be completed by a commissioned officer: I certify that place of residence of applicant at time of entry on Active Duty was _____ and that the foregoing statements are true and correct as shown in the applicant's service record.

Date _____ Signature _____
Official Custodian of Applicant's Service Record Rank Org.

17. (a) Do you NOW have a disability rating as established by the United States Veterans Administration? Yes No
State degree of disability _____%
(b) If answer to (a) is "no", have you ever had a disability rating as established by the United States Veterans Administration? Yes No
State degree of disability _____%
(c) V. A. Claim No. C

(Disability Certificate or Notice of Award, as Proof of Disability, Must Accompany this Application.)

18. Were you a resident of the State of Indiana for 6 months or more IMMEDIATELY prior to your entry on active duty? Yes No
Address at that time R. R. #1, Maton, Indiana

19. Did you register as a conscientious objector? Yes No

AFFIDAVIT

I certify that all statements made by me in this application are true and correct to the best of my knowledge, information, and belief. Further, I understand that in the event I have knowingly and willfully made any false statements, I will be liable to punishment in accordance with applicable law.

Signature of applicant

State of Indiana, County of Delaware SS

Personally appeared before me, the applicant in question No. 1 above, who being first duly sworn, says that his above statement relative to his application for World War II Bonus from the State of Indiana is true to the best of his knowledge and belief.

In testimony whereof I have hereunto subscribed my name and affixed my official seal on the 6th of October, 1949

(SEAL) _____
(Signature of Notary Public or other Official authorized to administer oaths)

My Commission Expires 10-10-51 _____
Notary (Title of official)

DETAILED INSTRUCTIONS

1. Enter last name first, your first name and middle name in full. Be sure you use the name under which you were separated from active service.
2. Enter your Army or Marine Corps serial number or your Navy or Coast Guard service number.
3. Enter the date of separation and the name of post, station, or separation center at which you were last separated from active duty.
4. Enter the branch of service from which you were last separated as an enlisted person, that is, Army, Navy, Marine Corps, or Coast Guard.
5. Enter grade, rank, or rating held by you at the time of last separation as an enlisted person.
6. This question is to be answered only by enlisted persons who, when last separated, were serving in any of the grades listed below:

ARMY AND MARINE CORPS

Pay Grade	Classification
1st	Sergeant Major, Master Sergeant, and corresponding ranks.
2d	Technical Sergeant and corresponding ranks.
3d	Staff Sergeant and corresponding ranks.

NAVY AND COAST GUARD

Pay Grade	Classification
1st	Chief Petty Officer, permanent or acting Chief Steward, and Chief Cook.
2d	Petty Officer, first-class; Steward, first-class; and Cook, first-class.
3d	Petty Officer, second-class; Steward, second-class; and Cook, second-class.

For the purpose of this question the term "dependent" means any of the following relationships existing at time of last separation from active service as an enlisted person:

- (A) A lawful wife.
 - (B) Child (means legitimate or an adopted child), unmarried and under the age of 21. The adopted child must in fact be dependent upon you for chief support.
 - (C) Mother or father (this includes stepparent, parent by adoption, and any person including a former stepparent who stood in loco parentis to you at any time for a continuous period of not less than 5 years), who was in fact dependent upon you for chief support.
 - (D) "Dependent" in the case of *female* former members means a husband or any of the dependents listed in (B) and (C) above, but only if the husband or such dependent was in fact dependent upon you for *chief support*.
7. See instruction 6 above.
 - 8 and 9. These questions apply *only* to those persons who served more than one enlistment in the same branch or different branches of services, as defined in instruction 4 above, since September 8, 1939.
 10. *Discharge certificate for each separation under honorable conditions since September 8, 1939, must be attached to this claim.* If the original discharge certificate has been lost or destroyed a "Certificate in Lieu of Discharge," as furnished by the Army, Navy, Marine Corps, or Coast Guard, must be attached. In the case of personnel separated from the Navy after September 15, 1944, the original of "Notice of Separation From the U. S. Naval Service" (NAVPERS FORM 553), or if lost, a certified copy furnished by the Bureau of Naval Personnel, must also be attached. In the case of Reserve and Retired enlisted persons who were called to active duty and released to inactive duty without discharge, orders to active duty and orders to inactive duty must be attached to the claim. See instructions 15. Documents listed above may be originals, photostatic copies, or copies certified to be true copies by State or local officers authorized to so certify.
 11. (a) and (b) Enter number of days absent without authority in excess of 24 hours. (c) Enter number of days served under confinement as a result of sentence by: For the Army—Summary, Special, and General Courts-Martial; for the Navy, Marine Corps, and Coast Guard—Deck Courts, and Summary and General Courts-Martial. Do not leave this block blank; if none, so state.
 12. Do not leave blank if you had more than 48 months total active service. (See instruction 13 below.)
 13. Enter the number of days leave, furlough, or delay en route taken by you since September 8, 1939, except: Sick, convalescent, and rehabilitation leave authorized or recommended by a medical officer; if none, so state. "Pass," "liberty," or periods of temporary duty are not chargeable as leave or furlough.
 14. Mail claim to branch of service (as defined in 4 above), from which you were last separated as an *enlisted* person.
 15. List all documents which you are attaching to the claim as required by instructions No. 10, such as, "Discharge Certificate," "Orders," etc.
 16. Be sure that your address is legible and complete in all details.

In the event the claimant is unable to sign the claim by reason of inability to write, and such signature is signed by mark "X", it must be witnessed by a disinterested party with his address.

GENERAL INSTRUCTIONS

It is not necessary to employ anyone to assist you in preparing your claim. If you need assistance, consult your local Community Advisory or Information Center, or your State or County Veterans' Service Officer.

The Armed Forces Leave Act of 1946 provides, among other things, for compensating all former enlisted personnel of the armed forces for unused leave. In no case may any individual be compensated for more than 120 days' unused leave.

The unused leave will be settled and compensated for on the base pay plus longevity the individual was in receipt of at the time of last separation from active duty as an enlisted person. All former enlisted persons will be entitled to a subsistence allowance at the rate of 70 cents per day of such leave. Former enlisted persons of the first three pay grades with dependents at the time of last separation from active duty will be entitled to an additional allowance for quarters at the rate of \$1.25 per day of such leave. Settlement will be made in the following manner:

- (a) Whenever the total amount due is less than \$50, payment will be made entirely by check.
- (b) In the case of former enlisted persons who were last separated from active service before January 1, 1943, the payment of the entire amount due will be made by check.
- (c) When the amount due is \$50 or more, settlement will be made in United States bond to the highest multiple of \$25 and any remainder in excess of such amount will be paid by check. For example:

Total amount due, \$99.50.

Settlement:

Bond, \$75.00.

Check, \$24.50.

Claims for unused leave under the Armed Forces Leave Act of 1946 must be postmarked not later than September 1, 1947. Claims made after September 1, 1947, cannot be considered except in the case of an individual whose record of discharge has been or may be corrected after September 1, 1946, to show that he was separated from the service under honorable conditions, in which case the claim must be filed not later than 1 year following the date his record was corrected.

A bond issued in settlement and compensation for unused leave under the Armed Forces Leave Act of 1946 shall be non-negotiable and shall not be transferrable by sale, exchange, assignment, pledge, hypothecation, or otherwise, except for payments to the Veterans Administration for premiums or in payment of the difference in the reserve in case of conversion to insurance or another plan, or repayments of loans made prior to July 31, 1946, on Government Life Insurance or National Service Life Insurance. The date of the bond shall be the 1st day of January, the 1st day of April, the 1st day of July, or the 1st day of October, whichever next follows the date of your last separation as an enlisted person. The bond shall bear interest at the rate of 2½ percent per annum from date of bond. The bond shall mature 5 years from the date thereof except that in the event of the death of a holder, the bond may be submitted to the Secretary of the Treasury for payment at any time after death to the survivor or survivors entitled under the Act.

After you have completed your claim be sure that it is mailed to the proper office as shown on the back of the claim.

If you change your address after mailing this claim and before you receive your settlement, promptly notify in writing the office to which you mailed your claim. Be sure this notice clearly shows your name, service or serial number, and your old and new addresses.

While filling out the claim, read carefully the following detailed instructions which are numbered to correspond with the blocks on the claim.

In case any former member of the armed forces dies after separation, and *before* he has made claim for unused leave, settlement for any amount due will be made in cash to a survivor or survivors entitled thereto under the Act, provided such survivors make claim therefor not later than September 1, 1947. Such survivors should write, requesting the necessary forms:

In the case of former Army members to—

Finance Officer, U. S. Army,
Army Finance Center, OCF,
4300 Goodfellow Boulevard,
St. Louis 20, Mo.

In the case of former Navy members to—

The Chief of Naval Personnel,
Navy Department,
Washington 25, D. C.

In the case of former Marine Corps members to—

The Director of Personnel,
Headquarters, U. S. Marine Corps,
Washington 25, D. C.

In the case of former Coast Guard members to—

The Commandant,
U. S. Coast Guard,
Washington 25, D. C.

Legal guardian or in the absence thereof such other person upon whom an incompetent former member of the Navy, Marine Corps, or Coast Guard is dependent for chief support should write to the appropriate address shown above, requesting the necessary forms. In the case of an incompetent former member of the Army, such request should be addressed to:

Finance Officer, U. S. Army,
Washington 25, D. C.

(Upon completion of claim, detach **PAGE 1** and mail according to **MAILING INSTRUCTIONS** on **PAGE 2**)