## COMMONWEALTH OF PENNSYLVANIA WORLD WAR II VETERANS' COMPENSATION BUREAU

## APPLICATION FOR WORLD WAR II COMPENSATION—TO BE USED BY HONORABLY DISCHARGED VETERAN OR PERSON STILL IN SERVICE

IMPORTANT—Before Filling Out This Form Study it Carefully.  Read and Follow Instructions—Print Plainly in Ink or Use Typewriter. DO NOT	Applicant Must Not Write In Space Below
Use Pencil—All Signatures Must Be in Ink.	JUN 6 1960
1—Name of Applicant.	Date Application Was Recgived
Kennedy Thomas J	Batch Control Number
Address to Which CHECK and MAIL is to be Sent. CANAL ZONE 1417 B BUT 13 ST FOT Benning Ga House No. St. R. D. P. O. Box City or Town County State	Active Domestic Service  Months \$
7 31 20 Philadelphia Pa	Days \$Amount Due \$
4-Name Under Which Applicant Served In World War II.	Active Foreign Service
Kennedy Thomas J Middle or Initial	Months \$ Days \$
Date of Beginning and Date of Ending of Each Period of Service Between December 7, 1941	Amount Due \$
and March 2, 1946 (Both Dates Inclusive) During Which Applicant Was In DOMESTIC SERVICE.	Total Amt. Due \$
	Audited By
7 Dec 41  Date of Beginning  Amar 46  Date of Ending	Service Computed By
Date of Beginning and Date of Ending of Each Period of Service Between December 7, 1941	Amounts Extended By
and March 2, 1946 (Both Dates Inclusive) During Which Applicant Was In FOREIGN SERVICE.  5 Sept 43  Date of Beginning  Date of Ending	Approved For Payment  Date
Date and Place Applicant Entered Active Service.	For Aud. G.
Nov 12 41 Philadelphia Pa.	Application Disapproved  By
8 Service or Serial Numbers Assigned To Applicant.	
Service No's,	
Service No's.  Serial No's. RA 12017775 0-1013257 -X 18M	
9—Date and Place Where Applicant Was Separated From Active Service.	
Month Day Year	Place
10—Is Applicant Now Serving In Armed Forces On Active Duty? Yes X No If Answer is YES—Be Sure To Have Certificate Executed And Filed With Application—See Instruction Sheet.	
H-Mark "X" Above Name To Indicate Sex And Branch of Service.	
Male Female Army Navy Marine Corps Coast Guard Other—Descri	lbe
2-Applicant's Residence At Time of Entry Into Active Service.	
1128 W Venango St Philadelphia House No. P. O. Box Philadelphia	Pa County State
Not applicable	
Draft Roard No. City or Town County	State

Based Upon His (Her) Service in the Armed Forces o	The Control of the Co	
11.0		
If Answer is Yes, Show Amount Received \$	Source	
16-Names And Addresses of Beneficiaries.		
Juanita Owen Kennedy Name of Present Wife 144B Butts St Address House No. Stree		*****
144B Butts St Address House No. Stree	Ft Benning Colly or Town Col	GZ unty State
Full Name, Address and Age of Minor Living Child or	Children.	
Sheila Roberta Kennedy	144 B Butts St Ft B	Penning Ga.
Name	Address	Age
Full Name of Living Mother and Father and Address.		
Deceased 1923		
Mother's Name	Address	
Deceased 1951 Father's Name	Address	
17—Complete the Following Only In Case Applicant's Serv Vessels or Units, At. On. or With Which Applicant Serv		
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Vessels or Units, At, On, or With Which Applicant Serv of Beginning and Date of Ending of Each Period of Ser  Stations—Posts—Etc.  18—The Applicant, Whose Signature Appears Below, Appli War II Compensation As Authorized By Act 248 App	Beginning Date ies To The Adjutant General Of The Commonwealth proved June 11, 1947—P. L. 565.	Ending Date  Ending Date  of Pennsylvania, For World
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