Draft Board No.

COMMONWEALTH OF PENNSYLVANIA WORLD WAR II VETERANS' COMPENSATION BUREAU



State

County

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.	Applicant Must Not Write
Read and Follow Instructions—Print Plainly in Ink or Use Typewriter. DO NOT	In Space Below
Use Pencil—All Signatures Must Be in Ink.	FEB181950
1—Name of Applicant.	Date Application Was Received
FORREST CHRISTOPHER Last S. Middle or Initial	Batch Control Number
2—Address to Which CHECK and MAIL is to be Sent.	- POUT
P.O. BOX NO. 118 ABBOTTSTOWN ADAMS PENNA, House No. St. R. D. P. O. Box City or Town County State	Active Domestic Service Months \$
3—Date and Place of Birth.	Days \$
SEPT 9 1913 COATESVILLE CHESTER PENNA. Month Day Year City or Town County State	Amount Due \$
4—Name Under Which Applicant Served In World War II.	Active Foreign Service
FORREST CHRISTOPHER S.	Months \$
Last First Middle or Initial	Days \$
5—Date of Beginning and Date of Ending of Each Period of Service Between December 7, 1941 and March 2, 1946 (Both Dates Inclusive) During Which Applicant Was In DOMESTIC	Amount Due \$
SERVICE.	Total Amt. Due \$
	Audited By
JAN 9, 1943 8 SEPT. 9, 1943 Date of Beginning Date of Ending	Service Computed By
6—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.	Approved For Payment
	Date
	For A. G.
Date of Beginning Date of Beginning	For Aud. G.
7—Date and Place Applicant Entered Active Service.	For S. T. //1990007
JAN. 9 1943 PHILADELPHIA Place Place	Application Disapproved By
8—Service or Serial Numbers Assigned To Applicant.	
Service No's.	•••••••••••••••••••••••••••••••••••••••
Serial No's. 33, 479, 245	
9—Date and Place Where Applicant Was Separated From Active Service.	
SEPT 9 1943 Month Day Year 2	O CALIFORNIA Place
10—Is Applicant Now Serving In Armed Forces On Active Duty? If Answer is YES—Be Sure To Have Certificate Executed And Filed With Application—See Instruction Sheet.	NO
11—Mark "X" Above Name To Indicate Sex And Branch of Service.	
Y Y	
Male Female Army Navy Marine Corps Coast Guard Other—Descri	be
12—Applicant's Residence At Time of Entry Into Active Service.	
	CHESTER PENNA
House No. Street R. D. P. O. Box City or Town	County State
13—Applicant Was Registered Under Selective Service As Follows.	

City or Town