PART I (Continued)

If on Page 1 of this form you have selected option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

| LAST NAME | | FIRST NAME | *************************************** | MIDDLE INITIAL |
|--|---------------|-------------------|---|---|
| SKAAAKK | | Margaret | | ¥. |
| NUMBER AND STREET | | CITY OR TOWN | COUNTY DETEROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| Bankankain | RX DXX 3X | Moravia | Cayuga | NewxYork |
| EXPRESS OFFICE (Nearest railroad passe | nger station) | TELEGRAPH ADDRESS | | TELEPHONE No. |
| LehighyVexley | | Moravi | De . | 5lfx 3 |

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED DECEIVE THEM

| FULL NAME OF FUNERAL DIRECTOR | LHOLD IO DARK MERCH | Arander Harrane | BANK AND HOUSE THE |
|---|---------------------|-----------------------|---|
| Rowland | D Wade | uspeakeun teksenas ta | |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| Main Street | Moravia | Cayuga | New York |
| EXPRESS OFFICE (Nearest railroad passenger station) | TELEGRAPH ADDRESS | Manual Cont | TELEPHONE No. |
| Lehigh Valley | Mora | via | 51 |

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

| LAST NAME | FIRST NAME | MIDDLE INITIAL | RELATIONSHIP TO DECEASED |
|---------------------------|----------------------|--------------------|--|
| SIDDALL NUMBER AND STREET | ALAN CITY OR TOWN | COUNTY OR PROVINCE | Brother STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| 1624 West Genesee Street | Syracuse | Unondaga Co. | New York |

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.*) MARKS OF IDENTIFICATION of deceased:

of left leg just below knee - 1934 wrist -1936, corners chipped off two, or more, upper see front teeth and one lower front tooth. Initials E. Q. S. page

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

(STREET AND NUMBER) YORK (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this

HAROLD A. BANKENd State (or Territory or 2. at city (or town) of

NOTARY PUBLC, State of New York Residence at time of Appoint. Cayuga Co.

Official No. 372

Expires Warch 30, 1948

SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

*NOTE .- Page 4 is part of the notarial attestation.

(OFFICIAL TITLE)

PAGE 2

| Zon. | ADDITIONAL REMARK | S ANI | INSTRU | CTION |
|------|---|--------|------------|-------|
| 2ce | All remarks and information entered here will | be con | sidered as | part |

onsidered as part of the Notarial Attestation.

| serial number tattooed on left upper arm. nad on his person a wallet containing our | pictures, a card with his c |
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| and my name and address. | din din |
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