

BENEFICIARY SLIP

Name STAHLEY, George Joseph
(Name in full, surname to the left)

Service No. 617 92 00

Station PHILADELPHIA, PA.
(Name)

25 JUN 1943
(Place) (Date)

Under the provisions of the Act approved May 22, 1928, as extended by the Act of March 17, 1941, directing the payment of 6 months' pay to the widow, children, or dependent relative of any of the personnel on the active list of the Regular Navy, or on the retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the Federal Government for extended naval service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct, I give below the name and address of my wife and that of each of my children:

Not Married
(Full name of wife; if not married, so state)

(Address of wife)

(Full name of child; if none, so state) (Date of birth)

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

In the event that payment cannot be made to the above-named relative, I then designate as my beneficiary under the said act the following relative, my

Father
(Relationship)

George Foster Stahley
(Name in full)

325 W. Fishers Ave., Phila., Pa.
(Address)

* {

* If the beneficiary named above is your father, mother, brother, or sister, you need not fill in these three lines. If the beneficiary is a more distant relative, such as a grandparent, state briefly wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," indicating amounts and regularity thereof.

[OVER]

In the event of the death of the above-named beneficiary before payment is made, I then designate as my beneficiary under said act the following relative, my

 (Relationship)

 (Name in full)

 (Address)

* In case of relatives more distant than your parent or brother or sister, state briefly wherein dependency exists, indicating amounts and regularity thereof.

I CERTIFY that I will inform my Commanding Officer immediately of any changes in marital status, or conditions of dependency, or of voluntary occupancy of public quarters by my dependents.

I CERTIFY that there has been no change in condition of dependency between ----- and -----

I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief.

George Joseph Stanley
George Joseph Stanley
(Name)

AS, V-6, USNR-SV / U.S. Navy, ///
(Rank or rating) Marine Corps.

Subscribed and sworn to before me this -----

day of 25 JUN 1943, 19____, I having authority to administer oaths.

[Signature]

INSTRUCTIONS

This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public.

The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith."

This slip shall be made out and handled as follows:
 Enlisted men, Navy: In duplicate; one copy to Bureau of Naval Personnel, one copy secured inside service record. In cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

Enlisted men, Marine Corps: In duplicate; one copy to Commandant, Marine Corps, one copy secured inside service record.

New beneficiary slips shall be executed and forwarded as above in all cases of change in status of the grantor or in that of his or her beneficiaries.

In any event, payment will be made to the widow or children, if any, whether designated or not.