Form approved, OMB No. 2900-0222 Expiration Date: Dec. 31, 2020 Respondent Burden: 15 minutes

VA perimental Artent Meller CLAIM FOR ST	ANDARD GOVERNI	MENT HEADSTON	IE OR MARKER
IMPORTANT: Please read the General Information Sheet before completing this form clearly all information except for signatures. Illegible printing could result in an incorresult marker or delivery. Failure to complete each block may result in delayed processing. Bold are optional inscription items. PLEASE INCLUDE MILITARY DISCHARGE	tet headstone or NATIONAL CENTROCKS outlined in DOCUMENTS.	METERY?	PE OF REQUEST NITIAL REQUEST (First time) REPLACEMENT (Specify eason in Black 33, Remarks)
3. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (No. 1)		4. GRAVE I	S:
Emil Gene LAST Rig	$C_{\mathbf{j}}$	(with)	5,000 Annie (500)
5. RACE OR ETHNICITY (You may select more than one. Information will be used for state AMERICAN INDIAN OR ALASKA NATIVE NATIVE HAWAIIAN OR OTH BLACK OR AFRICAN AMERICAN WHITE OTHER (Specify)	ER PACIFIC ISLANDER	6. GENDER (Information for statistical purposes of MALE  FEMALE	OF DEATH
VETERAN'S SERVICE AND IDENTIFYIN  8. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO. 9. PLACE OF BIR		s only, e.g., 05-15-1941)	10B. DATE OF DEATH
310-24-0624 Bellmon	CALLES IN PROPERTY	NTH DAY YEAR M	ONTH DAY YEAR 10-18
PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 33)  11A. DATE(S) ENTERED 11B. DATE(S) SEPARATED	12. HIGHEST RANK ATTA (No pay grades)		The second secon
MONTH DAY YEAR MONTH DAY YEAR 0 1945	F Se	aman livst	Car at the said and the said
13. BRANCH OF SERVICE (Check applicable box(ex) - must be consistent with rank in Box MARINE COAST AIR ARMY AIR MERCHANT OTHER ARMY NAVY CORPS GUARD FORCE FORCES MARINE (Specify)	12) 14. VALOR OR PURPLE I MEDAL OF DST SVC SIL HONOR CROSS ST	HEART AWARD(S) (Documenta VER DST FLYING PURPLE / IAR CROSS HEART ME	tion must be provided)  AIR OTHER  EDAL(Specify)  MM
15. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)	16. WAR SERVICE (Check applicable WORLD WAR II PERS	le box(es) 17. EMBL	EM OF BELIEF (Optional)
FLAT FLAT UPRIGHT FLAT BRONZE UPRIGHT SMALL FLAT BRONZE GRANITE MARBLE MARBLE NICHE GRANITE GRANITE	KOREA AFGH	HANISTAN (See p	EM NUMBER (Specify) age 5 for available emblems)
18. ADDITIONAL INSCRIPTION/TERM OF ENDEARMENT (Optional) (Space will vary of	OTHER (Specify)	Property and the second	DNE
	and father	a compare a district de la	(#f6#./g)
(No., Street: City, State, and ZIP Code) (Inc.	TIME OR CELL PHONE NO. OF A lude Area Code)	PPLICANT (949) 581	2-0525 OV-
	AIL ADDRESS (Optional) MOD	aris 12200 am	ail.com
7/3/11-17:	NO. (Optional)	(949)	) (036-1235)
20. ARE YOU: FAMILY MEMBER (Specify relationship)	VETERANS SERVICE OFFICE	R CEMETERY MANAG	FMENT
PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)	FUNERAL HOME MANAGEME	ENT CTUED (7	emains are buried)
21. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE 22. IF "YE	S" HOW MANY?	ma)	1.1
YES NO CERTIFICATION: By signing below I certify the headstone or marker will be	installed in the cemetery listed in	block 27 at no expense to the (	Overnment and all
information entered on this form is true and correct to the best of my knowledge, crime, such as murder or other offense that could have resulted in imprisonment offense for which he or she was sentenced to a minimum of life imprisonment.	Lalso certify to the best of my k	nowledge that the decedent has	nover committed
PENALTY: The law provides severe penalties, which include fine or imprison knowing it to be false or for the fraudulent acceptance of any benefit to which yo	ment, or both, for the willful subm ou are not entitled.	ission of any statement or evide	ence of a material fact,
23. SIGNATURE OF APPLICANT		24. DATE (MM DDYYYY) 1-8-20/8	7
25. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No. Street, City, State, and ZIP Code: P.O. BOX	26. DAYTIME OR CELL PHONE NO. OF	27. NAME AND ADDRESS O	
ACCEPT PREPAID DELIVERY (No., Street, City, Strite, and ZIP Code: P.O. BOX IS NOT ACCEPTABLE) MUST SIGN IN BLOCK 28 10 PO MEMORIAL 1		State-and ZIR Code MUST	SEGRATED (No., Street, City, SIGN IN BLOCK 30
25751 TRABUCO ROA LAKE FOREST, CA 926		Z2/21 IKABUCC	ROAD
			4 92630-4343
28. PRINTED NAME AND SIGNATURE OF REPRESENTING BUSINES			MAIDD.YYYY) 5-2018
CERTIFICATION: By signing below I certify the type of headstone or	marker checked in block 15 is	permitted in the cemetery i	named in block 27
30, PRINTED NAME AND SIGNATURE OF CEMETER OR OTHER RESPONSIB	LE 31- DAYTIME PHONE NO OF	8 Celet	4-12-1014
33. REMARKS	34. CHECK BOX BELOW IF F EXPLAIN BELOW (e.g., bu	REMAINS ARE NOT BURIED AN ried at sea, remains scattered, etc.) RIED	35. SECTION/GRAVE NO. (State Cemetery Only)





## Department of Veterans Affairs National Cemetery Administration Memorial Products Service

- W.	· .	
To: MEMORIAL PRODUCTS SERVICE (41B)		
Fax Number: 1-800-455-7143		
From: Mellsa Paris		
Sender's Phone Number: (949) 636	-1235	
Fax Number: (949) 961-0234		
Total No. of Pages (including cover sheet):	· Mr. Ving. of the control of the co	
Departm 51 Quan  The 1-800-455-7143 fax line only accepts application Presidential Memorial Certificates. Application  Include all supporting documents with this application or non-receipt, please explain in Block 33 Remains and the supporting application packages: Far documents at a time. You must disconnect the	f you prefer, you may mail your all Products Service (41B) nent of Veterans Affairs 109 Russell Road atico, VA 22134-3903 cations for Government Headstons for other Government Benefits ication (i.e., DD Form 214 or equent headstone or marker due to arks.  x one application package (applicall and redial between each applicall and redial between each applicall and redial between each applicall and redial between each application package (application package)	application and supporting documents ones, Markers, Medallions and s will not be accepted. uivalent discharge document). an incorrect inscription, damage, ication plus supporting plication package. Faxing several
applications without redialing between each one	will delay the processing of yo	ur applications.
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form the

GENE RIGG EMIL

USNR SEAMAN FIRST CLASS.

## /U.S. NAVAL PRSONNEL SEPARATION CENTER

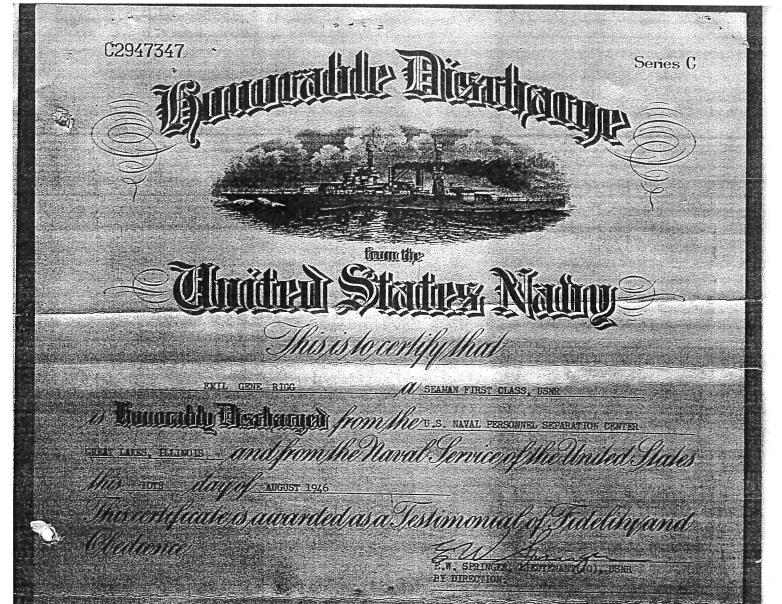
GREAT LAKES, ILLINOIS

AUGUST 1946 LOTH

ER, CLIEUTENANT (GG), USNR

BY DIRECTION

Authority for	discharge BUPERS MANUAL ART.D9106	
FOLLO	ING DATA TRANSCRIBED FROM NAVPERS-553, NOTICE OF SEPARATION	
Serial or fil	number	
	of birth 8-10-27 BELLMONT, ILL, (Date) (Place)	
	into active service 8-23-45	
	r rating held SEAMAN FIRST CLASS	
Service (vess	ls and stations served on)	
	NTC. GREAT LAKES, ILL.	
	USS TOUCAN (AM 387)	
	USS POCHARD (AM 375)	
4	FOR CONVENIENCE, & CERTIFICATE OF ELIGIBILITY NO. 1260 O 75 HAS BEEN ISSUED BY THE VETERANS ADMINISTRATION TO BE USED FOR THE FETURE REQUEST OF ANY GUARANTY OR INSURANCE DENEFIT UNDER TITLE III OF THE SERVICEMEN'S READ-USTMENT ACT OF 1944, AS AMENDED, THAT MAY BE AVAILABLE TO THE PERSON TO WHOM THIS SEPARATION PAPER WAS ISSUED. CHICAGO, ILLINOIS	
Remarks	VICTORY MEDAL	-
	AMERICAN AREA CAMPAIGN MEDAL	
		-
	Llo Daliby	
Other entries	L. C. SABBY LT.  BY DIRECTION  previously made hereon now covered by NAVPERS-553, Notice of	J.S.N.(R)
Separation.		



RM 846 300 1	
Authority for discherge BUFERS MANUAL ART. DULOS  EDILONING DATA TRANSCRIBED FROM NAVPERS-553, NOTICE OF	COF SEPARATION
Serial or file number 755-43-65	
Date and place of birth 8-10-27	BEEL OFF. III.
	5
Date of entry into active service 8-23-45	
Highest rank or rating held SRAMAN FIRST CLASS	
Service (vessels and stations served on)	
NTC. GREAT LAKES. ILL.	
TOUCAN (AM 38	
USS POCHARD (AM 375)	
Remarks VICTORY MEDAL	
AMERICAN AREA CAMPAIGN MEDAL	
of labour	
L. C. SABBY LT.	N.S.U.
Other entries previously made hereon now covered by NAVPERS 553	553, Notice of
R TO	

Filed for mesord the 27th day of August A.D. 1946 at 8:00 0'Clock A.M. Doc. 405154

STATE OF ILLINGIS: SS. CHAPPAIGN COUNTY:

I, Charles M.Dent, Recorder of Deeds in and for said County and State, do hereby certify that the above and foregoing is a true and complete copy of the record of the instrument appearing and shown on page 74 of Volume 19 of the D. D. Records in my office.

Given under my hand and official seal this low of Cetober 19 + 7 & Rarles M. Went

Recorder of Deeds.

rom the Armed Forces of the Anited States of Amer

EMIL CARE CLOG,

°SS : CHAMPA IGN COUNTY SIVIE OF ILLINOIS:

J:SP 0.CIOCK

•M q

I, JOHN N. MCELWEE, RECORDER OF DEEDS, in and for said a true and complete copy of the records in my office of the instrument a true and complete copy of the records in my office of the instrument appearing and shown in Book 28 of Records at Page 394 as

Document No. 638224 and Recorded the

Day of October My hand and official Seal this 29th

Soth Day of October

92 et. a. A

Article H-6206 SUPERS MANUAL Lutherity for discharge Serial or file number 755 43 65 10 August 192 (Date) Belmont, Illinois Tale and place of birth Tute of entry into active service 15 February 1951 SN (YN-2509-25) Rating at discharge ... Total service for pay purposes during this enlistment. OB Years OO Sontins OO Days Service (resels and stations served on) . USS HELENA SA 75 SER CONVENTION AS A SERVICE AND A SEE A SERVICE AND A SERVICE AN Kemurks WE SHACKLETON, ENS

M.S.N. (R)