Application to STATE OF IOWA
for World War II Service Compensation

FORM NO. 1. Application for payment from funds of World War II Service Compensation Board of the State of Iowa. Form No. 1 is for **LIVING VETERANS** only. Next-of-kin of deceased veterans will write to Executive Secretary, World War II Service Compensation Board, Des Moines, Iowa, for Form No. 2, stating relationship to deceased.

Study this form carefully before filling it out. Read and follow the instructions. Errors and omissions will delay payments. **PRINT IN INK OR USE A TYPEWRITER. DO NOT USE PENCIL.**

The applicant named herein hereby applies to the World War II Service Compensation Board, State of Iowa, for compensation as provided for by Chapter 28, Acts of the 52nd General Assembly, State of Iowa.

1. **NAME OF APPLICANT**

FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME
HAROLD	VINCENT	SMITH

2. Show **ADDRESS TO WHICH CHECK OR MAIL SHOULD BE SENT:**

HOUSE NO. AND STREET OR R.F.D. ROUTE NO. AND BOX NO.: NONE

CITY OR TOWN	COUNTY	STATE (DO NOT ABBREVIATE)
SEYMOUR	WAYNE	IOWA

3. **LEGAL RESIDENCE** of applicant for the **PERIOD OF SIX (6) MONTHS** immediately prior to actual induction or enlistment in the armed forces of the United States:

HOUSE NO. AND STREET OR R.F.D. ROUTE NO. AND BOX NO.	CITY OR TOWN	STATE (DO NOT ABBREVIATE)
RR #1	SEYMOUR	IOWA

4. **DATE OF APPLICANT'S BIRTH** — MONTH: July DAY: 5 YEAR: 1921

PLACE OF APPLICANT'S BIRTH — TOWN: Bradford STATE: Iowa

5. **APPLICANT'S SERVICE OR SERIAL NUMBER** 27687226

6. **NAME UNDER WHICH APPLICANT SERVED** in the armed forces of the United States:

FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME
SAME	NAME	

7. Show **DATE OF ENTRY** into active service: MONTH: MAR DAY: 27 YEAR: 1945

Show **DATE OF SEPARATION** from active service: MONTH: OCT DAY: 29 YEAR: 1946

8. This item is for **ENLISTED PERSONNEL** only: show number of months and days of Terminal leave for each applicant received pay under the Armed Forces Leave Act of 1946. Months ——— Days 30

9. If applicant claims credit for foreign service:

DATE OF DEPARTURE FROM UNITED STATES			DATE OF RETURN TO UNITED STATES		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
1. Oct	23	1945	1. Sept	18	1946
2.			2.		
3.			3.		

10. If applicant **ATTENDED ANY SCHOOL** while on a college or not exceeding one a duly enrolled student within a month of the armed forces, **STATE LENGTH OF TIME** of such attendance:

	MONTH	DAYS
(a) In United States	None	
(b) Foreign		

11. If applicant **LOST ANY TIME** in service by reason of sick, AWOL, desertion, or confinement to courts-martial, state length of such lost time:

	MONTH	DAYS
(a) In United States	None	
(b) Foreign		

APPLICANT WILL NOT WRITE IN THE SPACES BELOW.

Claim Number 94114

Warrant Number 65014

Amount Due $ 207.50 CH

Date application received: RECEIVED MAY 17 1949 W. W. II Ser. Comp. Bd.

ACTIVE DOMESTIC SERVICE (In the United States)

Number of months 18 , 180

ACTIVE FOREIGN SERVICE (outside United States)

Number of months 11 , 27.50

TOTAL AMOUNT DUE 207.50

Audited by

Received and recorded by

Service computed by

Amounts extended by

Recommended by E. J. Hollingsworth, Executive Secretary

Approved for Payment Chairman, World War II Service Compensation Board

Form No. 1-M must be filled out and be attached to Form No. 1, in all cases, if veteran served in the Navy, Marine Corps, or Coast Guard.

THIS FORM NOT TO BE REPRODUCED

FB—A 4722

Page 1

Read these instructions carefully. When completed, mail in a No. 10 envelope (2-fold sheet) to
WORLD WAR II SERVICE COMPENSATION BOARD
128 Des Moines Street, Des Moines 16, Iowa.

Page 2