

VETERANS ADMINISTRATION					(FOR VA USE ONLY)	
VETERAN'S APPLICATION FOR COMPENSATION OR PENSION AT SEPARATION FROM SERVICE						
1. LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (Type or print)					2. SERVICE NO.	
EDGAR, LESTER					RA 38506482	
NOTE: Items 3A through 5B to be completed if you had prior service in the Army, Navy, Air Force, Marine Corps or Coast Guard.						
ENTERED SERVICE		3C. SERVICE NO.	SEPARATED FROM SERVICE		3F. GRADE AND ORGANIZATION	3G. BRANCH OF SERVICE
3A. DATE	3B. PLACE		3D. DATE	3E. PLACE		
22 May 64	Fort Ord, Cal.	RA	30 Jun 67	Fort Ord, Cal.	E9 CDCEC	INF
22 May 58	Ft. Leonardwood,	38506482	21 May 64	Fort Ord, Cal.	E9 41INF	INF
17 May 52	Ft. Belvoir, VA.	"	21 May 58	Ft Leonardwood	E7 2d TRB	INF
15 Nov 48	Ft. Worden, Wash.	"	16 May 52	Ft Belvoir, VA	E7 4ERTC	ENGR
4A. IF YOU SERVED UNDER ANOTHER NAME, GIVE NAME UNDER WHICH YOU SERVED					4B. PERIOD DURING WHICH YOU SERVED	
N/A						
5A. IF RESERVIST OR NATIONAL GUARDSMAN, GIVE PERIODS OF ACTIVE DUTY					5B. BRANCH OF SERVICE	
N/A						
6. NATURE OF SICKNESS, DISEASES OR INJURIES FOR WHICH CLAIM IS MADE AND DATE EACH BEGAN						
Dingie Fever--1944						
Malaria Fever--1945						
Heart-Incomplete right bundle branch block						
NOTE: Items 7A through 7C to be completed if you received any treatment while in service.						
7A. NAME, NUMBER OR LOCATION OF HOSPITAL, FIRST AID STATION, DRESSING STATION OR INFIRMARY			7B. DATES OF TREATMENT		7C. NATURE OF SICKNESS, DISEASE OR INJURY	
43d Inf Div Hosp New Guenia 2 Bn 103d Inf Aid Sta. Louzon USAH Yokohama Japan Fort Rosecrans, Hosp, San Diego			Aug 44 Jan-Feb 45 Oct 45 Jul-Aug 46		Dingie Fever Malaria Fever Skin Disease Malaria Fever	
NOTE: Items 8A through 8D to be completed if you had treatment by civilian physicians for any disease or injury prior to or during your service.						
8A. NAME OF CIVILIAN PHYSICIAN		8B. PRESENT ADDRESS		8C. DISABILITY		8D. DATE
N/A						X
NOTE: Items 9A through 9D to be completed showing persons who know any facts concerning any sickness, disease or injury which you had prior to or during your service.						
9A. NAME		9B. PRESENT ADDRESS		9C. DISABILITY		9D. DATE
10A. HAVE YOU EVER HAD A MEDICAL EXAMINATION FROM ANY U. S. GOVERNMENT OR CIVILIAN AGENCY?		10B. DATE EXAMINED		10C. NAME AND LOCATION OF AGENCY		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12 Nov 42 12 Nov 42 7 May 43		Ark 38206 IA Nov Japan RA Ark 38206 IA Nov		
11A. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE U. S. BUREAU OF EMPLOYEES' COMPENSATION? (Formerly the U. S. Employees' Compensation Commission)		11B. UPON DISCHARGE, ARE YOU TO BE FURNISHED HOSPITALIZATION BY THE VETERANS ADMINISTRATION? (If "Yes," fill in 11C)		11C. NAME AND ADDRESS OF HOSPITAL		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
12A. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE PAY FROM THE ARMED FORCES?					12B. AMOUNT	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 12B)					\$	
13A. HAVE YOU EVER RECEIVED A LUMP SUM READJUSTMENT PAYMENT FROM THE ARMED FORCES?			13B. DATE RECEIVED		13C. BRANCH OF SERVICE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 13B and 13C)						
14A. HAVE YOU EVER APPLIED FOR BENEFITS FROM THE VETERANS ADMINISTRATION?				14B. NAME THE BENEFIT		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," fill in 14B, 14C, and 14D)				Education, Home loan, Compensation		
14C. VETERANS ADMINISTRATION OFFICE WHERE APPLICATION WAS FILED				14D. CLAIM NO. ASSIGNED (If known)		
Regional Office 49 Fourth St. San Francisco				c-23251864		

15. MARITAL STATUS (Check one) <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	16. NUMBER OF TIMES YOU HAVE BEEN MARRIED ONE	17. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED TWO
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INFORMATION CONCERNING EACH OF YOUR MARRIAGES

18A. DATE	18B. PLACE MARRIED	18C. TO WHOM MARRIED	18D. HOW MARRIAGE TERMINATED (Death, divorce)	18E. DATE	18F. PLACE TERMINATED
15 Nov 47	Ft. Worden, Washington	Alberta Gregory Crews	N/A	N/A	N/A

INFORMATION CONCERNING EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE

19A. DATE	19B. PLACE MARRIED	19C. TO WHOM MARRIED	19D. HOW MARRIAGE TERMINATED (Death, divorce)	19E. DATE	19F. PLACE TERMINATED
Dec 41	Merkel, Texas	Riclan W. Crews	Death	27 Feb 46	Stockton, Calif.

20A. DO YOU LIVE TOGETHER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," fill in 20B and 20C)	20B. REASON FOR SEPARATION 	20C. PRESENT ADDRESS OF SPOUSE 10000 N. 1st St., Stockton, Calif.
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NOTE: List each of your living children who is (1) under 18 years of age and unmarried, or (2) over 18 and under 21 years of age and attending school, or (3) any child of any age who is totally incapacitated due to mental illness or who is otherwise permanently helpless.

21A. FULL NAME OF CHILD	21B. DATE OF BIRTH (Month, day, year)	21C. PLACE OF BIRTH	21D. NAME AND ADDRESS OF PERSON HAVING CUSTODY
Karen Ann Edgar	28 Jul 49	Port Townsend, Wash	...
William Rickey Edgar	23 Feb 53	Fort Belvoir, VA.	...

22A. IS YOUR FATHER DEPENDENT UPON YOU FOR SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 22B)	22B. NAME AND ADDRESS OF DEPENDENT FATHER
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23A. IS YOUR MOTHER DEPENDENT UPON YOU FOR SUPPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 23B)	23B. NAME AND ADDRESS OF DEPENDENT MOTHER
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24. NAME AND PRESENT ADDRESS OF NEAREST RELATIVE Ida E. Edgar 3440 Fulton Ave. Sp 66, Sacramento California 95821	25. IF CLAIM IS FILED IN BEHALF OF AN INCOMPETENT VETERAN, DOES THE VALUE OF HIS ESTATE EQUAL OR EXCEED \$1,500? <input type="checkbox"/> YES <input type="checkbox"/> NO
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26. REMARKS (Key answers to item numbers. Use a separate sheet, if necessary)						
3A DATE	3B PLACE	3C SER- VICE NO	3DDATE	3E PLACE	3F GRADE	3G BRANCH
15 Nov 45	Yokohama, Japan	RA	14 Nov 48	Ft Worden, Wash	E5 2ESB	ENGR
7 May 43	Cp Robinson, Ark	38506	14 Nov 45	Yokohama, Jap	E5 103d	INF
		482			Regt	

CERTIFICATION

I CERTIFY that the foregoing statements are true and complete to the best of my knowledge and belief. I consent that any physician, surgeon, dentist or hospital that has treated me or examined me for any purpose, or that I have consulted professionally, may furnish to the Veterans Administration any information concerning myself and I waive any privilege which renders such information confidential.

27. DATE 16 June 67	28. SIGNATURE OF CLAIMANT SIGN HERE: <i>Lester Edgar</i>
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IMPORTANT: DD Form 214 and Standard Form 88 must accompany each application.

PENALTY—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year or both.