

SR# 2-29713688302

National Archives and Records Administration

NPRC

MPR Search Request



2-DNERGMU

Priority: **High**

Source: Research Room Walk-ins

Complexity: Others

Search Type: 1st Search

Non-Registry Block:

Registry Number: ***B0001 058 055***

Facility & Floor/Level: ***STL1*** Module/Bay: ***15*** Row: ***26E***

Reg Veteran's Name: *BAUCHAN LOUIS S*

SR Veteran's Name: *BAUCHAN, LOUIS S*

SSN:

DOB: *01/01/1912*

POB: *MI*

SVN/SSN: *000221813*

Service Code: *CG*

Service Number:

SR Number: 2-29713688302

Search Section: 2

Archival
7/8/24

Record Charged to:

Name: James Hebert

Room#: 158

Phone#: 3148010870

Core: Archival
Team: Public Research Room

Searcher Name: KEWILLIAMS

Initials: _____

Date: _____

Notes:



2-DNERGMU

scan
prep
cleared
AE
7/8/24

All Records Ordered for this Service Request:
2-DNERGMU

Service Request Received in Center Date: 07/03/2024 00:00:00

Search Request Created By: JMHEBERT 07/03/2024 09:19:07

Search Request Printed By: DRWOLF 07/03/2024 01:07:06

VH
7/8

FRANKFORT, MICHIGAN FILE 313.

Pt.Betsie LT Station

17 July, 1951
L13

From: BAUCHAN, Louis S. (221-313) BM1, USCG
To : Veterans Administration, Washington 25, D.C.
Via : Authorized Certifying Officer, 9th CG District
Commandant (PMM)

Subj: Waiver of premiums for term insurance

1. I do hereby apply for a waiver under the provisions of Section 622 of the National Service Life Insurance Act, as amended, of premiums falling due on the following Life Insurance policy, Policy number N 12 317 686

AMOUNT OF INSURANCE $5,000.00 AMOUNT OF PREMIUM $3.60

DATE OF BIRTH 27 March, 1912 DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY 3 July, 1941

2. I understand that the period of waiver will expire 120 days after the date of my separation from active service and that all premiums falling due more than 120 days after that date must be timely paid to the Veterans Administration, in order to continue the insurance in force. I further understand that I must inform the Veterans Administration of any change of beneficiary or settlement option on this policy.

Louis S. Bauchan
Louis S. Bauchan
Point Betsie LT Station
Frankfort, Michigan

I witnessed the signature of the applicant on the date shown above and certify the above service information and that the applicant has been in continuous active service for a period of 31 days or more.

W. G. KINCAIDE, LTJG, USCG

Ind-1 date:_____

From: Authorized Certifying Officer, 9th CG District
To : Veterans Administration, Washington 25, D.C.
Via : Commandant (PMM)

1. Forwarded. Allotment in the amount of $ 3.60 first payment JULY, 1943 for the payment of USNSLI
Premiums stopped with last deduction JUNE, 1951.

E. J. PARKER, BOSN, USCG
(Authorized Certifying Officer)

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: Original Title IV

2 SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [X] SERVICE [ ] MEDICAL [ ] DENTAL [ ] OTHER

4. TO: [ ] ARMY [ ] NAVY [ ] AIR FORCE [ ] MARINE CORPS [X] COAST GUARD [ ] NATIONAL GUARD (Army) [ ] NATIONAL GUARD (Air) [ ] OTHER (Specify)

FILE 3

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: VARO, 310 East Jefferson Avenue, Detroit, Michigan

5B. ORIGINATING UNIT: Adj. 3029/212B/BD:ct

6. CLAIM NO.: C- 20 735 699

7. INSURANCE NO:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): BAUCHAN, Louis Stanley

9. ALL SERVICE NOS.: 221 813

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
3-27-19	Manistee, Michigan	

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	7-3-47	6-30-57 Retired	Hon	Enc - (P)
B.				
C.				

	17 ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACES OF TREATMENT	20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED
A.				
B.				
C.				

21. ADDITIONAL INFORMATION REQUESTED

Furnish active duty dates and character of discharge for service prior to 7-3-47 . Is service continuous?

22 DATE 9/5/58 S 11/5/58

23. SIGNATURE AND TITLE OF VA OFFICIAL: C. A. BROSTEAU, Adj. officer

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

[ ] AVAILABLE REQUESTED RECORDS FORWARDED

[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT

[X] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

Item No. 13A: 7-3-41
Item No. 14A: 7-2-47
Item No. 15A: Honorable
Item No. 16A: MoMMlc, USCG

Item No. 13B: 7-3-47
Item No. 14B: 7-1-57
Item No. 15B: Retired
Item No. 16B: ENC(P), USCG

The above service was continuous from 7-3-41 to 7-1-57

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY
HEALTH RECORDS			CLINICAL RECORDS		
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS		
			DENTAL RECORDS		
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL CARDS		
			OTHER RECORDS		

	DATE	SIGNATURE AND TITLE
SERVICE INFORMATION	10-21-58	A. E. McLANE, Chief, Adm. Sec., Enlisted Personnel Division By direction of the Commandant
MEDICAL RECORDS	DATE	SIGNATURE AND TITLE

V A FORM 3101 JUL 1957 SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

Corres:md Mailed 10-21-58 md

FILE 3-13

PART II - DO NOT DETACH THIS PORTION OF FORM

VETERANS ADMINISTRATION
REPLY TO REQUEST FOR INFORMATION/ACTION
ON SECTION 622 WAIVER

TO BE COMPLETED BY VA

1. INSURANCE FILE NUMBER: F V 1741-81-22

2. INSURANCE POLICY NUMBER(S):

☑ 4. ESTABLISH ALLOTMENT AS FOLLOWS:
AMOUNT: $ 4.73A
EFFECTIVE MONTH: April 1957

Your request for information/action on your Section 622 waiver has been processed. Items 4 through 8, as checked, show the information requested or action taken.

☐ 5. FIRST MONTHLY PREMIUM DUE:
DATE:
AMOUNT: $

3. NAMES, SERVICE NUMBER, AND ADDRESS TO WHICH THIS FORM SHOULD BE RETURNED

Louis S. BAUCHAN (221-813)
545 Duncan Avenue
Cheboygan, Michigan

☐ 6. WAIVER TERMINATED
DATE:

☐ 7. THE PURE RISK INSURANCE PORTION OF YOUR PERMANENT PLAN PREMIUM WILL BE REFUNDED AFTER WAIVER TERMINATION DATE IN ITEM 6, PART II.

8. DATE COMPLETED: 12/18/56

TAKE THIS FORM TO APPROPRIATE OFFICER AND AUTHORIZE ALLOTMENT

VA FORM SEP 1956 9-5782

4

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9996C (Rev. 4-51)

CERTIFICATE OF WIDOW FOR DEATH GRATUITY

INSTRUCTIONS

Please fill in the following Certificate. Have two witnesses sign the 'Certification by Witnesses' and return completed form promptly with APPLICATION FOR DEATH GRATUITY (Form CGHQ-9996).

CERTIFICATE

I CERTIFY THAT I AM THE WIDOW OF THE DECEASED NAMED BELOW. I FURTHER CERTIFY THAT I WAS MARRIED TO THE DECEASED AS SHOWN BELOW AND REMAINED HIS LAWFUL WIFE THEREAFTER UNTIL HIS DEATH.

FULL NAME OF DECEASED (TYPE OR PRINT)

PLACE OF MARRIAGE	DATE OF MARRIAGE

SIGNATURE OF WIFE	DATE SIGNED

CERTIFICATION BY WITNESS

WE CERTIFY THAT WE ARE PERSONALLY WELL ACQUAINTED WITH THE ABOVE-NAMED CLAIMANT; THAT WE HAVE READ THE STATEMENTS MADE BY THE CLAIMANT AND THAT SAID STATEMENTS ARE TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

SIGNATURE OF WITNESS	ADDRESS OF WITNESS	DATE SIGNED

SIGNATURE OF WITNESS	ADDRESS OF WITNESS	DATE SIGNED

Severe penalties, involving $10,000 fine and 10 years imprisonment, are prescribed by law of the United States if a claimant knowingly makes a false claim to the Government or fraudulently accepts any payment to which he is not entitled. (52 STAT. 197; 18 USC 80)

C-460-TREASURY-CGHQ-WASH

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

CG-2996 (Rev. 7-52)

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
BAUCHAN, Louis Stanley	221-813		8-5-55

5. EFFECTIVE DATE REPORTED	6. UNIT	7. DATE DEPARTED	8. SERVICE YRS.	MOS.	DAYS	9. REMARKS	10. CARD NO.
1-8-52	CGC MACKINAW (09)	6-19-53	1	5	12	TR	4
	14th						
7-28-53	BASE, S.I. T&A					RPTD	
		9-22-53				TR	
9-22-53	NEWELL					RPTD	
		2-13-54					
2-13-54	KUKUI	3-16-54				TR adm purp.	
3-16-54	BASE(T&A) SAND ISLAND	4-16-54				Records recfm KUKUI adm purp while	
4-16-54	WPB-83394	10-8-54				/TAD,FFS.	
10-8-54	BASE,SAND ISLAND	12-27-54					
12-27-54	BASE,SAND ISLAND(M&R)	3-7-55				TR	
3-7-55	BASE SAND ISLAND	7-15-55				TR to CCGD9 fasdu	
8-5-55	OCCGD9	8-5-55			1	TR	
9-2-55	CGC MACKINAW (09)						
7-5-56	CGC MACKINAW (09)					HD EE REREG 60 UL	
7-6-56	CGC MACKINAW (09)					REEN (3 yrs)	
	CGC MACKINAW (09)	6-30-57	1	9	29	Placed on Ret. List 21yr,7mo.29da.	
						17UL	
						6-30 (ENC)	

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
BAUCHAN, Louis Stanley	221-813	ENC(D)	8-5-55

16—67555-1

1. NAME	2. SERVICE NO.	3. RATE (*Pencil*)	4. DATE RPTD. DIST. (*Pencil*)

5. EFFECTIVE DATE DATE REPORTED	6. UNIT	7. DATE DEPARTED	8. SERVICE			9. REMARKS
			YRS.	MOS.	DAYS	

BAUCHANAN, Louis Stanley (NAME) 221-813 (SERVICE NUMBER)

MARITAL STATUS M
NUMBER OF DEPENDENTS

Other creditable service—	Yrs.	Mos.	Days
Lighthouse	5	8	1

7-3-41

Birth, date of March 27, 1912
Birth, place of Manistee, Mich.
Citizenship N

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Point Betsie LS (09)	7-5-50	EN1				HDEE to reenlist following Date
Point Betsie LS (09)	7-6-50	EN1				REENL for SIX (6) full years
Point Betsie LS (09)	12-24-51	EN1				TR
CGC MACKINAW (09)						

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

GPO 16—56524-1 TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2996 (8-48)

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

5 yrs 8 mos 1 day Lighthouse Retirement

BAUCHAN, Louis Stanley, --- 221-813

SINGLE
X MARRIED XX
WIDOWED
DIVORCED

Other creditable service—

	YRS.	MOS.	DAYS
LIGHTHOUSE,.....	5	8	1

Verified

Birth, date of March 27, 1912,
Birth, place of Manistee, Michigan,
Citizenship N.

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
WASHINGTON ISL.STA	(CHD)7-3-41	Cox.				Special Temporary.Orig.Enl.3 Yrs Form 2525-B, 6-19-'41-Auth.
WASHINGTON IS.STA.	(CHD) 2-7-42	M.M.2c.(Pro)				Cr.
WASHINGTON ISL.STA.	10-21-42	Mo.M.M.2c.(Pro)				CR
WASHINGTON ISL.STA.	10-27-42	Mo.M.M.1c.(Pro)				CR
Washington Isl. Sta.	12-15-43	Mo.M.M.1c				TR. Plum Isl. Lt. Sta.
Pugh. Ogl. Sta (a)	4-5-44	Mo. M.M.1c				TR to Martin Isl Lt. Sta.
Whid. Island Sta	7-3-44	Mo M M 1c				Enl. ext - 3 yrs.
Wash. Island Sta (a)	12-2-44	Mo M M 1c				
Plum Island Sta (a)	12-17-45	Mo M M 1c				To Woods Island 2/17/45
Plum Isl Sta (a)	3-28-46	Mo M M 1c				To Plum Isl Lt Sta
Plum Isl Sta (a)	4-1-46	Mo M M 1c PERM				To St Martin Isl Lt Sta.
St Martin Isl Sta (a)	4-1-47	Mo M M 1c				To Coast Retired List.
Frankfort, Coast	7-2-47	Mo M M 1c				RD
Frankfort, Coast (a)	7-3-47	Mo M M 1c				Auth. Ltr. ltd. 7-25-47 Ltr Three years Regular 9-1-47
Point Retreat Sta (a)	1-1-48	Mo M M 1c				Reorg.

Treasury Department
U. S. Coast Guard
C. G. 9545
Revised Sept. 1941

Form 8-mo. 1 day Lighthouse Retirement 2

SINGLE
MARRIED X
WIDOWED
DIVORCED

BAUCHAN, Louis Stanley — 221-813
(NAME) (SERVICE NUMBER)

Other creditable service— YRS. 5 MOS. 8 DAYS 1 Verified

Birth, date of March 27, 1912
Birth, place of Manistee, Michigan
Citizenship N. 3-16-49

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Point Betsie Lt. Sta. (09)	4-2-48	EN1				(a PB 36-47)
Frankfort Lt. (09)	8-1-48	EN1				Reng.

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
BAUCHAN,	Louis	S.	221-813	ENC(P)	CGC MACKINAW

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
7-6-56	3	7-5-59	None	None	None	7-5-56

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
3-27-12	CAU	W2DC	Cheboygan, Mich.	Cheboygan, Mich.	None	Michigan

19. CIVILIAN EDUCATION: HS4

20. LANGUAGE QUALIFICATIONS: None

21. CIVILIAN OCCUPATION: Coast Guardsman

22. SPECIAL SKILLS, LICENSES, ETC.: None

CODING SPACE

23. TEST SCORES
GCT UNK MA ____ EK ____ CA ____ SP ____
AR ____ READ ____ MK ____ PI ____

24. EXPERIENCE (*Months*)
WITHIN CLUS: ASHORE 133 AFLOAT 23
OUTSIDE CLUS: ASHORE 8 AFLOAT 16

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE 20 YRS. 08 MOS. 04 DAYS
c. OTHER SERVICE ____ YRS. ____ MOS. ____ DAYS
d. TOTAL NET SERVICE FOR PAY 20 YRS. 08 MOS. 04 DAYS

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED: None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
ENC ~~ENC~~	PRO. ~~Perm~~	3-1-56 ~~6-30-57~~

31. REMARKS: None 7-1 4-30 (ENC)

26. SERVICE FOR BASIC PAY: COMP. 18 YRS. ON 11/1/53

27. SERVICE FOR RETIREMENT: COMP. 20 YRS. ON 11/1/55

32. RPTD DIST. 8-5-55

33. RPTD UNIT 9-2-55

GPO 16—66506-1

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
BAUCHAN,	Louis	S.	221-813	ENC(P)	CGC MACKINAW

RE-74

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

FILE: PE-3 MM

From: Commandant
To: The Adjutant General, Department of the Army, Washington, D. C.

Subj:
Request for statement of service

1. Subject man, identified in the inclosure, claims previous service in the Army. It is requested that a statement of all service of record, in triplicate, showing the date of each enlistment and discharge, the character of each discharge, the dates of all periods of active duty and training duty, the dates of all periods of inactive duty and the inclusive dates of all periods of lost time, be furnished to the Commandant (PE-3), U. S. Coast Guard Headquarters.

2. If subject man has had service in the Army, or in a Reserve component thereof, in addition to the service indicated in the inclosure, it is requested that all periods of service be shown on your statement.

3. The information requested is required to determine the amount of service which is creditable for basic pay purposes and for retirement under the provisions of the Career Compensation Act of 1949.

B. A. SHAW
By direction

Incl: Form CG-3145

PE-3

8065 Treasury CGHQ Wash., D.C.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Bauchan, Louis, S. (Name, surname first) 221-813 (Service number) ENG (Rank or rating) CGC Mackinaw (Unit)

FINAL MEDICAL CERTIFICATE

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Manitowoc, Wisconsin, Date June 20, 19 57

To: CGC Mackinaw
(Coast Guard unit)

Manitowoc, Wisconsin
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Physical		6-19-57	6-19-57

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

T H Rees M d

T.H. Rees M. D.
Med. Officer in Chrg. U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____ (Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at _____ {*office / *hospital} at _____ for _____ (Diagnosis) since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Bauchan Louis S. (Name, surname first) 221-813 (Service number) ENC (Rank or rating) CGC MACKINAW (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Manitowoc, Wisconsin, Date 4 ~~MAY~~ June, 1957

To: ~~DR.~~ T.H. Rees ~~M.D.~~

811 York St. Manitowoc, Wisconsin

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CO. CGC MACKINAW (WAGB-83) Cheboygan, Mich.

Louis S. Bauchan (Signature of patient)

C.F. Baker LT. USCG
Executive Officer (U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Manitowoc, Wisconsin, Date June 20, 1957

I CERTIFY that I have examined the above-named person and find him suffering from

Physical for retirement
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at USPHS ____ {*~~hospital~~ / *office} on June 19, 1957

T.H. Rees M.D.
Med. Officer in Chg. U. S. Public Health Service.

*Having been informed that I am suffering from ____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

____ (Patient's signature)

WITNESS:

____ (Signature of medical officer)

____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27156-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3433 (Rev. 11-53)

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
BAUCHAN,	LOUIS	S.	221-213

DATE OF BIRTH (Mo.-Day-Yr.)	GRADE OR RATE IN WHICH SERVING	PERMANENT GRADE OR RATE	GRADE OR RATE IN WHICH PLACED ON RETIRED LIST	EFFECTIVE DATE OF RETIREMENT (Mo.-Day-Yr.)
March 27, 1912	EMC	EMC	EMC	July 1, 1957

REASON FOR RETIREMENT 20 Year Service

HAS INDIVIDUAL EVER HELD A GRADE OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? ☐ YES ☒ NO IF "YES," LIST HIGHEST GRADE OR RATE HELD.

ON ENLISTED 20 YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED ☒ YES ☐ NO

TYPE OF SERVICE	FOR RETIREMENT (Active)			FOR PAY PURPOSES (Active and Inactive)		
	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COAST GUARD	15	11	28	15	11	28
LIGHTHOUSE	5	8	1	5	8	1
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
AIR FORCE						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	21	7	29	21	7	29

DATE 17 June 1957

SIGNATURE A. E. McLANE

FOR USE BY MRS

TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

E Hellman Ret 3-13

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

4393 Treasury CGHQ Wash.D.C.

NAME	SERVICE NO.	DATE OF RETIREMENT	RETIRED GRADE OR RATE
BAUCHAN, Louis Stanley	221-813	July 1,1957.	ENC(P)

IF MAN HELD A GRADE OR RATING HIGHER THAN PRESENT RETIRED GRADE OR RATING, INDICATE HIGHEST GRADE OR RATING HELD DURING COAST GUARD SERVICE.

ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION	ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION
7-3-41	7-2-47	4	72 "	288.					
7-3-47	7-5-50	4	36 "	144.					
7-6-50	7-5-56	4	72 "	288.					
7-6-56	7-1-57	4	12 "	48					
	TOTAL		192 "	768.			TOTAL		

FINAL AVERAGE CONDUCT MARK	ENTITLED TO 10% FOR GOOD CONDUCT (Check appropriate box)	✓	YES		NO
4					

DATE	COMPUTED BY	DATE	VERIFIED BY
6-13-57	Strickler	6/17/57	E B Buchan

TREASURY DEPARTMENT, U. S. COAST GUARD, CGHQ – 3534 (6-54)

6081

COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL

21-7-29 Service for Retirement — 9CGD — BAUCHAN, Louis S. — 17 — 221-813 — ENC(P)

Yrs. Mos. Days — (Name) (ltr 4-2-57) 3-25-57 — (Service No.) — (Rate) 7-1-57

as of 31 March, 1957

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	15	8	28
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)	5	8	1
TOTAL SERVICE FOR RETIREMENT	21	4	29
INACTIVE SERVICE (Specify)			
LIGHTHOUSE (For Pay Purposes)			
TOTAL SERVICE FOR PAY PURPOSES	21	4	29

HIGHEST RANK OR RATING HELD — ENC (P)

Service Computed by E. Hillman 4-9-57

Service Verified by LDS 4-10-57 am

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
14 June 1957

FILE: MM

Retired
7-1

From: Commandant
To: Commander, Ninth CG District (p)

Subj: BAUCHAN, Louis S. (221-813) EMC(P)
appointment ; permanent

1. As subject man's retirement has been approved, his present provisional rate is hereby made permanent, effective 30 June 1957, with seniority in rate from 1 March 1956, provided his conduct and performance of duty while serving in this rate have been satisfactory. In the event he does not retire at this time, or his conduct and performance of duty have been unsatisfactory, advise the Commandant (PE) by dispatch and return this letter with certificate for cancellation.

2. Make necessary entries in service records and on personnel reports showing permanent appointment, citing this letter as the authority therefor.

W. F. ADAMS
By direction

Incl: Certificate of Appointment

CURRIER:mo ret 3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1

17 May 1957

TONO: 54236/99201X

From: Commandant
To: BAUCHAN, Louis S. (221-813)ENC, USCG
Via: Commander, Ninth CG District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as [illegible] Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard. You will be separated in accordance with Chapter 12, Personnel Manual.

2. You will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

3. Travel expenses incident to the execution of this order are chargeable to travel order number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District from which retired.

R. E. MORELL
By direction

1957 MAY 17 15 18
PEA-A

Encl:
(1) Information relative to retirement
(2) Form CG-2533, in duplicate

H.2.

HHISTOCK:me Return 3-11

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO Chief Engineman (Rate) FROM ~~Chief Engineman (Provisional)~~ (Rate)

EFFECTIVE 30 June 1957 (Date change effected) AUTHORITY Comdt ltr of 14 June 1957 (PE-1) AUTHORITY RECEIVED ~~6-28-57~~ (Date)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (Date) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (Date) TO _____ (Date)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (Hour and date) TO _____ (Hour and date) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (Date) TO _____ (Date) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (Date of admission)

to _____ (Date of discharge) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ~~TWO~~ (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	A. LANDRY	LTJG, USCG Pers. Off., By dir	6-58

SHIP OR STATION	NAME OF A. C. O.
CGC MACKINAW (WAGB-83)	H. G. TRUPP

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
BAUCHAN, Louis Stanley	221-813	ENC

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873–1

(17) 7-1-57

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

25 March 1957
P19-2

OFFICE OF COMMANDER
NINTH COAST GUARD DISTRICT
RECD APR 1 1957
PERSONNEL DIVISION

From: BAUCHAN, Louis S. (221-813) ENC(P)
To: Commandant (PE)
Via: 1. Commanding Officer, CGC MACKINAW (WAGB-83)
2. Commander, NINTH Coast Guard District (p)

Subj: Retirement; request for

1. It is requested that I be considered for retirement on 1 July 1957, in accordance with Personnel Instruction No. 66-56, and Title 14, U. S. Code.

2. On 2 November 1956, I completed twenty-one (21) years service for retirement purposes.

Louis S. Bauchan
Louis S. BAUCHAN

---

25 March 1957
P19-2

FIRST ENDORSEMENT on BAUCHAN, Louis S. (221-813) ENC(P) ltr of 25 March 1957, P19-2

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commandant (PE)
Via: Commander, NINTH Coast Guard District (p)

1. Forwarded, approved.

E. S. Kerr
E. S. KERR, Jr.

Service as of 3-31-57
21 yrs. 4 mos. 29 days

4-8-87

2-1-57

p
2 April 1957
P19-2/MM

SECOND ENDORSEMENT on BAUCHAN, Louis S. (221-813) ENC(P) letter dated 25 March 1957, P19-2

From: Commander, Ninth CG District
To: Commandant (PE)

Subj: Retirement; request for

1. Forwarded for Headquarters consideration.

E. G. Crispi

E. G. CRISPI
By direction

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUGHAN, Louis S. (Name, surname first) — #221 813 (Service number) — EM1 (Rank or rating) — CGC MACKINAW (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Cheboygan, Michigan, Date February 24, 1956

To: Commanding Officer (Coast Guard unit)

CGC Mackinaw, Cheboygan, Michigan (Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Upper Respiratory Infection	300-100	2-24-56	2-24-56

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

Nicholas Lendini

U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) 221-813) (Service number) EN1 (Rank or rating) USCGC MACKINAW(WAGB-83) Cheboygan, Michigan (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR ~~*SPECIAL~~ X*TEMPORARY ~~*RESERVE~~ (Enlistment status) Place Cheboygan, Michigan, Date 24 February, 1956. 19

FILE C & D

To: Dr. Nicholas Lentini, M.D.

Cheboygan, Michigan

SIR: You are requested to examine the above-named {~~*officer~~ *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the Commanding Officer, USCGC MACKINAW(WAGB-83)
RETURN MEDICAL CERTIFICATE be returned to Cheboygan, Michigan

Louis S. Bauchan (Signature of patient)

J.D. HUDGENS
CDR, XO U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Cheboygan, Michigan, Date February 24, 19 56

I CERTIFY that I have examined the above-named person and find him suffering from

Upper Respiratory Infection
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. ~~*No.~~} Fit for duty? {*Yes. ~~*No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {~~*Yes.~~ *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {~~*Yes.~~ *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {~~*inpatient~~ *outpatient} treatment at Lentini Clinic Bldg., Cheboygan, Michigan {~~*hospital~~ *office} on February 24, 19 56

Nicholas Lentini

U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27156–1

File 3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
14 June 1957

FILE: MM

From: Commandant
To: Commander, Ninth CG District (p)

Subj: BAUCHAN, Louis S. (221-813) ENC(P) ; permanent appointment

1. As subject man's retirement has been approved, his present provisional rate is hereby made permanent, effective 30 June 1957, with seniority in rate from 1 March 1956, provided his conduct and performance of duty while serving in this rate have been satisfactory. In the event he does not retire at this time, or his conduct and performance of duty have been unsatisfactory, advise the Commandant (PE) by dispatch and return this letter with certificate for cancellation.

2. Make necessary entries in service records and on personnel reports showing permanent appointment, citing this letter as the authority therefor.

W. F. ADAMS
By direction

Incl: Certificate of Appointment

CURRIER:mo ret 3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

HQ(PE)

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
221-813	BAUCHAN	Louis	Stanley	EN1	HS4

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Manistee,	Michigan	27	Mar.	12	Protestant	[X] NB [ ] NZ [ ] other (specify)

PE-PR-37

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	545 Duncan Avenue,	Cheboygan,	Cheboygan,	Michigan

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
6	July	56	[ ] FIRST ENLISTMENT [XX] REENLISTMENT	Three (3) YRS.		[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Traverse City,	Michigan	USCGC MACKINAW(WAGB-83),	Traverse City,	Michigan

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
No. 16, Cheboygan, Cheboygan, Michigan	

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
6	July	50	U. S. COAST GUARD	5	July	56	HONORABLE	20 YRS. 08 MOS. 04 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO	
20 YRS. 08 MOS.	- -	- -	- -	Retained on board enlisting unit.	[XX] Active duty for [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
Male	Caucasian	Light Brown	Gray	5'11"	194	Fair

29. MARKS AND SCARS

1 - inch scar lower right jaw.

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Evor S. KERR, Jr., Captain of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve [03 years from 6 July, 1956 / during minority until 5 July, 1959] and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, LOUIS STANLEY BAUCHAN do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Louis Stanley Bauchan

Signature in own handwriting (surname to right) LOUIS STANLEY BAUCHAN

Subscribed and sworn to before me this 16th day of July, A. D. 19 56 Citizenship substantiated and contract perfected

Signature and Grade E. S. KERR, Jr. G, CAPT, USCG Official Title Commanding Officer

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-1

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. SERVICE	5. DATE OF BIRTH
BAUCHAN, Louis Stanley	221-813	ENC(P)	USCG	3-27-12

6. HOME ADDRESS AT TIME OF LAST ENTRY INTO SERVICE (*City, county, and State*)	7. FORMER SERVICE NO.
721 N. Rose Street, Ludington, Michigan	NONE

DESIGNATIONS				
		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
8. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		Irene Lyell Bauchan	545 Duncan Street Cheboygan, Michigan	Wife
9. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD	PRINCIPAL	William C. Bauchan	816 Maple Street Manistee, Michigan	Father
	CONTINGENT	Minnie A. Bauchan	816 Maple Street Manistee, Michigan	Mother
10. BENEFICIARY FOR SERVICEMEN'S INDEMNITY (*PL 23, 82d Congress*) (*All prior designations are canceled. Designation for indemnity does not affect insurance (NSLI or USGLI) beneficiary designation*)	PRINCIPAL(S) SHARE $10,000	Irene Lyell Bauchan	545 Duncan Street Cheboygan, Michigan	Wife
	PRINCIPAL(S) SHARE $			
	CONTINGENT(S) SHARE $5000	Dennis Brian Bauchan	545 Duncan Street Cheboygan, Michigan	Son
	CONTINGENT(S) SHARE $5000	Michael Lucian Bauchan	545 Duncan Street Cheboygan, Michigan	Son
11. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (*PL 147, 84th Congress*)	SHARE 100 %	Irene Lyell Bauchan	545 Duncan Street Cheboygan, Michigan	Wife
	SHARE %			
12. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS	PERCENT OF PAY EACH MO. 100%	Irene Lyell Bauchan	545 Duncan Street Cheboygan, Michigan	Wife
13. PERSON TO RECEIVE PERSONAL EFFECTS FOR SAFEKEEPING		Irien Lyell Bauchan	545 Duncan Street Cheboygan, Michigan	Wife

14. COMMERCIAL INSURANCE COMPANIES TO BE NOTIFIED IN CASE OF DEATH IN ACTIVE SERVICE		
FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
NONE		

FIRST NAME—MIDDLE NAME—LAST NAME (*If deceased, so state*)	ADDRESS
15. FATHER William C. Bauchan (84)	816 Maple Street, Manistee, Michigan
16. MOTHER Minnie A. Bauchan (79)	816 Maple Street, Manistee, Michigan
17. WIFE OR HUSBAND (*If none, so state*) Irene Lyell Bauchan	545 Duncan Street, Cheboygan, Michigan

18. NAME OF CHILDREN (*If none, so state. If step or adopted, so state*)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Dennis Brian Bauchan	545 Duncan Street, Cheboygan Michigan		X	M	9-25-40
Michael Lucian Bauchan	SAME		X	M	3-16-44

19. ORGANIZATION AND ADDRESS OF DESIGNATOR	20. DATE SIGNED
USCGC MACKINAW (WAGB-83), Cheboygan, Michigan	

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
E. W. LEWIS, ENS, USCGR, Pers. Off, By dir.	Louis S. Bauchan LOUIS S. BAUCHAN

DD FORM 1 OCT 55 93-1

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

INSTRUCTIONS

(Items for which no instructions are printed below are self-explanatory)

All items of this form will be completed and maintained current by all officers and enlisted personnel in accordance with the following: NAVY BuPers Manual Art. B–2312; Marine Corps, Par. 4019, PRAM; USCG, Personnel Manual Par. 13–B–14.

In the event you, the designator, should die, the persons named in items 8, 14, 15, 16, 17, and 18 will be notified. Should you become critically or seriously ill, or incapacitated to the extent that you cannot notify them, the person named in item 8 and your next of kin will be notified. If, for good reason, you do not desire any of the above persons notified, so indicate in "REMARKS" below and give the reason. Entry in item 8 does not effect payment of benefits or control of disposition of your remains in the event of your death. If necessary, continue any item in "REMARKS" but specify the particular item therein.

Item 9.—Enter the name, address, and relationship of beneficiary and alternate whom you desire to receive the 6 months' death gratuity in the event you are not survived by a spouse or eligible child. The person(s) named must be related to you by blood or marriage. Should you designate a person of more distant relationship than parents or brothers and sisters, the designated person will be required to furnish proof of dependency or insurable interest prior to payment of death gratuity.

Item 10.—If you have the maximum amount ($10,000) of National Service Life Insurance or U. S. Government Life Insurance, enter "Not Applicable," followed by "NSLI" or "USGLI." (*This includes those who have applied for waiver of premium under Sec. 622, Insurance Act of 1951 (65 Stat. 36; 38 U. S. C. 823)*).

The Servicemen's Indemnity is payable only to persons within the following classes:

(1) Spouse (*husband or wife*).

(2) Children. The term "children" includes natural children, stepchildren, adoptive children. Illegitimate children are included only if designated.

(3) Parents. The term "parents" includes natural parents, stepparents, adoptive parents or persons who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year. Unless designated otherwise by the serviceman the term "parent" includes only the mother and father who last bore that relationship to the serviceman.

(4) Brothers and sisters. The term "brothers and sisters" includes those of the half blood and those through adoption.

If the designated beneficiary or beneficiaries do not survive the insured, or if none has been designated, the indemnity will be paid to the first eligible class of beneficiaries according to the order set forth above and in equal shares if the class is composed of more than one person. Any person so named will be considered a principal beneficiary unless specifically designated as a contingent. While specific designation of beneficiaries is not mandatory, experience has proven it advisable that a beneficiary or beneficiaries be designated in each preparation of this form in order that the desires and intent of the member may be expressed. In case you do not wish to designate a beneficiary, you will record in your own handwriting in item 10 the following statement, IN FULL: "No designation. Order of preference specified in Servicemen's Indemnity Act of 1951 is desired."

Item 11.—Enter name and address of the beneficiary or beneficiaries whom you desire to receive any unpaid pay and allowances (Arrears of Pay) due you in the event of death. There are no restrictions on who may be designated as a beneficiary or beneficiaries to receive unpaid pay and allowances and once a designation has been made it is binding until superseded by the completion of a later DD Form 93–1.

Item 12.—The "Missing Persons Act" provides that pay and allowances continue to accrue to the pay account of any service member for the period he is missing or captured and may be paid to the dependents for support. This item reflects your desires and is used as a guide in the disposition of your pay. Allotments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

Item 13.—Disposition of personal effects will be made in accordance with the following: NAVY BuPers Manual, Chapter 9, Section 8, and BuS&A Manual, Vol. 1, Part C, Articles 13125–13137; MARINE CORPS, Chapter 54, Volume 2, MCM; and U. S. COAST GUARD, Volume 4 CG Compt. Manual.

Item 17.—Enter full name and address of wife or husband. For wife, use given names, for example, "Marion Elizabeth Dawson." If the designator is single, divorced, or widowed, so state.

Item 21.—The person assigned by the commanding officer the responsibility for interviewing the designator will, upon completion of the form, witness the designator's signature and sign in block 21.

DISPOSITION INSTRUCTIONS

U. S. NAVY: Original to BuPers, Washington 25, D. C.
Duplicate—File in Service Record at duty station. See BuPers Instructions 1085.25 of 27 May 1953.

U. S. MARINE CORPS: See Par. 4019, PRAM.

U. S. COAST GUARD: See Personnel Manual, Par. 13–B–14.

REMARKS:

U. S. GOVERNMENT PRINTING OFFICE: 1955—O-363326

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

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BAUCHAN, Louis Stanley	221-813	ENC(P)	USCG	3-27-12

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DESIGNATIONS

			FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
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		SHARE $			
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DD FORM 1 OCT 55 93-1

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U. S. NAVY: Original to BuPers, Washington 25, D. C.
Duplicate—File in Service Record at duty station. See BuPers Instructions 1085.25 of 27 May 1953.

U. S. MARINE CORPS: See Par. 4019, PRAM.

U. S. COAST GUARD: See Personnel Manual, Par. 13–B–14.

REMARKS:

U. S. GOVERNMENT PRINTING OFFICE : 1955—O–363326

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

I. PROVISIONS. The Department of Defense has the authority to establish procedures implementing the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by proper authority to include restrictions as to certain standards of conduct and membership in, or sympathetic association with, certain organizations.

STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for imposing appropriate penalties shall include but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

2. Associations which may be considered as establishing reasonable grounds for imposing appropriate penalties include but are not limited to membership in, affiliation with or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

(*a*) Which practices, seeks to practice, or advocates either:

(*1*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or;

(*2*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

(*b*) Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

3. Organizations designated by the Attorney General, pursuant to Executive Order 10450, are listed below:

Communist Party, U. S. A., its subdivisions, subsidiaries and affiliates.

Communist Political Association, its subdivisions, subsidiaries and affiliates, including—
Alabama People's Educational Association.
Florida Press and Educational League.
Oklahoma League for Political Education.
People's Educational and Press Association of Texas.
Virginia League for People's Education.

Young Communist League.

Abraham Lincoln Brigade.
Abraham Lincoln School, Chicago, Illinois.
Action Committee to Free Spain Now.
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions.
American Christian Nationalist Party.
American Committee for European Workers' Relief.
American Committee for Protection of Foreign Born.
American Committee for the Settlement of Jews in Birobidjan, Inc.
American Committee for Spanish Freedom.
American Committee for Yugoslav Relief, Inc.
American Committee to Survey Labor Conditions in Europe.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity.
American Council on Soviet Relations.
American Croatian Congress.
American Jewish Labor Council.
American League Against War and Fascism.
American League for Peace and Democracy.
American Lithuanian Workers Literary Association (*also known as Amerikos Lietuviu Darbininku Literaturos Draugija*).
American National Labor Party.
American National Socialist League.
American National Socialist Party.
American Nationalist Party.
American Patriots, Inc.
American Peace Crusade.
American Peace Mobilization.
American Poles for Peace.
American Polish Labor Council.
American Polish League.
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*).
American-Russian Fraternal Society.
American-Russian Institute, New York City (also known as the *American Russian Institute for Cultural Relations with the Soviet Union*).
American Russian Institute, Philadelphia.
American Russian Institute of San Francisco.
American Russian Institute of Southern California, Los Angeles.
American Slav Congress.
American Women for Peace.
American Youth Congress.
American Youth for Democracy.
Armenian Progressive League of America.
Associated Klans of America.
Association of Georgia Klans.
Association of German Nationals (*Reichsdeutsche Vereinigung*).
Association of Lithuanian Workers (*also known as Lietuviu Darbininku Susivienijimas*).
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party.

Baltimore Forum.
Benjamin Davis Freedom Committee.
Black Dragon Society.
Boston School for Marxist Studies, Boston, Massachusetts.
Bridges-Robertson-Schmidt Defense Committee.
Bulgarian American People's League of the United States of America.

California Emergency Defense Committee.
California Labor School, Inc., 321 Divisadero Street, San Francisco, California.
Carpatho-Russian People's Society.
Central Council of American Women of Croatian Descent (*also known as Central Council of American Croatian Women, National Council of Croatian Women*).
Central Japanese Association (*Beikoku Chuo Nipponjin Kai*).
Central Japanese Association of Southern California.
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*).
Cervantes Fraternal Society.
China Welfare Appeal, Inc.
Chopin Cultural Center.
Citizens Committee to Free Earl Browder.
Citizens Committee for Harry Bridges.
Citizens Committee of the Upper West Side (*New York City*).
Citizens Emergency Defense Conference.
Citizens Protective League.
Civil Liberties Sponsoring Committee of Pittsburgh.
Civil Rights Congress and its affiliated organizations, including:
Civil Rights Congress for Texas.
Veterans Against Discrimination of Civil Rights Congress of New York.
Columbians.
Comite Coordinator Pro Republica Espanola.
Comite Pro Derechos Civiles.
Committee to Abolish Discrimination in Maryland.
Committee to Aid the Fighting South.
Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners.
Committee for a Democratic Far Eastern Policy.
Committee for Constitutional and Political Freedom.
Committee for the Defense of the Pittsburgh Six.
Committee for Nationalist Action.
Committee for the Negro in the Arts.
Committee for Peace and Brotherhood Festival in Philadelphia.
Committee for the Protection of the Bill of Rights.
Committee for World Youth Friendship and Cultural Exchange.
Committee to Defend Marie Richardson.
Committee to Uphold the Bill of Rights.
Commonwealth College, Mena, Arkansas.
Congress Against Discrimination.
Congress of the Unemployed.
Connecticut Committee to Aid Victims of the Smith Act.
Connecticut State Youth Conference.
Congress of American Revolutionary Writers.
Congress of American Women.
Council on African Affairs.
Council of Greek Americans.
Council for Jobs, Relief, and Housing.
Council for Pan-American Democracy.
Croatian Benevolent Fraternity.

Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*).
Daily Worker Press Club.
Daniels Defense Committee.
Dante Alighieri Society (*Between 1935 and 1940*).
Dennis Defense Committee.
Detroit Youth Assembly.

Easy Bay Peace Committee.
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*).

Families of the Baltimore Smith Act Victims.
Families of the Smith Act Victims.
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d' America*).
Finnish-American Mutual Aid Society.
Frederick Douglass Educational Center.
Freedom Stage, Inc.
Friends of the New Germany (*Freunde des Neuen Deutschlands*).
Friends of the Soviet Union.

Garibaldi American Fraternal Society.
George Washington Carver School, New York City.
German-American Bund (*Amerika-deutscher Volksbund*).
German-American Republican League.
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*).
Guardian Club.

Harlem Trade Union Council.
Hawaii Civil Liberties Committee.
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heijaku Gimusha Kai and Zaibei Heimusha Kai (*Japanese Residing in America Military Conscripts Association*).
Hellenic-American Brotherhood.
Hinode Kai (*Imperial Japanese Reservists*).
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese War Veterans*).
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*).
Hollywood Writers Mobilization for Defense.
Hungarian-American Council for Democracy.
Hungarian Brotherhood.

Independent Party (*Seattle, Washington*).
Independent People's Party.
Independent Socialist League.
Industrial Workers of the World.
International Labor Defense.
International Workers Order, its subdivisions, subsidiaries and affiliates.

Japanese Association of America.
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*).
Japanese Overseas Convention, Tokyo, Japan, 1940.
Japanese Protective Association (*Recruiting Organization*).
Jefferson School of Social Science, New York City.
Jewish Culture Society.
Jewish People's Committee.
Jewish People's Fraternal Order.
Jikyoku Lin kai (*The Committee for the Crisis*).
Johnson-Forest Group.
Johnsonites.
Joint Anti-Fascist Refugee Committee.
Joint Council of Progressive Italian-Americans, Inc.
Joseph Weydemeyer School of Social Science, St. Louis, Missouri.

Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*).
Knights of the White Camellia.
Ku Klux Klan.
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*).
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*).

Labor Council for Negro Rights.
Labor Research Association, Inc.
Labor Youth League.
League for Common Sense.
League of American Writers.
Lictor Society (*Italian Black Shirts*).

Macedonian-American People's League.
Mario Morgantini Circle.
Maritime Labor Committee to Defend Al Lannon.
Maryland Congress Against Discrimination.
Massachusetts Minute Women for Peace.
Maurice Braverman Defense Committee.
Michigan Civil Rights Federation.
Michigan Council for Peace.
Michigan School of Social Science.

Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*).
National Association of Mexican Americans (*also known as Asociacion Nacional Mexico-Americana*).
National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942).
National Committee for the Defense of Political Prisoners.
National Committee for Freedom of the Press.
National Committee to Win Amnesty for Smith Act Victims.
National Committee to Win the Peace.
National Conference on American Policy in China and the Far East (*a Conference called by the Committee for a Democratic Far Eastern Policy*).
National Council of Americans of Croatian Descent.
National Council of American-Soviet Friendship.
National Federation for Constitutional Liberties.
National Labor Conference for Peace.
National Negro Congress.
National Negro Labor Council.
Nationalist Action League.
Nationalist Party of Puerto Rico.
Nature Friends of America (*Since 1935*).
Negro Labor Victory Committee.
New Committee for Publications.
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*).
North American Committee to Aid Spanish Democracy.
North American Spanish Aid Committee.
North Philadelphia Forum.
Northwest Japanese Association.

Ohio School of Social Sciences.
Oklahoma Committee to Defend Political Prisoners.
Original Southern Klans, Incorporated.

Pacific Northwest Labor School, Seattle, Washington.
Palo Alto Peace Club.
Partido del Pueblo of Panama (*operating in the Canal Zone*).
Peace Information Center.
Peace Movement of Ethiopia.
People's Drama, Inc.
People's Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*), also known as People's Educational Center, People's University, People's School.
People's Institute of Applied Religion.
Peoples Programs (*Seattle, Washington*).
People's Radio Foundation, Inc.
People's Rights Party.
Philadelphia Labor Committee for Negro Rights.
Philadelphia School of Social Science and Art.
Photo League (*New York City*).
Pittsburgh Arts Club.
Political Prisoners' Welfare Committee.
Polonia Society of the IWO.
Progressive German-Americans, also known as Progressive German-Americans of Chicago.
Proletarian Party of America.
Protestant War Veterans of the United States, Inc.
Provisional Committee of Citizens for Peace, Southwest Area.
Provisional Committee on Latin American Affairs.
Provisional Committee to Abolish Discrimination in the State of Maryland:
Puerto Rican Comite Pro Libertades Civiles (CLC).
Puertorriquenos Unidos (*Puerto Ricans United*).

Quad City Committee for Peace.
Queensbridge Tenants League.

Revolutionary Workers League.
Romanian-American Fraternal Society.
Russian American Society, Inc.

Sakura Kai (*Patriotic Society, or Cherry Association, composed of veterans of Russo-Japanese War*).
Samuel Adams School, Boston, Mass.
Santa Barbara Peace Forum.
Schappes Defense Committee.
Schneiderman-Darcy Defense Committee.
School of Jewish Studies, New York City.
Seattle Labor School, Seattle, Washington.
Serbian-American Fraternal Society.
Serbian Vidovdan Council.
Shinto Temples.
Silver Shirt Legion of America.
Slavic Council of Southern California.
Slovak Workers Society.
Slovenian-American National Council.
Socialist Workers Party, including American Committee for European Workers' Relief.
Socialist Youth League.
Sokoku Kai (*Fatherland Society*).
Southern Negro Youth Congress.
Suiko Sha (*Reserve Officers Association, Los Angeles*).
Syracuse Women for Peace.

Tom Paine School of Social Science, Philadelphia, Pennsylvania.
Tom Paine School of Westchester, New York.
Trade Union Committee for Peace.
Trade Unionists for Peace.
Tri-State Negro Trade Union Council.

Ukranian-American Fraternal Union.
Union of American Croatians.
Union of New York Veterans.
United American Spanish Aid Committee.
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations.
United Committee of South Slavic Americans.
United Defense Council of Southern California.
United Harlem Tenants and Consumers Organization.
United May Day Committee.
United Negro and Allied Veterans of America.

Veterans of the Abraham Lincoln Brigade.
Voice of Freedom Committee.

Walt Whitman School of Social Science, Newark, New Jersey.
Washington Bookshop Association.
Washington Committee to Defend the Bill of Rights.
Washington Committee for Democratic Action.
Washington Commonwealth Federation.
Washington Pension Union.
Wisconsin Conference on Social Legislation.
Workers Alliance (*since April 1936*).
Workers Party (*including Socialist Youth League*).

Yiddisher Kultur Farband.
Yugoslav-American Cooperative Home, Inc.
Yugoslav Seamen's Club, Inc.

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST ARE ANNOUNCED:

Elsinore Progressive League
Everybody's Committee to Outlaw War
Idaho Pension Union
Massachusetts Committee for the Bill of Rights

II. DECLARATION. (*Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions at the time of execution of this certificate may constitute grounds for court martial, discharge, separation, or other disposition of personnel. Penalties for making a false statement may be very severe. If Federal Constitutional privilege against self-crimination, i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question, you may so claim under Remarks below, "Federal Constitutional privilege is claimed" or "Federal Constitutional privilege is claimed as to . . . ," describing the specific part of any conduct, membership, or association about which claim is made.*)

CERTIFICATION

I certify, as regards the standards of conduct, or membership in or association with, certain organizations, that:

1. *I have read the provisions applying to standards of conduct and membership in or association with certain organizations and I understand them.*
2. *If I have engaged in any such conduct, I have so indicated the nature thereof under Remarks below.*
3. *I have entered under Remarks below, the name(s) of the organization(s) from the above list of which I am or have been a member, or by which I am or have been employed, or which I have attended or been present at, or engaged in, organizational or social activities or activities which they sponsored, or for which I have sold, given away or distributed written, printed, or otherwise recorded matter published by them, or with which I have been identified or associated in some other manner.*
4. *If I have not engaged in any such conduct, or have not been associated in any manner with listed organizations, or have never been a member or participated in the activities of any pro-communist, pro-Nazi, or pro-Fascist organizations in foreign countries, I have so indicated by writing "NONE" or "None to my knowledge" under Remarks below.*
5. *I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.*
6. *I understand the meaning of the statements made in the certifications above.*

REMARKS (*Use the space provided below and attach additional sheets, if necessary, for a full detailed statement. If associated with any of listed organizations, specify nature and extent of association with each including dates, places, and credentials now or formerly held*)

None

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NO. (*If any*)	SIGNATURE OF PERSON MAKING CERTIFICATION
Louis Stanley Bauchan	221-813	Louis S Bauchan
GIVEN UNDER MY HAND THIS 6th DAY OF July 19 56		AT Traverse City, Michigan
TYPED NAME, GRADE AND ORGANIZATION OF WITNESSING OFFICER		SIGNATURE OF WITNESSING OFFICER
E. W. LEWIS, ENS., USCGR		

☆ U GOVERNMENT PRINTING OFFICE: 1955 O— 348595

RETIRED
JUL 1 1957

U. S. Coast Guard

ENLISTED SERVICE RECORD

CAUTION

No information may be divulged from this record except to persons properly and directly concerned; this policy, by long usage, has acquired the effect of law. Questionable cases will be referred to the Commanding Officer for decision. The inviolability of the enlisted personnel service record and information therefrom has long been recognized by the United States Coast Guard in view of the confidential nature of such records.

TREASURY DEPARTMENT — U. S. COAST GUARD CG 3300 (4-52)

COMMANDANT
U. S. COAST GUARD HEADQUARTERS
WASHINGTON 25, D. C.

OFFICIAL BUSINESS
PERMIT No. 1069

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300

IF FOUND, PLACE IN NEAREST MAIL BOX FOR RETURN BY OFFICIAL MAIL

To: COMMANDANT (PE)
U. S. COAST GUARD HEADQUARTERS
WASHINGTON 25, D. C.

INSTRUCTIONS

This side of the service record is for all official and unofficial correspondence concerning the individual, such as: Transfer Orders, official requests, personal documents, i. e., Discharge Certificates, Training Course Certificates, original of Citations or Commendations, etc.

Upon separation from the Coast Guard, all personal documents should be removed and returned to the individual concerned. Obtain a receipt for papers so delivered and file with the remaining correspondence in the service record.

Eliminate correspondence which has served its purpose and arrange remaining papers in chronological order, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

Identification Card No. 151207 BLOOD TYPE - O+

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
2-6-56	CGC MACKINAW	E.W. LEWIS, ENS, PO, By dir	F.J.H.
6-30-57	CGC MACKINAW (WAGB-83)	A. LANDRY, LTJG, PO. By dir.	A.L.

REMINGTON RAND INC., 11 U S 391-14036—'52

INSTRUCTIONS

1. A service record will be opened and maintained for each person enlisted, reenlisted, or inducted as an enlisted member of the Regular Coast Guard or reserve components.

2. Type or print full name in following order: last, first and middle, and service number, on line above captions, in space provided on this record. In case of USCGR personnel, type "R" after USCG.

3. The service record shall be safeguarded against loss and unauthorized persons shall not have access thereto.

4. Entries in the record shall be made only by those given such authority by the Commanding Officer. The required signatures are specified on page 15, Service Record Signatures.

5. All marks and other entries shall be entered promptly, dated, and signed, either on date of occurrence or as may be otherwise required.

6. All entries shall be typewritten. Signatures shall be made in black or blue black ink only.

7. Erasures, interlineations, and the use of ditto marks are prohibited. Should it be found that an error has been entered in the service record of an individual who is still attached to the command committing the error, a light red ink line shall be drawn through the erroneous entry; the commanding officer or executive officer should enter his initials alongside the lined-out error, and the correct entry made and signed or initialed as appropriate. When such apparent errors have been committed in previous commands, the Commandant (PE) should be advised and instructions requested; in case of performance of duty marks, see article 8-C-12 Personnel Manual.

8. Upon separation from the Coast Guard the service record will be closed out in accordance with current instructions and forwarded to The Commandant (PE). Upon immediate reenlistment below listed sheets indicated by an asterisk shall be removed and inserted in the new service record.

9. Instructions as to entries to be made on the several pages of the record are printed on the reverse side of the page. These pages shall be assembled on this side of the record in the following order; the Enlistment Contract on the bottom, the Agreement to Extend Enlistment (when appropriate) on the top of the Enlistment Contract, etc.

1 Enlistment Contract
1a Certificate of Obligated Service (when appropriate)
1b Agreement to Extend Enlistment (when appropriate)
2 Record of Emergency Data (Beneficiary) (DD93)
3 Classification Training and Rating Sheet*
4 Court Memorandum
5 Leave Record
6 Marks
7 Administrative Remarks
8 Motor Vehicle Operators Record (when appropriate)*
9 Record of Discharge, Release from Active Duty, or Death
10 DD Form 214
11 Desertion Sheet (when appropriate)
12 Individual Order to Adjust Pay Account
13 VACANT (held for future use)
14 VACANT (held for future use)
15 Service Record Signatures
16 Distribution Sheet

10. When additional sheets of the same page number are required the additional sheet shall be numbered serially, 1, 2, 3, etc., in block provided adjacent to page number and filed on top of the original in chronological order.

NAME LAST FIRST MIDDLE SERVICE No.
USCG 221-813

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
BAUCHAN,	Louis	S.	221-813	ENC(P)	CGC MACKINAW

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
7-6-56	3	7-5-59	None	None	None	7-5-56

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
3-27-12	CAU	W2DC	Cheboygan, Mich.	Cheboygan, Mich.	None	Michigan

19. CIVILIAN EDUCATION: HS4

20. LANGUAGE QUALIFICATIONS: None

21. CIVILIAN OCCUPATION: Coast Guardsman

22. SPECIAL SKILLS, LICENSES, ETC.: None

CODING SPACE

23. TEST SCORES

GCT UNK MA ____ EK ____ SP ____

AR ____ READ ____ MK ____ PI ____ CA ____

24. EXPERIENCE (*Months*)

WITHIN CLUS: ASHORE 133 AFLOAT 23

OUTSIDE CLUS: ASHORE 8 AFLOAT 16

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH USCG

b. ACTIVE SERVICE

20 YRS. 08 MOS. 04 DAYS

c. OTHER SERVICE

____ YRS. ____ MOS. ____ DAYS

d. TOTAL NET SERVICE FOR PAY

20 YRS. 08 MOS. 04 DAYS

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED: None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
	PERM.	
ENC	PRO.	3-1-56

31. REMARKS: None

26. SERVICE FOR BASIC PAY

COMP. 18 YRS. ON 11/1/53

27. SERVICE FOR RETIREMENT

COMP. 20 YRS. ON 11/1/55

32. RPTD DIST. 8-5-55

33. RPTD UNIT 9-2-55

GPO 16—66506-1

1. NAME: LAST BAUCHAN, FIRST Louis INITIAL S. | 2. SERVICE NO. 221-813 | 3. RATE ENC(P) | 4. PRESENT UNIT CGC MACKINAW

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6-19-57	I certify that I have today examined the below named man and found that he has the following disease or physical condition likely to result in physical disability or death: None Other defects noted: None In my opinion those numbered 0 are incident of service. In my opinion those numbered 0 are not incident of service. Wasserman-Negative T H Rees M D Surgeon, USPH Service
	I certify to the best of my knowledge and belief: That I have no Physical defect(s) That I have the following Physical defect(s) None Louis S. Bauchan Louis S. BAUCHAN ENC(P) Rank or Rating, U. S. Coast Guard
	Service terminated 30 June 1957 (date) At CGC MACKINAW (WAGB-83), Cheboygan, Michigan (place) By reason of Retirement (separation enlistment physical disability desertion, etc.) A. Landry A. LANDRY, LTJG, USCG, Personnel Off. LTJG, USCG, Custodial Officer (Rank)

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cauc	ENC	CGC Mackinaw	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
Bauchan Louis S.		221-813

16—67728-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Bauchan, Louis S.	ENC	221 813
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
	Retirement	

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.			USCG- Treasury Dept.	CGC Mackinaw (WAGB 83)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
3#/27/12	Manistee, Michigan	Irene L. Bauchan, Wife, same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Lentini Clinic Bldg. Cheboygan, Michigan	Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
N.D.		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
N.D.		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* X.—*Missing teeth* (6 × 8).—*Fixed bridge, brackets to include abutments*
/.—*Nonrestorable teeth* XXX.—*Replaced by dentures*

Plate

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X	31	X	29	X	27	26	25	24	23	22	21	20	/	X	X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1018			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
No	No	Not done	Not done	Wasserman-Negative
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
Not done	Not done		None	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
71 in.	195 lbs.	Drk. Brown	Gray		98.6

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		124	80
RECUMBENT		128	82
STANDING (*3 min.*)		122	78

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
96	120	84	84	84

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	J1	CORR. TO BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	J1	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*)	ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
	Not done			Not done		Not done		

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Normal LEFT	Normal-IsoChromatic	Not done	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Not done	Not done	Not done	Not done

70. HEARING			71. AUDIOMETER	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT WV 15	/15 SV	/15	RIGHT								
LEFT WV 15	/15 SV	/15	LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

Not done

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

None

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS QUALIFIED FOR

☐ IS NOT

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

Dischrg - retirement.

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

T.H. Rees M. D.

SIGNATURE T H Rees M d

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE : 1953—O-243413 16-62288-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Bauchan, Louis S.	ENC	221 813
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
	Retirement	

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc.			USCG- Treasury Dept.	CGC Mackinaw (WAGB 83)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
3#/27/12	Manistee, Michigan	Irene L.Bauchan, Wife, same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Lentini Clinic Bldg. Cheboygan, Michigan	Protestant

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

(*Check each item in appropriate column; enter "N. E." if not evaluated*)

NORMAL	ABNORMAL		
X		18.	HEAD, FACE, NECK, AND SCALP
X		19.	NOSE
X		20.	SINUSES
X		21.	MOUTH AND THROAT
X		22.	EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23.	DRUMS (*Perforation*)
X		24.	EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
N.D.		25.	OPHTHALMOSCOPIC
X		26.	PUPILS (*Equality and reaction*)
X		27.	OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28.	LUNGS AND CHEST (*Include breasts*)
X		29.	HEART (*Thrust, size, rhythm, sounds*)
X		30.	VASCULAR SYSTEM (*Varicosities, etc.*)
X		31.	ABDOMEN AND VISCERA (*Include hernia*)
X		32.	ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33.	ENDOCRINE SYSTEM
X		34.	G-U SYSTEM
X		35.	UPPER EXTREMITIES (*Strength, range of motion*)
X		36.	FEET
X		37.	LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38.	SPINE, OTHER MUSCULOSKELETAL
X		39.	IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40.	SKIN, LYMPHATICS
X		41.	NEUROLOGIC (*Equilibrium tests under item 72*)
X		42.	PSYCHIATRIC (*Specify any personality deviation*)
N.D.			
Females only			(*Check how done*)
		43.	PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* /.—*Nonrestorable teeth* X.—*Missing teeth* XXX.—*Replaced by dentures* (6 × 8).—*Fixed bridge, brackets to include abutments*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1018			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
No	No	Not done	Not done	Wasserman-Negative
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
Not done	Not done		None	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
71 in.	195 lbs.	Drk.Brown	Gray	☐	☒	☐	☐	98.6

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		124	80
RECUMBENT		128	82
STANDING (*3 min.*)		122	78

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
96	120	84	84	84

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	J1	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	J1	CORR. TO	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

Not done Not done Not done

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Normal LEFT	Normal-IsoChromatic	Not done	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Not done	Not done	Not done	Not done

70. HEARING

RIGHT WV 15 /15 SV /15

LEFT WV 15 /15 SV /15

71. AUDIOMETER

	250 *256*	500 *512*	1000 *1024*	2000 *2048*	3000 *2896*	4000 *4096*	8000 *8192*	
RIGHT								
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

Not done

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

None

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☐ IS ☒ IS NOT QUALIFIED FOR Dischrg - retirement

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
T.H. Rees M. D.	T H Rees M d
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE : 1953—O-243413 16 - 62288-1

26 June 1957

COMMANDANT (PP-4)
Coast Guard Headquarters
1300 E. Street, N.W.
Washington 25, D. C.

Dear Sir:

In accordance with Commandant (PE-1) Letter of 17 May 1957, Travel Order Number 54236/99201X, you are informed that my mailing address after retirement on 1 July 1957, until further notice is as follows:

545 Duncan Avenue
Cheboygan, Michigan

Very truly yours,

Louis S. BAUCHAN
(221-813) ENC(P), USCG
Retired

Treasury Department
U. S. Coast Guard
CG-3326 (6-52)

SECURITY TERMINATION STATEMENT

DATE: 30 June 1957

NAME (Last)	(First)	(Middle)	Rate/Grade	Service No.
BAUCHAN,	Louis	Stanley	ENC(P)	221-813

UNIT
USCGC MACKINAW (WAGB-83)

REFERENCES (a) United States Navy Security Manual for classified Matter, 1951. Article 0608.

1. I hereby certify that I have conformed to the directive contained in reference (a) in that I have returned to the Coast Guard all classified matter which I have had in my possession.

2. I further certify that I am not retaining or taking away with me from any place of employment (duty) and documents or thing containing or incorporating information affecting the National Defense or other matter classified Top Secret, Secret, Confidential or Restricted to which I obtained access during my employment (duty), in any manner whatsoever.

3. I shall not hereafter in any manner reveal or divulge to any person any information affecting the National Defense, classified Top Secret, Secret, Confidential or Restricted, of which I have gained knowledge during my employment (duty), except as may be hereafter authorized in writing by the Commandant of The Coast Guard.

(If any of the above statements cannot truthfully be made, the word 'not' shall be stricken out of the appropriate sentence and a full statement attached hereto indicating in detail the circumstances which prevent the making of the statement in its original form, including the names of the persons authorizing the particular handling of classified matter.)

I have been informed and am aware that 18 U. S. Code, 1946 edition, Supplement IV, 792-797 and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I certify that I have read and understand appendices B, D, E, F, and H of the U. S. Navy Security Manual for classified Matter, 1951. I have been informed and am aware that certain categories of Reserve and Retired personnel on inactive duty can be recalled to duty, under the pertinent provisions of law relating to each class for trial by court-martial for unlawful disclosure of information. I have been informed and am aware that the making of a wilfully false statement herein renders me subject to trial therefor, as provided by 18 U. S. Code, 1946 edition, Supplement, IV, 1001. In full and due consideration of the foregoing, I certify that the information I have given is, to the best of my knowledge and belief, correct and complete and that it will be used by the Coast Guard in carrying out its duty to protect the security of information which affects the National Defense of the United States.

Signature of witness	Signature
A. Landry A. LANDRY	Louis S. Bauchan Louis S. BAUCHAN
Title: LTJG, USCG Personnel Officer	



TREASURY DEPARTMENT U. S. COAST GUARD CGHQ-3505 *(1-54)*	**APPLICATION FOR RETIRED ARMED FORCES IDENTIFICATION CARD**

TO:	DATE
COMMANDANT, U. S. COAST GUARD, WASHINGTON 25, D. C.	30 June 1957

IDENTIFICATION DATA

INSTRUCTIONS

The following identification data must be provided to form the basis for issuance of an Armed Forces Identification Card endorsed "RETIRED." In this connection a suitable photograph (35MM or not larger than 1" x 1-5/16") will be enclosed.

NAME *(Last, First, Middle)*	SERVICE NO.	GRADE OR RATE
BAUCHAN, Louis S.	221-813	ENC
DATE OF BIRTH *(Month, Day, and Year)*	**WEIGHT**	**HEIGHT**
12 March 1912	198	FEET: 5 / INCHES: 11
COLOR HAIR	**COLOR EYES**	**BLOOD TYPE**
Light Brown	Gray	"O" Positive
ADDRESS	**SIGNATURE**	
545 Duncan Avenue Cheboygan, Michigan	Louis S. BAUCHAN	

4947 Treasury CGHQ Wash., D.C.

CG-2533
TREASURY DEPARTMENT
U. S. COAST GUARD
(Oct. 1937)

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

CGC MACKINAW (WAGB-83)
(Unit)

Cheboygan, Michigan
(Place)

30 June, 19 57

Upon being retired from active duty on 1 July, 19 57, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

(Name, age, sex, and nature of dependency)	(Signature)
Irene L. Bauchan (45) female (Wife)	Irene L. Bauchan
Dennis B. Bauchan (16) male (Son)	Dennis B Bauchan
Michael L. Bauchan (13) male (Son)	Michael L Bauchan

I hereby certify that the above signatures were signed in my presence this 27th of June, 19 57

A. Landry
A. LANDRY, LTJG, USCG
(Signature of certifying officer and title)

Louis S Bauchan
Louis S. BAUCHAN
(Signature of retired person)

ENC, USCG
(Rank or rating)

HEADQUARTERS First Endorsement, Washington, 19

1. Any officer of the Public Health Service authorized to furnish medical relief to dependents of Coast Guard personnel, under authority of the Act of Congress approved 30 July 1937, is requested to accept the evidence herein contained as identification for dependents of retired personnel.

By direction,

(Rank)
Assistant Commandant.

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-2

CG-2533
TREASURY DEPARTMENT
U. S. COAST GUARD
(Oct. 1937)

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

CGC MACKINAW (WAGB-83)
(Unit)

Cheboygan, Michigan
(Place)

30 June, 19 57

Upon being retired from active duty on 1 July, 19 57, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

(Name, age, sex, and nature of dependency)	(Signature)
Irene L. Bauchan (45) female (Wife)	Irene L. Bauchan
Dennis B. Bauchan (16) male (Son)	Dennis B. Bauchan
Michael L. Bauchan (13) male (Son)	Michael L. Bauchan

I hereby certify that the above signatures were signed in my presence this 27th of June, 19 57

A. Landry
A. LANDRY, LTJG, USCG
(Signature of certifying officer and title)

Louis S. Bauchan
Louis S. BAUCHAN
(Signature of retired person)

ENC, USCG
(Rank or rating)

HEADQUARTERS First Endorsement, Washington, 19

1. Any officer of the Public Health Service authorized to furnish medical relief to dependents of Coast Guard personnel, under authority of the Act of Congress approved 30 July 1937, is requested to accept the evidence herein contained as identification for dependents of retired personnel.

By direction,

(Rank)
Assistant Commandant.

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-2

MILITARY PAY ORDER

MILITARY PAY ORDER NO. 673-57

ORGANIZATION AND STATION: USCGC MACKINAW (WAGB-83) Cheboygan, Michigan

DATE: 30 June 1957

TO DISBURSING OFFICER:

YOU ARE HEREBY AUTHORIZED TO OPEN, ADJUST OR CLOSE, AS INDICATED, THE PAY RECORDS OF THE INDIVIDUALS LISTED BELOW.

SERVICE NO.	LAST NAME—FIRST NAME—MIDDLE INITIAL	REASON FOR CHANGE	YEAR 1957 FROM—	YEAR 1957 TO—
221-813	BAUCHAN, Louis S.	30 June 1957: Retired from the Coast Guard under the 20 Year Retirement Law. Authority: Comdt ltr of 17 May 1957, TONO 54236/ 99201X. Received Reenlistment Bonus on 6 July 1956, in the amount of $90.00	6/30	

SYMBOL NO. (*Entered by D. O.*): 5344

TYPED NAME AND GRADE OF CERTIFYING OFFICER: A. LANDRY, LTJG, USCG, Personnel Officer, By direction

SIGNATURE OF CERTIFYING OFFICER: A. Landry

DD FORM 1 NOV 49 114

Replaces NME Form 114, 1 Dec 48, which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1949—O-863080

FORM PRESCRIBED BY COMPTROLLER GENERAL, U. S. FEBRUARY 8, 1949

1 July 1957
P16-4

FOURTH ENDORSEMENT on COMDT (PE-1) ltr of 17 May 1957

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: BAUCHAN, Louis S. (221-813) EMC, USCG

Subj: Retirement; travel

1. You departed this unit at 1100, 1 July 1957. Your last permanent duty station was CGC MACKINAW (WAGB-83), Cheboygan, Michigan.

2. Departure from the CGC MACKINAW (WAGB-83) was made from Cheboygan, Michigan.

E. S. KERR, Jr.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D C.

PE-1
17 May 1957

P/6-4

TONO: 54236/99201

From: Commandant
To: BAUCHAN, Louis S. (221-813) ENC, USCG
Via: Commander, Ninth CG District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 July 1957. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard. You will be separated in accordance with Chapter 12, Personnel Manual.

2. You will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

3. Travel expenses incident to the execution of this order are chargeable to travel order number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District from which retired.

Encl:
(1) Information relative to retirement
(2) Form CG-2533, in duplicate

R. E. MORELL
By direction

20 May 1957
P16-4

FIRST ENDORSEMENT on COMDT (PE-1) ltr of 17 May 1957

Encl:
From: Commander, Ninth Coast Guard District
To: BAUCHAN, Louis S. (221-813) ENC, USCG
Via: Commanding Officer, CGC MACKINAW (WAGB-83)

Subj: Retirement; travel

Forwarded.

By direction

E. C. CRISPI
Lieutenant, USCG

---

23 May 1957
P16-4

SECOND ENDORSEMENT on COMDT (PE-1) ltr of 17 May 1957

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: BAUCHAN, Louis S. (221-813) ENC, USCG

1. Delivered.

L. S. BAUCHAN
Lieutenant, USCG

---

24 May 1957
P16-4

THIRD ENDORSEMENT on COMDT (PE-1) ltr of 17 May 1957

1. Orders received by me on board the CGC MACKINAW (WAGB-83), Cleveland, Ohio, at 1000, 24 May 1957.

Louis S. BAUCHAN

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CGC MACKINAW (WAGB-83)	Cheboygan, Michigan	26 May 1957

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) ENC(P)	Commanding Officer	Personnel Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☐ REGULAR	☐ REENLISTMENT
THREE (03)	26 May 1957	☒ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE 545 Duncan Avenue, Cheboygan, Michigan, Tel. No. 1221-M

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S. BAUCHAN

End.-1 Unit: CGC MACKINAW (WAGB-83) Date 26 May 1957

Date current leave accounting period began	Balance brought forward beginning of present accounting period
6 July 1956	00
Number days' leave used during current accounting period	Date of expiration of current enlistment
10	5 July 1959

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

R. G. Fleischman. Exo. for.
A. LANDRY, LTJG, USCG, PO, By dir.
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CGC MACKINAW (WAGB-83) Date 26 May 1957

☒ Returned, GRANTED THREE (03) days.

☐ Returned, NOT GRANTED, because ☐ ADVANCE ☐ ACCRUED Emergency (Reason for leave) Leave.

R. G. Fleischman. for
W. R. LEWIS, Commander, USCG, XO
(Signature, grade, and title)

End.-4 Unit: CGC MACKINAW (WAGB-83) Date 26 May 1957

Departed at 0900, this date. This leave expires before 0900, 30 May 1957

at Cheboygan, Michigan and is subject to the instructions on the reverse hereof.

R. G. Fleischman Ens. U.S.C.G.
(Signature, grade, and title)

End.-5 Unit: CGC MACKINAW (WAGB-83) Date 30 May 1957

Reported at 0900, this date, having used (03) days' leave.

A. Landry
A. LANDRY, LTJG, PO, By dir.
(Signature, grade, and title)

16—40220-4

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. a. In the case of officer personnel, a signed copy, endorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to the Commandant (PO) immediately upon return from leave.

   b. In the case of enlisted personnel, the original application with endorsements 4 and 5 completed will be used in making the necessary entries in the leave record page of the service record, Form CG–3305, and on the Individual Order to Adjust Pay Record, Form CG–3312. The original(s) shall be retained on the left side of the service record until the individual is discharged or separated from active duty at which time they shall be removed and destroyed prior to forwarding of the closed-out service record to the Commandant (PE).
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE : 1955—O-332907 16—40220-4

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CGC MACKINAW (WAGB-83)	Cheboygan, Michigan	6 July 1956

FROM (REQUESTED):	TO	VIA:
BAUCHAN, Louis S.(221-813)ENC(P)	Commanding Officer	Personnel Officer

THE FOLLOWING LEAVE IS REQUESTED

NUMBER OF DAYS	TO DEPART		
TEN (10)	8 July 1956	[X] REGULAR [ ] EMERGENCY	[ ] REENLISTMENT [ ] RECRUIT

ADDRESS ON LEAVE WILL BE 545 Duncan Street, Cheboygan, Michigan

TO BE CHECKED BY OFFICERS ONLY
[ ] I am not a member of any court or board.
[ ] I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or Board(s).

SIGNATURE OF APPLICANT LOUIS S. BAUCHAN

End.-1 Unit: CGC MACKINAW (WAGB-83) Date 6 July 1956

Date current leave accounting period began 6 July 1956	Balance brought forward beginning of present accounting period 00
Number days leave used during current accounting period 00	Date of expiration of current enlistment 5 July 1959

[X] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

E. W. LEWIS, ENS, USCGR, PO, By dir.
(Signature, grade and title)

End.-2 Unit: Date

[ ] FORWARDED, APPROVED [ ] FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CGC MACKINAW (WAGB-83) Date 6 July 1956

[X] Returned, GRANTED TEN (10) days. [X] ADVANCE [ ] ACCRUED REGULAR Leave.

[ ] Returned, NOT GRANTED, BECAUSE

W. R. LEWIS, CDR, USCG, XO
(Signature, grade, and title)

End.-4 Unit: CGC MACKINAW (WAGB-83) Date 8 July 1956

Departed at 1645, this date. This leave expires before 0900, 19 July 1956 at CGC MACKINAW (WAGB-83),Cheboygan,Mich. and is subject to the instructions on the reverse hereof.

[illegible] Lt O.O.D.
(Signature, grade, and title)

End.-5 Unit: CGC MACKINAW (WAGB-83) Date 19 July 1956

Reported at 0835, this date, having used TEN (10) days' leave.

E. W. LEWIS, ENS, USCGR, PO, By dir.
(Signature, grade, and title)

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. a. In the case of officer personnel, a signed copy, endorsed to show the time and date of return from leave, shall be forwarded to the Commandant (PO) immediately upon return from leave.

   b. In the case of enlisted personnel, the original application with endorsements 4 and 5 completed will be used in making the necessary entries in the leave record, Form CG-3305, and on the Individual Order to Adjust Pay Record, Form CG-3312. The original(s) shall be retained on the left side of the service record until the individual is discharged or separate from active duty at which time they shall be removed and destroyed prior to forwarding of the closed-out service record to the Commandant (PE).
3. The "Reason for Leave" shall be shown as "Regular Leave", "Reenlistment Leave", "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
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INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plance schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should obtain clearance from the nearest Coast Guard public information officer if at all practicable.

UNITED STATES COAST GUARD

Address reply to
Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

26 June 1957
(Date)
P15/MM/00

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commander, 9th Coast Guard District (p)

Subj: Good Conduct Awards; request for

Ref: (a) Article 9-D-1, Personnel Manual

1. In accordance with qualifications as outlined in reference (a) the below listed personnel have become eligible and are entitled to a Good Conduct Award as indicated:

BAUCHAN, Louis S. (221-813) ENC(P) - Good Conduct Bars for periods of service as follows: From
3 July 1944, to 2 July 1947,
3 July 1947, to 2 July 1950,
3 July 1950, to 2 July 1953,
3 July 1953, to 2 July 1956.

2. In view of the above, it is requested that the above award be engraved and returned to this command for delivery to personnel concerned.

E. S. KERR, Jr.

25 March 1957
P19-2

Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

From: BAUCHAN, Louis S. (221-813) ENC(P)
To: Commandant (PE)
Via: 1. Commanding Officer, CGC MACKINAW (WAGB-83)
2. Commander, NINTH Coast Guard District (p)

Subj: Retirement; request for

1. It is requested that I be considered for retirement on 1 July 1957, in accordance with Personnel Instruction No. 66-56, and Title 14, U. S. Code.

2. On 2 November 1956, I completed twenty-one (21) years service for retirement purposes.

Louis S. BAUCHAN

- -

25 March 1957
P19-2

FIRST ENDORSEMENT on BAUCHAN, Louis S. (221-813) ENC(P) ltr of 25 March 1957, P19-2

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commandant (PE)
Via: Commander, NINTH Coast Guard District (p)

1. Forwarded, approved.

H. S. KERR, Jr.

14 February 1957
P17-2

Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commandant (PE)
Via: Commander, 9th CG District (p)

Subj: BAUCHAN, Louis S. (221-813) ENC(P); recommendation for permanent appointment

1. Subject man was appointed to his present rating on 1 March 1956. He has completed his probationary period as provisional chief petty officer and is recommended for a permanent appointment as chief engineman.

2. BAUCHAN has the necessary characteristics of a chief petty officer, and through his leadership he has gained the respect of his subordinates. He is capable of maintaining discipline and is qualified as a leader of men. BAUCHAN has the ability to perform all of his duties including the planning of his work and directing the execution of it. His proficiency in rating and conduct marks since first advancement to chief petty officer are listed below:

		PIR	CONDUCT
3-31-56	EQM	3.6	4.0
6-30-56	EQM	3.7	4.0
7- 5-56	Disch	3.8	4.0
9-30-56	EQM	3.8	4.0
12-31-56	EQM	3.8	4.0

W. R. LEWIS
Acting

FROM: Louis A Bauchan ENC (P) (221-813)
Name Rank Serial Number

TO: The Commanding Officer C & C Mackinaw
Organization

SUBJECT: The Servicemen's and Veterans Survivor Benefits Act of 1956.

I desire to take action as follows regarding insurance:

1. ☒ Cancel Waiver of premiums by May 1, 1957 and resume premium payments.
2. ☐ Take out a 5 year term policy between the time I am discharged from my present enlistment and December 31, 1956.
3. ☐ Replace a policy that I have surrendered for cash or allowed to expire.
4. ☐ None of the above

I understand that this is not a final and formal application.

Louis A Bauchan
Signature

Tear along this line

ALL PERSONNEL ARE REQUIRED TO FILL THIS OUT AND TURN IT OVER TO THEIR COMMANDING OFFICER.

YOUR COMMANDING OFFICER WILL ARRANGE FOR THE PREPARATION AND SUBMISSION OF THE PROPER OFFICIAL FORMS.

Form VA 9-5782 submitted 12-11-56

THIS CONTAINS NEW INFORMATION

ABOUT SURVIVOR BENEFITS AND INSURANCE

IMPORTANT TO EVERY MEMBER OF THE ARMED FORCES

+ + +

READ and TAKE ACTION

☆ U. S. GOVERNMENT PRINTING OFFICE : 1956 O—397694

Please read important information and instructions on reverse before completing form.

PART I

Please print or type

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION/ACTION ON SECTION 622 WAIVER
GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER *(Include letter prefix)*: F

2. BRANCH OF SERVICE: ☐ ARMY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NAVY ☐ OTHER *(Specify)*

3. INSURANCE POLICY NUMBER(S) *(Include letter prefix)*:

4. SERVICE NUMBER(S) A. PRESENT	B. OTHER(S)	5. DATE OF BIRTH MONTH	DAY	YEAR	6. DATES OF ENTRY ON ACTIVE DUTY SINCE APRIL 26, 1951 MONTH	DAY	YEAR	7. DATES OF SEPARATION FROM ACTIVE DUTY SINCE APRIL 26, 1951 MONTH	DAY	YEAR
221-813		Mar.	27	1912	Jul.	6	1956	Jul.	5	1956

8. FIRST NAME - MIDDLE NAME - LAST NAME *(Print or type)*: Louis Stanley BAUCHAN

9. MAILING ADDRESS FOR INSURANCE PURPOSES:
545 Duncan Avenue
Cheboygan, Michigan

I certify that the service information shown in items 2, 4, 5, 6 and 7 is correct.

10. SIGNATURE OF OFFICER	11. RANK OR GRADE	12. ORGANIZATION	13. DATE
H. J. ROEHNER	LTJG	U. S. Coast Guard	11 Dec., 1956

14. CHECK APPLICABLE BOX *(CHECK ONLY ONE)*

☒ a. I intend to resume payment of premiums on my TERM insurance by allotment from service pay. I understand that the allotment establishment will be used as authority to cancel the Section 622 waiver, but that the waiver will remain in effect until resumption of premium payment by allotment.

☐ b. I intend to resume payment of premiums on my TERM insurance by direct remittance. I request that the present waiver of premiums under Section 622 of the NSLI Act, as amended, be canceled upon tender of a premium but in no event earlier than the end of the premium month preceding May 1, 1957.

Please furnish the information necessary to complete the action in Item 14a or 14b.

☐ c. I request that the present waiver of premiums under Section 622 of the NSLI Act, as amended, on my PERMANENT PLAN insurance be canceled at the end of the premium month preceding May 1, 1957.

☐ d. I DO NOT DESIRE TO CONTINUE MY TERM GOVERNMENT LIFE INSURANCE. I request that the present waiver of my TERM insurance premiums under Section 622 of the NSLI Act, as amended, be canceled at the end of the premium month preceding May 1, 1957.

I understand that having made no election under paragraph a, b, c or d above my present waiver of premiums under Section 622 of the NSLI Act, as amended, will continue.

15. DATE OF SIGNATURE	16. SIGNATURE OF INSURED *(Do not print)*
11 December 1956	Louis S. BAUCHAN

VA FORM 9-5782, SEP 1956

VA DC 234633

PART II - DO NOT DETACH THIS PORTION OF FORM

VETERANS ADMINISTRATION
REPLY TO REQUEST FOR INFORMATION/ACTION ON SECTION 622 WAIVER

1. INSURANCE FILE NUMBER	2. INSURANCE POLICY NUMBER(S)
F V 1741-81-22	

Your request for information/action on your Section 622 waiver has been processed. Items 4 through 8, as checked, show the information requested or action taken.

3. NAMES, SERVICE NUMBER, AND ADDRESS TO WHICH THIS FORM SHOULD BE RETURNED

Louis S. BAUCHAN (221-813)
545 Duncan Avenue
Cheboygan, Michigan

TO BE COMPLETED BY VA

☑ 4. ESTABLISH ALLOTMENT AS FOLLOWS:

AMOUNT	EFFECTIVE MONTH
$ 4.75	April 1957

☐ 5. FIRST MONTHLY PREMIUM DUE:

DATE	AMOUNT
	$

☐ 6. WAIVER TERMINATED — DATE:

☐ 7. THE PURE RISK INSURANCE PORTION OF YOUR PERMANENT PLAN PREMIUM WILL BE REFUNDED AFTER WAIVER TERMINATION DATE IN ITEM 6, PART II.

8. DATE COMPLETED: 12-18-56

V A FORM SEP 1956 9-5782

IMPORTANT INFORMATION AND INSTRUCTIONS

This form should be completed by each serviceman who presently has a waiver of National Service or U.S. Government Life Insurance premiums under Section 622 of the NSLI Act, as amended, and who continues in the active service through May 1, 1957. If premiums are waived under Section 622 and death occurs on or after May 1, 1957, no dependency and indemnity compensation will be paid under the Servicemen's and Veterans' Survivor Benefits Act. However, death compensation may be paid under laws administered by the Veterans Administration. IT IS SUGGESTED THAT YOU CAREFULLY CONSIDER YOUR PERSONAL SITUATION BEFORE COMPLETING THIS FORM. If you wish to change your beneficiary, or if you do not know your previous beneficiary designation, complete VA Form 9-336, Change or Designation of Beneficiary and/or Change or Selection of Optional Settlement and attach to this form. If VA Form 9-336 is not available, submit this information by letter.

TO BE COMPLETED BY VA	
☐ 4. ESTABLISH ALLOTMENT AS FOLLOWS:	
AMOUNT $	EFFECTIVE MONTH 1957
☐ 5. FIRST MONTHLY PREMIUM DUE:	
DATE	AMOUNT $
☐ 6. WAIVER TERMINATED	DATE
☐ 7. THE PURE INSURANCE RISK PORTION OF YOUR PERMANENT PLAN PREMIUM WILL BE REFUNDED AFTER THE WAIVER TERMINATION DATE IN ITEM 6.	
8. DATE COMPLETED	

ITEM — INSTRUCTIONS FOR COMPLETION OF ITEMS

1 - Enter your insurance file number (number prefixed by "F") as shown on correspondence or forms received from the VA. If you have only one policy enter the number of this policy (See instructions for completing Item 3.). If this number is unknown, leave blank.

2 - Check your present branch of service.

3 - Enter your insurance policy number(s) as shown on your policy or correspondence received from the VA. If this number is unknown, leave blank.

4 - Enter your present service number. Also enter any previous service number(s) in present or other branches of service.

5 - Enter your date of birth (Month-day-year).

6 - Enter all dates of entry on active duty since April 26, 1951.

7 - Enter all dates of separation since April 26, 1951.

8 - Enter your full name.

9 - Enter the address to which you wish your insurance mail sent. All future correspondence will be mailed to this address unless you submit an address change to the VA.

10,11,12,13 - Have these items completed by the officer who has your personnel records.

14 - Indicate, by checking the applicable block, the action you wish to take with respect to your Section 622 waiver.

a. If you wish to cancel the waiver on your term insurance and resume payment of premiums by allotment from service pay (Item 14a), the lower portion of this form will be returned to you showing the amount of monthly premium and the month in which allotment should be established to terminate the waiver as of the end of the premium month preceding May 1, 1957.

b. If you wish to cancel the waiver on your term insurance and resume payment of premiums by direct remittance to the VA (Item 14b), you will be advised of correct monthly premium and the due date of the first premium which should be paid to terminate the waiver as of the end of the premium month preceding May 1, 1957.

c. When this form has been processed, the lower portion will be returned to you.

15 - Enter date you sign this form.

16 - Sign the form. Please do NOT type or print this entry.

ITEM - ON REPLY PORTION OF FORM (PART II)

1 - Enter your insurance file number (same as Item 1 in upper portion of form.)

2 - Enter your insurance policy number(s) (same as Item 3 in upper portion of form.)

3 - Enter your name and service number on the first line. Enter the address to which you wish this portion of the form returned on the second and third lines. Complete this item even though it is the same as the address shown in Item 9 above.

When this form is completed, mail it to: Veterans Administration, Insurance Center, Munitions Building, Washington 25, D. C.

☆U S GOVERNMENT PRINTING OFFICE 1956 O-397923

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | ENC (Rank or rating) | USCGC MACKINAW (WAGB-83) Cheboygan, Michigan (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

Place Cleveland, Ohio, Date 22 May, 1956, 19

To: Dental Officer in Charge
USPHS Outpatient Clinic
Cleveland, Ohio

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer USCGC MACKINAW (WAGB-83) Cheboygan, Michigan

Louis S. Bauchan
(Signature of patient)

W.R. LEWIS
CDR
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Cleveland, Ohio, Date 22 June, 19 56

I CERTIFY that I have examined the above-named person and find him suffering from Dental Caries; Missing teeth
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USPHS OPC {*hospital / *office} on 22 May, 19 56

M. Costello
Sr. Dent. Surg.
U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16–27156–1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | ENC (Rank or rating) | CGC MACKINAW(WAGB-83) Cheboygan, Michigan (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Cleveland, Ohio, Date 22 June, 19 56

To: CO, CGC MACKINAW(WAGB-83)
(Coast Guard unit)
Cheboygan, Michigan
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Dental Caries		5-22-56	6-1-56
Missing teeth		6-5-56	6-13-56

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes / *No.} Guilty of insubordination? {*Yes / *No.}

M. Costello
Sr. Dent. Surg.
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for
(Diagnosis)
since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

Address reply to:
Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

29 March 1956
P20-3

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: BAUCHAN, Louis S. (221-813) ENC (P), USCG

Subj: Qualification as Engineering Duty Watch Officer; certification of

Ref: (a) Section 10-7-7, U. S. Coast Guard Regulations

1. You are hereby certified as being deemed qualified in all respects to assume duties as Engineering Duty Watch Officer as follows:
   (a) In port
   (b) Underway

2. Accordingly, you will be responsible for the carrying out of all duties in connection therewith in accordance with all applicable current regulations and directives.

3. Appropriate notation of this certification will be made on your Officer's Fitness Report or, in the case of enlisted personnel on the Administrative Remarks Sheet of the Service Record.

C. R. MacLEAN

UNITED STATES COAST GUARD

USCGC MACKINAW (WAGB-83)
Cheboygan, Michigan

Address Reply to:
Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

29 March 1956
P20-3

From: Engineer Officer, CGC MACKINAW (WAGB-83)
To: Commanding Officer, CGC MACKINAW (WAGB-83)

Subj: Qualification as Engineering Duty Watch Officer; recommendation for certification

Ref: (a) Section 10-7-7 U. S. Coast Guard Regulations

1. The below named man is recommended for qualification to stand duty as Engineering Duty Watch Officer inport and underway.

BAUCHAN, Louis S. (221-813) ENC (P), USCG

W. D. Ball J.
W. D. BALL Jr., Lt., USCG
Engineer Officer

Noted
29 March '56

UNITED STATES COAST GUARD

Address reply to:
Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

9 March 1956
P20-3

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: BAUCHAN, Louis S. (221-813) ENC, USCG

Subj: Qualification as Engineering Duty Watch Officer; certification of

Ref: (a) Section 10-7-7, U. S. Coast Guard Regulations

1. You are hereby certified as being deemed qualified in all respects to assume duties as Engineering Duty Watch Officer as follows:
(a) In port
(b) XXXXXXXXXXX

2. Accordingly, you will be responsible for the carrying out of all duties in connection therewith in accordance with all applicable current regulations and directives.

3. Appropriate notation of this certification will be made on your Officer's Fitness Report or, in the case of enlisted personnel on the Administrative Remarks Sheet of the Service Record.

C. R. MacLEAN

UNITED STATES COAST GUARD

USCGC MACKINAW (WAGB-83)
Cheboygan, Michigan

Address Reply to:
Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

9 March 1956
P:O-3

From: Engineer Officer, CGC MACKINAW (WAGB-83)
To: Commanding Officer, CGC MACKINAW (WAGB-83)

Subj: Qualification as Engineering Duty Watch Officer; recommendation for certification

Ref: (a) Section 10-7-7 U. S. Coast Guard Regulations

1. The below named man is recommended for qualification to stand duty as Engineering Duty Watch Officer inport xxxxxxxxxxxxx

BAUCHAN, Louis S. (221-813) ENC, USCG

W. D. Ball Jr.

W. D. BALL Jr., Lt., USCG
Engineer Officer

WDB

Noted 10 Mar

CDR

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

TRQNSCRIBED FROM PREVIOUS SERVICE RECORD

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
* 30 Jun.54	RQM	EN1	3.8	3.8	4.0	CG-83394, Honolulu /s	/R. MC CLELLAN, ENS. CO
*30 Sep. 54	EQM RQM	EN1	3.8	3.8	4.0	CG-83394, Honolulu /s	/R. MC CLELLAN, ENS, CO
8 Oct. 54	Trans	EN1	3.8	3.8	4.0	CG 83394, Honolulu	/s/ R. MC CLELLAN,ENS, CO
1 Dec. 54	DET ofCO	EN1	3.8	3.8	4.0	BASE, HONO, TH	/s/E. W. COLEMAN,LCDR, USCG
*31 Dec 54	EQM	EN1	3.8	3.8	4.0	BASE,HONO, TH	/s/ C.C.KNAPP, CAPT, USCG.
*31 Mar 55	EQM	EN1	3.8	3.8	4.0	BASE,HONO, TH.	/s/ C.C.KNAPP, CAPT, USCG.
8 Apr. 55	DET of CO.	EN1	3.8	3.8	4.0	BASE, HONO, TH.	/s/ C.C.KNAPP, CAPT, USCG.
30 June 55	EQM	EN1	3.8	3.8	4.0	BASE, HONO. TH.	/s/ E. W. COLEMAN,LCDR, USC
15 July 55	TRANS	EN1	3.8	3.8	4.0	BASE, HONO, TH.	/s/ E. W. COLEMAN,LCDR,USC
18 July 55	TRANS	EN1	PIT	PIT	4.0	CG BASE (ADMIN) ALAMEDA	/s/ W. J. FELTON, CDR, USC
5 Aug. 55	TRANS	EN1	PIT	PIT	4.0	OCCGD9, Cleve.,Ohio	/s/ E. ELDER,SCLK3,By dir.
30 Sept. 55	EQM	EN1	3.8	3.8	4.0	CGC MACKINAW	/s/ C. R. MACLEAN, CAPT,CO
*30 Sept 55	RQM	EN1	3.8	3.8	4.0	CGC MACKINAW	/s/ C. R. MacLEAN,CAPT,CO
*31 Dec. 55	EQM	EN1	3.9	3.8	4.0	CGC MACKINAW	/s/ C. R. MacLEAN,CAPT,CO
	ADAPTABILITY FOR WARRANT GRADE: 3.2						
*31 Mar. 56	EQM	ENC(P)	3.6	3.6	4.0	CGC MACKINAW	/s/C. R. MacLEAN, CAPT, CO
	DETof ADAPTABILITY FOR WARRANT GRADE: 3.3						
19 June 56	CO	ENC(P)	3.7	3.7	4.0	CGC MACKINAW	/s/ C. R. MacLEAN,CAPT,CO
* 30 June 56	EQM	ENC(P)	3.7	3.7	4.0	CGC MACKINAW	/s/ E. S. KERR, JR.CDR,CO
5 July 56	DISCH	ENC(P)	3.8	3.7	4.0	CGC MACKINAW	/s/ E. S. KERR, JR. CDR, CO
5 July 56	Final Average	ENC(P)	3.69	--	4.0	CGC MACKINAW	/s/ E. S. KERR, JR.CDR, CO

CERTIFIED TO BE A TRUE TRANSCRIPT:

E. W. LEWIS, ENS., USCGR

NAME (Last) BAUCHAN, (First) Louis (Middle) S.

SERVICE NO. 221-813

MARKS

16—66652-1

Instructions

(1) Marks shall be entered in strict accordance with Section C, Chapter 8, Personnel Manual.

(2) Under "REASON" indicate whether quarterly, transfer, relief of commanding officer, discharge, etc.

(3) If more than one page is needed during an enlistment, the first page shall be numbered 1 in the block provided beside the page number and subsequent pages shall be numbered 2, 3, 4, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

TRANSCRIBED FROM PREVIOUS SERVICE RECORD

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
31 Dec 50		EN1	3.6	3.6	4.0		/s/ A. L. McMULLEN, BMC(L)
31 Mar 51		EN1	3.6	3.6	4.0		/s/ A. L. McMULLEN, BMC(L)
30 June 51		EN1	3.6	3.6	4.0		/s/ AK CAIDE,CBOSN, CO
30 Sept. 51		EN1	3.5	3.5	4.0		/s/ A. L. McMULLEN, BMC(L)
24 Dec. 51		EN1	3.5	3.5	4.0		/s/ A. J. BATES, BOSN.OINC
30 Mar 52		EN1	3.6	3.5	4.0		/s/D. H. DEXTER,CAPT,CO
30 June 52		EN1	3.6	3.5	4.0		/s/ D. H. DEXTER,CAPT,CO
18 Aug. 52	Det CO	EN1	3.6	3.6	4.0	CGC MACKINAW	/s/ D. H.DEXTER,CAPT, CO
*30 Sep. 52	EQM RQM	EN1	3.6	3.6	4.0	CGC MACKINAW	/s/ A.B.ENGEL,CDR,USCG.
*31 Dec. 52	EQM RQM	EN1	3.6	3.6	4.0	CGC MACKINAW	/s/ A.B.ENGEL, CDR,USCG
*31 Mar 53	EQM	EN1	3.7	3.6	4.0	CGC MACKINAW	/s/ W. J. SMITH,CDR,USCG
19 June 53	TRANS	EN1	3.8	3.7	4.0	CGC MACKINAW	/s/ W.J. SMITH,CDR, USCG
*30 June 53	EQM RQM	EN1	3.8	3.7	4.0	CG Base(ADMIN)ALAMEDA	/s/A.E.MICHAELSEN,LCDR,XO
28 July 53	TRANS	EN1	PIT	PIT	4.0	CG BASE(ADMIN)ALAMEDA	/s/AE. MICHALELSEN,LCDR,XO
22 Sept 53	TRANS	EN1	PIT	PIT	4.0	CG BASE (T&A)SAND Island	/s/G L.BATES,LT,USCG,BYdi
30 Sept 53	EQM	EN1	3.5	3.5	4.0	NEWELL(WDE-422)	/s/ L.W.TIBBITS,LCDR,USCG.
*30 SEPT 53	RQM	EN1	3.5	3.5	4.0	NEWELL(WDE-422)	/s/ L.W.TIBBITS,LCDR,USCG
*31 Dec 53	EQM	EN1	3.6	3.6	4.0	NEWELL(WDE-422)	/s/ L.W.TIBBITS,LCDR,USCG
13 Feb 54	Tran	EN1	3.6	3.6	4.0	NEWELL(WDE-422)	/s/L. W.TIBBITS, LCDR,USCG
16 Mar 54	TRAN	EN1	3.7	3.7	4.0	CGC KUKUI (WAK-186)	/s/L.E.BRUNNER,CDR,CO
31 Mar 54	EQM	EN1	PIT	PIT	4.0	BASE(T&A) SAND ISLAND	/s/ E. W. COLEMAN, LT,XO
*31 Mar 54	RQM	EN1	3.7	3.7	4.0	BASE(T&A) SAND ISLAND	/s/ E. W. COLEMAN, LT, XO
16 Apr. 54	TRANS	EN1	PIT	PIT	4.0	BASE (T&A)SAND ISLAND	/s/E. W. COLEMAN,LT, XO
30 June 54	EQM	EN1	3.8	3.8	4.0	CG-83394, Honolulu	/s/ R. McCLEELAN, ENS, CO

NAME (Last) BAUCHAN (First) Louis (Middle) S. SERVICE NO. 221-813

MARKS

16—66652-1

Instructions

(1) Marks shall be entered in strict accordance with Section C, Chapter 8, Personnel Manual.

(2) Under "REASON" indicate whether quarterly, transfer, relief of commanding officer, discharge, etc.

(3) If more than one page is needed during an enlistment, the first page shall be numbered 1 in the block provided beside the page number and subsequent pages shall be numbered 2, 3, 4, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—66652-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

...TMENT: ...S COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
BAUCHAN, Louis Stanley	221-613	SK1 - 4/46	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
		7	July	47	Discharged

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Art. 569(1), CG M&PM	CG Group, Frankfort, Michigan

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
27	3	12	Manistee, Michigan	Male	White	Br. Brown	Gray	5'11"	170

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X					

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X		

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION
- [X] ENLISTED
- [ ] REENLISTED
- [ ] COMMISSIONED
- [ ] CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: Mobile

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
3	7	47	Frankfort, Michigan	Point Betsie Lt. Sta. Benzie, Frankfort, Mich.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	9	0	3
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	0
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	3	8	1
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	16	6	4

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY

DAY	MONTH	YEAR	AMOUNT
	NONE		

26. FOREIGN AND/OR SEA SERVICE

YEARS	MONTHS	DAYS
NONE		

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

Entitled to Coast Guard Good Conduct Medal

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Frankfort Lifeboat Station Frankfort, Michigan

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE			

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month): N. S. L. I.	U. S. G. L. I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
		August, 1950

AUTHENTICATION

38. REMARKS. (Continue on reverse): None

Has signified intent to reenlist on the day following discharge.

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed): George A. Hill

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. — CLAIM NUMBER

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X] YES [ ] NO	Married					

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): Point Betsie Light Station, Frankfort, Mich.

48. SIGNATURE OF PERSON BEING SEPARATED: Louis S. Bauchan

Louis S. Bauchan

ALL ENTERIES APPLY TO CURRENT PERIOD OF SERVICE (*unless otherwise indicated*)

DD FORM 1 JAN 50 214

ALL SERVICES: *AFFIX TO SERVICE RECORD BOOK*

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

221-813	BAUCHAN	Louis	S.	EM1
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

7-5-50	CG Grroup, Frankfort, Mich.	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* No

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1952, and that the above information is correct.

(Sign original only)

A. B. ENGEL, CDR, USCG

(Name and signature of officer authorized to sign in accordance with article 2025(8) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1952. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? No *(Enter Yes or No)*

since 6-26-50 Louis S. Bauchan

Louis S. Bauchan

(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

CGC MACKINAW (WAGB-83)

(Number) *(Street)*

Cheboygan, Michigan

(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

Lump Sum $200.00

Paid $100.00 on

46-962 *(Public voucher)* [redacted] *(Check number)* SEP 18 1952 8/20/52 *(Date)*

L. A. STORM, CDR, USCG.

Ass't. Disbursing Officer

9th Coast Guard District

W. S. PARKER, PCLK, USCG

(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

FOR: PAUL D. BANNING

Symbol Number 1379

DUPLICATE

TRIP.

MUSTERING OUT PAYMENT DIVISION DATA

CG GROUP FRANKFORT, MICHIGAN 61-52

1951

229-768	BRUNET, Henry E.	Completed 10 Years service in USCG 6 November, 1951 and entitled to increased pay per attached CWF-10 Form. Auth: Pers. Circ. # 25-50.	11/6	xx
221-813	BAUCHAN, Louis S.	Completed 5 Mos. 8 Mos. 1 day U.S.L.H.S. and 10 Yrs. 4 Mos. 3 days U.S.C.G. service. Total service 16 years and 3 days. Entitled to increased pay per attached CWF-10 Form. Auth. Pers. Circ. #25-50	11/2	xx

16 - 1951
18 - 1953 2/
4/

1397

Albert L. McMullen, BMC

OInC xxxxx

CDF-10(p)
Dec., 1949

STATEMENT OF CREDITABLE SERVICE
UNITED STATES COAST GUARD
Cleveland 15, Ohio

5 November, 1951
(date)

From: ~~CO or OinC~~ Frankfort LB Station, Frankfort, Michigan
Authorized Certifying Officer

Subj: Statement of service for longevity pay

1. The following is a statement of service, to and including of:
BAUCHAN, Lewis S. (221-81-3) USCG

Entered Service	Service Terminated	Absent without leave (Inclusive dates) From - To	Absent due to own Misconduct From - To	Non-Performance duty because of From - To
5 Years 8 Months 1 Day Lighthouse Creditable Service for Longivity				
USCG				
7/3/41				
Enlist Ext.	3 Years from			
7/3/44	7/2/47	None	None	None
~~7/2/47~~ 7/3/47	~~7/6/50~~ 7/5/50 HD	None	None	None
7/5/50	7/6/50 Now serving			

CGC MACKINAW (WAGB-83)
Cheboygan, Michigan
26 June 1956

This statement of service has been corrected by the initialed changes. The correct entries may be verified by referring to other documents in this service record as follows:
(a) Comdt N.C.G.2511 (revised) dated 16 Mar 49 to C.O., Frankfort Group via CCGD9;
(b) DD214 dtd 5 July 1950
(c) NCG 2500 (Enlistment Contract) dated 6 July50

L. J. LARSON, LTJG
Pers. Off., by direction

	Yrs.	Mos.	Days
Coast Guard Service.....	~~10~~	~~4~~	~~5~~
Navy Service.....			
Army Service.....			
Marine Corps Service.....			
U.S.L.H.S.....	5	8	1
Total.....	~~16~~ 16	~~3~~	
Completed..... Yrs.	2 November, 1951		

Albert L. McMullen, BMLC
Officer in Charge

Sources of Information
Form 2511 dated 16 March 1949
Form 2511-A dated
Army statement dated
Navy statement dated
USMC statement dated

See reverse side of form for instructions on preparation

1. Whenever an enlisted man or officer becomes entitled to an increase in longevity in pay, his CO or CinC shall prepare a statement of service on Form 510, using this district form as an inclosure. The statement will be prepared in quadruple, on the basis of information (including previously issued statement of service) contained in the service record. The original and one copy shall be forwarded to the district pay office, a copy shall be inserted in the service jacket and a signed copy shall be forwarded to the Commandant (PE).

2. If information is not available in the service record, the Commandant (PE) shall be requested to furnish a statement using Form CG-3145, submitting original and copy, direct, without letter of transmittal.

3. The form on reverse side will be used to state all service of the enlisted man or officer concerned. If the person has served in two or more armed services, state the branch of service prior to stating the period involved, i.e.

Entered Service	Service Terminated	AWOL		AHOM		NPDI	
		From	To	From	To	From	To
USN 9-1-46	4-18-47	None		None		None	
USA 1-26-48	5-14-49	4-2-49	4-12-49	None		None	
USCG 6-24-49		None		None		None	

Now serving

	Yrs.	Mos.	Days
Coast Guard Service....	1	1	22
Navy Service.....		7	18
Army Service.....	1	3	8
Marine Corps Service..			
U.S.L.H.S.....			
Complete Total.....	3	0	18

on 15 August, 1950

Completed _____ yrs.on _____

4. This form shall be submitted immediately after each two year period involved, in order that pay records may be adjusted promptly.

5. All data appearing on this form must be substantiated by statements of creditable service from HQ, Commandant, USMC, BuPers of the adjutant General Office War Department. This form need not be submitted provided all pertinent data is taken therefrom.

6. Upon discharge and reenlistment, all statements of creditable service shall be transferred from the old service record to the new service record.

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

CG GROUP, FRANKFORT, MICHIGAN (09-185)
(Name and type and number of activity (or unit))

C. O. Order No. 41-50

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	1950 (YEAR) From—	To—
221-813	BAUCHAN, Louis S.	Reenlisted in the U.S. Coast Guard, Regular Enlistment, for a period of SIX years	7-6	X X
		PAFE: Frankfort, Michigan		
		Entitled to Reenlistment allowance of $360.00	X X	XX
		Commencing this date entitled to Subsistence allowance.	7-6	
		Auth: Art. 556, REGS, PC 20-48 Art. 235, P&SI		

1379
(D. O. Symbol number)

GEORGE A. HILL CBOSN, USCG
(Name and signature)

COMMANDING OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40146-1

6 July, 1950 - - - - Reenlisted in the U.S. Coast Guard, Regular enlistment for aperiod of SIX years in the rating of EN1.

PAFE: Frankfort, Michigan

Entitled to reenlistment allowance of $ 360.00.

AUTHORITY:
Art.556, REGS, PC 20-48
Art. 235, P&SI

GEORGE A. HILL CBOSN, USCG
Commander, CG Group, Frankfort, Michigan

BAUCHAN, Louis S.	221-813	EN1
GROUP, FRANKFORT, MICHIGAN	Point Betsie Light Station	Frankfort, Michigan
09-185	09-183	6 July, 1950

SEE REVERSE SIDE OF THIS FORM:

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

CG GROUP, FRANKFORT, MICHIGAN 09-185
(Name and type and number of activity (or unit))

C. O. Order No. 40-50

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1950 (YEAR) From—	To—
221-813	BAUCHAN,	Louis	S.	Discharged from U.S. Coast Guard Regular enlistpentas EM1 by reason of expiration of THREE year enlistment.	7-5	x x x
				Not entitled to Milage rate. PAFS: Frankfort, Michigan POD: Frankfort, Michigan		
				Not entitled to MCP due to preveious payment.		
				Entitled to and certified for 30 Days unused leave due on discharge.		
				Auth: Art. 589(1) MMS,9C-31-47 Art. 138, P&SI 172-45		
				Subsistence allowehce terminates this date.	7-5	x x x

1379
(D. O. Symbol number)

GEORGE A. HILL CDRSN, USCG
(Name and signature)

COMMANDING OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

5 July, 1950 - - - Discharged from US Coast Guard, Regular enlistment, in the rating of EN1 with HONORABLE discharge form No. 2510 by reason of expiration of full THREE year term of enlistment; to reenlist the following date.

PAFR: Frankfort, Michigan
POD: Frankfort, Michigan
Not entitled to any milage tate, Not entitled to MOP due to previous payment.

Elected to receive cash comensation for 30 days unused leave due on discharge.

TOTAL CREDITABLE SERVICE 14 years 8 months 4 days.

AUTHORITY:
Art. 589(1) CG REGS, CC-31-47
Art. 138, P&SI 172-45

GEORGE A. HILL CBOSN, USCG
Commanding Officer, CG Group, Frankfort, Mich.

BAUCHAN, Louis S. 221-813 ENL

GROUP, FRANKFORT, MICHIGAN Point Betsie Light Station - - Frankfort, Michigan

09-185 09-183 5 July, 1950

SEE REVERSE SIDE OF THIS FORM:

N.C.G. 2511 (Revised)

STATEMENT OF CREDITABLE SERVICE
United States Coast Guard Headquarters
Washington

16 March, 1949.

From: Commandant.

To: Commanding Officer, Frankfort Group
Via: Commander, Ninth Coast Guard District

Subj: BAUCHAN, Louis Stanley (221-813) EM1, USCG.
Ref: Your letter dated 7 March, 1949.

1. The following is a statement of service to and including 11-1-49 of the above named man for the purpose of computing pay.

Entered Service	Service Terminated	Absent without Leave (inclusive dates)	Sickness own misconduct	Non-Performance of duty
5 years, 8 months, 1 day Lighthouse Service Creditable for Loncivity.				
USCG. 7-3-41				
Enl. Ext. 3 years from 7-3-44	7-2-47 HD	NONE	NONE	NONE
7-3-47 Now Serving				

Certified to be a true copy of original received from headquarters.
LUDWIG WEDEMEYER CBOSN

/s/ B.A. Shaw
By Direction

	YRS.	MO.	DAYS
Coast Guard Service	8	0	0
Navy Service			
Lighhouse Service	5	8	1
Total	13	0	0

Completed thirteen years on 1 November, 1949.

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

BAUCHAN	Louis	S.	221-813	EN1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP FRANKFORT Point Betsie Light Station	Frankfort, Michigan	1 April, 1949
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

2 November, 1947 completed 12 years net service and will be credited with increased pay on the following attached statements of creditable service:

Reenlisted (3) three years..... 7-3-47
AOL..... None
AWL..... None
NPDI..... None
Sick, Misc.,..... None
Completed (9) Nine years..... 11-2-44
Entitled to 20% longevity..... 11-2-47
Now serving

AUTHORITY: P.C. 21-47
HQ Statement of Service dated 16 March, 1949 , certified copies attached
Group Frankfort, Michigan Form 2511A dated 1 April, 1949, certified copies attached
Article 127, P&SI.

(Commanding)

LUDWIG WEDEMEYER
BOSN USCG
(Title)

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1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

N. C. G.-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Point Betsie Light Station, Frankfort, Michigan
(Unit)

BAUCHAN, Louis S.
(Name in full—surname to the left)

5 July, 1950
(Date)

221-613
(Service number)

SN1, USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1947	7	3
Enlistment extended (for 3 days years from)	1950	7	2
Date of discharge (HONORABLE) (Character of discharge)	1950	7	5

Total time of last enlistment period	NUMBER OF— Years	Months	Days
	3	0	3

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)			
Creditable time served during last enlistment period	3	0	3

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

GEORGE A. HILL

Date 5 July, 1950 (Rank) CDR, U. S. C. G.

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 6 July, 1950, 19 50

CG Group Office, Frankfort, Michigan
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX years from this date.

GEORGE A. HILL

(Rank) CDR, U. S. C. G.

Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station GROUP, FRANKFORT, MICHIGAN (Unit) — Frankfort, Michigan (Place)

1 July, 1950 (Date)

FROM: BAUCHAN, Louis Stanley (221-813) EM1

To: COMMANDANT (via Commander, Group, Frankfort, Michigan)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
Irene L. Bauchan	721 North Rowe Street, Ludington, Mich.
(Full name of child; if none, so state)	**(Address of child)**
Dennis S. Bauchan age 9 years	same as above
Michael L. Bauchan age 5 years	same as above

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Mrs. William Bauchan	Mother	816 Maple Street, Manistee, Michigan

Due to age she partially dependent upon me
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of JULY, 1950

George A. Hill
GEORGE A. HILL CBOSN, USCG
(Signature)

Commander, CG Group, Frankfort, Michigan
(Rank or title)

Louis S. Bauchan
Louis S. Bauchan
(Signature)

EM1, USCG
(Rank or rating)

16—25758-1

CERTIFICATION OF LEAVE ACCOUNT

I certify that the leave account of BAUCHAN, Louis S. (221-813) EN1 has been examind upon discharge from all information available in the service record to insure correct entry of all leave taken, and that all dates of leave taken are inclusive dates only, and that abive named man is entitled to cash payment for 30 days unused leave upon discharge in accordance with Commandants Circular 31-47.

DATE 5 July, 1950

GEORGE A. HILL CBOSN, USCG
Cdr, Group, Frankfort, Michigan

UNITED STATES COAST GUARD



ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE:

CLEVELAND 15, OHIO

p
19 July, 1950
pmp 73

From: Commander, 9th CG District
To: Commander, CG Group, Frankfort, Michigan

Subj: BAUCHAN, Louis S. (221-813) EN1; reenlistment; completion of

Honorable Discharge Certificate dated 5 July, 1950, and the old and new leave records of the subject man are forwarded herewith, for distribution. Advise BAUCHAN that payment for reenlistment bonus, travel allowance, and unused leave due on discharge will be included in his next normal pay.

H. M. WARNER
By direction

Incls: Form 2510
Leave records (2)

N. C. G.-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG Group, Frankfort, Michigan
(Unit)

BAUCHAN, Louis S.
(Name in full—surname to the left)

2 July, 1947
(Date)

221-813
(Service number)

MoMM1c, USCG
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	7	3			
Enlistment extended (for 3 years from)	1944	7	3			
Date of discharge (Honorable) (Character of discharge)	1947	7	2			
Total time of last enlistment period				6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

LUDWIG WIDEMEYER

Date 2 July, 1947 (Rank) Boatswain, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 3 July, 1947 CG Group, Frankfort, Michigan
(Unit and place)

I CERTIFY that the above-named man Reenlisted
(Reenlisted or voluntarily extended his enlistment) for

a period of three (3) years from this date.

LUDWIG WIDEMEYER

(Rank) Boatswain, U. S. C. G.
Commanding officer.

16—20908-1

N.C.G. 2511 (Revised)

STATEMENT OF CREDITABLE SERVICE
United States Coast Guard Headquarters
Washington

From: Commanding Officer, Frankfort Group
To: Commander, 9th CG District
Via:

Subj: BAUCHAN, Louis Stanley (221-813) EN1; USCG; Statement of service of.

Incl:

1. The following is the statement of service of the above named man for the purpose of computing pay: from 7-3-41 to and including 7-3-47

Entered Service	Service Terminated	Absent without leave (inclusive dates)	Absent due own misconduct	Non-performance of duty
5 Yrs. 8 Mons. 1 Day Lighthouse Creditable Service for longivity				
USCG 7-3-41. Enlist. Ext. 3 years from 7-3-44	7-2-47 HD	None	None	None
7-3-47 Now serving			/s/ B. A. SHAW B.A. SHAW By direction	
	8 3 29		CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL.	

	Yr.	Mo.	Days
Coast Guard service	5	8	1
Navy Service	14	0	0
Army service			
Lighthouse service			
Total	14		

LUDWIG WEDEMEYER CBOSN USCG.

2 November, 1949.

Completed 14 years of service on 2 November 1949

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 March, 1949.

mail to

From: Commandant.

To: Commanding Officer, Frankfort Group
Via: Commander, 9th CG District
SUBJECT: BAUCHAN, Louis Stanley (221-813) EM1; USCG

Statement of service of.

Ref: Your letter/dated 7 March, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
~~XXXX~~							
5 Yrs 8 Mons. 1 Day Lighthouse Service Creditable for Longevity.							
USCG							
7-3-41							
Enl. Ext. 3 Yrs. from 7-3-44							
	7-2-47 HD	None		None		None	
7-3-47							
Now Serving.							

B. A. Shaw
B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Completed 5 Yrs. 8 mos. 1 Day prior to current continuous service.

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U.S. COAST GUARD
AND REFER TO NO. (HL-177-A)

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

7-3-47 — Completed 6 Yrs. continuous service

+ 5 Yrs 8 mos. 1 Day

7-3-47 — Total of 11 Yrs 8 mos. 1 Day

7-3-48 — Now Due: Total service 12 Yrs. 0 mos. 1 Day

Enlistment or Service	Period Involved Terminating		Sickness Not Due to Own Misconduct (Inclusive dates)			Sickness Due to Own Misconduct (Inclusive dates)			Nonperformance of Duty Because of (Inclusive dates)	
	From—	To—	From—	To—	Yrs.	Mos.	Days	From—	To—
				7-3-48					
				— 8-1					
				11-2-47 — Completed 12 Yrs service					

(8 mos 1 day too much)

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 March, 1949.

From: Commandant.

To: Commanding Officer, Frankfort Group
Via: Commander, 9th CG District
SUBJECT: BAUCHAN, Louis Stanley (221-813) EM1; USCG

Statement of service of.

Ref: Your letter/dated 7 March, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
MARK							
5 Yrs 8 Mons. 1 Day Lighthouse Service Creditable for Longevity.							
USCG							
7-3-41							
Enl. Ext. 3 Yrs. from 7-3-44							
	7-2-47 HD	None		None		None	
7-3-47							
Now Serving.							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

CG-2811 (Revised)
Form approved by Comptroller General, U.S.
February 25, 1958

ADDRESS THE COMMANDANT, U.S. COAST GUARD
AND REFER TO NO.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS
WASHINGTON

yrs mos. days

5 11 30 required for 6 years (not Credited)

5 8 1 LRS

3 29

From: Commandant.

To:

Thru:

SUBJECT: Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay

4-1 7 3

+

3 2 1

ENTERED SERVICE	TERMINATED	ABSENT WITHOUT LEAVE (Inclusive dates)		MISCONDUCT (Inclusive dates)		LOST TIME DUE TO OTHER CAUSES (Inclusive dates)		YEARS, MONTHS AND DAYS OF DUTY NOT CREDITABLE (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—	FROM—	TO—
11-1-41	11-1-44								
	11-1-47								
	11-2-47								

7-1-41 10-32-2 3-2 Completes 6 years day before 11-1-41

12 "

Credit 12 years next day

Proof

47-10-32-2 (add one day)

-41 7 3

6 3 29

6 3 29

5 8 1

11 11 30 - 12 years

NAVCG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5) ~~OFFICERS~~ 20 June, 1947
REFER TO FILE: CG-73

OFFICE OF COMMANDER
NINTH COAST GUARD DISTRICT
REC'D JUN 24 1947
MAIL ROOM

To: Commander, 9th Coast Guard District (pmp)

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 20 June, 1947 of BAUCHAN, Louis Stanley (221-813) MoMM1c, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
7-3-41		NONE		NONE		NONE	
Enl. Ext. 3 Yrs from							
7-3-44							
Now serving							

completed July 37
July 41
1 Oct. 12 yr. 4 months
4 years active duty
20 months inactive

	Yr.	Mo.	Days
Coast Guard Service	5	11	18
Navy service			
Total	5	11	18

Completed 3 years on 2 July, 1944

J. J. Scott
J. J. SCOTT
By direction

16—36636-1 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE: 73
783



17 July, 1947

To: BAUCHAN, Louis S. (221-813) MoMMlc.

Subj: Good Conduct Medal; issuance of

1. Handed you herewith is a Good Conduct Medal in recognition of your three year period of continuous active duty in the United States Coast Guard ~~(Reserve)~~ from 7-3-41 to 7-2-44 You are to be congratulated for your excellent service during the above period.

2. You are authorized to have engraved on the back of your Good Conduct Medal the following information: CG Group, Washington Island, Wisconsin, 3 July, 1941 to 2 July, 1944.

W. E. LONG
By direction

CC: HQ

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE: CG-73



17 July, 1947

To: BAUCHAN, Louis S. (221-813) MoMMlc.

Via:

Subj: Good Conduct Bar; forwarding of

1. It is a pleasure to award you the inclosed Good Conduct Bar for your three year period of continuous active duty in the United States Coast Guard from 7-3-44 to 7-2-47 . You are congratulated for your excellent service during this period.

2. You are authorized to have engraved on the face of your Good Conduct Bar the following information: CG Group, Frankfort, Mich. Authority is also granted to engrave the additional information on the back of your Good Conduct Bar: 3 July, 1944 to 2 July, 1947

W. E. LONG
By direction

Incls:
1. (1) Good Conduct Bar
2. One Receipt Card

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station (Unit) Frankfort, Michigan (Place)

3 July, 1947 (Date)

FROM: BAUCHAN, Louis S. (221-813) MoMMlc, USCG

TO: COMMANDANT (via Commander, 9th CG District)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene L. Bauchan (Full name of wife; if not married, so state) Frankfort, Michigan (Address of wife)

Dennis B. Bauchan (Full name of child; if none, so state) Frankfort, Michigan (Address of child)

Michael L. Bauchan (Full name of child; if none, so state) Frankfort, Michigan (Address of child)

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

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative) Mother (Relationship) 816 Maple Street, Manistee, Mich. (Address of relative)

Due to old age, partially dependent. (State briefly wherein dependency exists)

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

(Full name of relative) (Relationship) (Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

3 rd day of July, 1947

LUDWIG WEDEMEYER, Bos'n, USCG (Signature)

Boatswain, USCG (Rank or title)

Louis S. Bauchan (Signature)

MoMMlc, USCG (Rank or rating)

16—25758-1

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG Group, Frankfort, Michigan
(Unit)

BAUCHAN, Louis S.
(Name in full—surname to the left)

2 July, 1947
(Date)

221-813
(Service number)

Molotle, USCG
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	7	3			
Enlistment extended (for 3 years from)	1944	7	3			
Date of discharge (Honorable) (Character of discharge)	1947	7	2			
Total time of last enlistment period				6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

LUDWIG VREDEMEYER

Date 2 July, 1947 (Rank) Boatswain, U. S. C. G.

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 3 July, 1947 CG Group, Frankfort, Michigan
(Unit and place)

I CERTIFY that the above-named man Reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of three (3) years from this date.

LUDWIG VREDEMEYER

(Rank) Boatswain, U. S. C. G.

Commanding officer.

16—20008-1

N. C. G. 2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 March, 1949

From: Commandant.
To: Commanding Officer, Frankfort Group
Via: Commander, 9th CG District
Subject: Statement of service for longevity pay. BAUCHAN, Louis Stanley (221-812) EN1; USCG
Inclosure:
Ref: Your letter/dated 7 March, 1949

1. The following is a statement of service, to and including , of

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
5 Yrs. 8 Mons. 1 Day Lighthouse Service Creditable for Longevity							
USCG 7-3-41							
Enl. Ext. 3 Yrs. from 7-3-44	7-2-47 HD						
7-3-47 Now serving		None		None		None	

/s/ B. A. SHAW
B. A. SHAW
By direction

	Yr.	Mo.	Days
Coast Guard service	6	0	0
Navy service			
~~Lighthouse Service~~	5	8	1
Total	11	8	1

Completed 12 years on 2 November, 1947

Certified to be a true copy.

/s/ LUDWIG WEDEMEYER
BOSN USCG

CERTIFIED TO BE A TRUE COPY
F. W. HERMES, JR., LTJG, USCG

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

N. C. G. 2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 March, 1949

From: Commandant.
To: Commanding Officer, Frankfort Group
Via: Commander, 9th CG District
Subject: Statement of service for longevity pay. BAUCHAN, Louis Stanley (221-812) EN1; USCG
Inclosure:
Ref: Your letter/dated 7 March, 1949

1. The following is a statement of service, to and including , of

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
5 Yrs. 8 Mons. 1 Day Lighthouse Service Creditable for Longevity							
USCG 7-3-41							
Enl. Ext. 3 Yrs. from 7-3-44	7-2-47 HD						
7-3-47		None		None		None	
Now serving							

/s/ B. A. SHAW
B. A. SHAW
By direction

	Yr.	Mo.	Days
Coast Guard service	6	0	0
Navy service			
~~Lighthouse Service~~	5	8	1
Total	11	8	1

Completed 12 years on 2 November, 1947

Certified to be a true copy.

/s/ LUDWIG WEDEMEYER
BOSN USCG

CERTIFIED TO BE A TRUE COPY
F. W. HERMES, JR., LTJG. USCG

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

N. C. G. 2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 March, 1949

From: Commandant.
To: Commanding Officer, Frankfort Group
Via: Commander, 9th CG District
Subject: Statement of service for longevity pay. BAUCHAN, Louis Stanley (221-812) ENl; USCG
Inclosure:
Ref: Your letter/dated 7 March, 1949

1. The following is a statement of service, to and including , of

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
5 Yrs. 8 Mons. 1 Day Lighthouse Service Creditable for Longevity							
USCG							
7-3-41							
Enl. Ext. 3 Yrs. from 7-3-44	7-2-47 HD						
7-3-47		None		None		None	
Now serving	7-5-50 HD						
7-6-50	Now Serving			/s/ B. A. SHAW B. A. SHAW By direction			

	Yr.	Mo.	Days
Coast Guard service	6	0	0
Navy service			
~~Lighthouse Service~~	5	8	1
Total	11	8	1

Completed 12 years on 2 November, 1947

Certified to be a true copy.

/s/ LUDWIG WEDEMEYER
BOSN USCG

CERTIFIED TO BE A TRUE COPY
F. W. HERMES, JR., LTJG. USCG

U. S. GOVERNMENT PRINTING OFFICE 16—23550-2

Form W-4
(Revised April 1948)
U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

(Collection of Income Tax at Source on Wages)

Print full name BAUCHAN, Louis Stanley Social Security No. _____

Print home address Point Betsie Light Station, Frankfort, Michigan

FILE THIS FORM WITH YOUR EMPLOYER. Otherwise, he is required by law to withhold tax from your wages without exemption.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

I. If you are SINGLE, write the figure "1" . . . . . _____

II. If you are MARRIED, one exemption is allowed for the husband and one exemption for the wife.

(*a*) If you claim *both* of these exemptions, write the figure "2"
(*b*) If you claim *one* of these exemptions, write the figure "1" } 2
(*c*) If you claim *neither* of these exemptions, write "0"

III. Additional exemptions for age and blindness:

(*a*) If you *or* your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if *both* will be 65 or older, and you claim both of these exemptions, write the figure "2" . . . . . _____

(*b*) If you *or* your wife are blind, and you claim this exemption, write the figure "1"; if *both* are blind, and you claim both of these exemptions, write the figure "2" . . . . . _____

IV. If during the year you will provide more than one-half of the support of persons closely related to you, write the number of such dependents. (See instruction 3 on other side.) 2

V. Add the number of exemptions which you have claimed above and write the total 4

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Dated 13 November, 1948 c9-16—54717-1 (Signature) Louis Stanley Bauchan

1. NEW EMPLOYEES.—To receive the benefit of your withholding exemptions, file a withholding exemption certificate with your employer on or before beginning work.

2. CHANGES IN EXEMPTIONS.—You *may* file a new certificate at any time if the number of your exemptions INCREASES.

You *must* file a new certificate within 10 days if the number of your exemptions DECREASES for any of the following reasons:

(*a*) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(*b*) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(*c*) You find that a dependent for whom you claimed exemption will receive $500 or more of income of his own during the year.

OTHER DECREASES in exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of new certificates by December 1 of the year in which they occur.

For further information about changes in exemption status resulting from marriage, divorce, legal separation, birth, death, new dependent, old age, blindness, etc., consult your local collector of internal revenue or your employer.

3. DEPENDENTS.—To qualify as your dependent (line IV on other side), a person must (1) receive more than one-half of his or her support from you for the year, (2) have less than $500 of income of his or her own during the year, and (3) be closely related to you. "Closely related" means that the person is—

Your son, daughter, or their descendants; stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, or ancestor of either; stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but not if related only by marriage).

The above relationships apply to a legally adopted child as if he or she were a child by blood. Do not claim a citizen of a foreign country as a dependent unless he or she is a resident of the United States, Canada, or Mexico.

4. PENALTIES.—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

U. S. GOVERNMENT PRINTING OFFICE 69-16—54717-1

Grp. Frankfort

NOTICE OF CREDIT DUE

NAV. S. and A. Form 541

DATE: 5-5-49

FILE OR SERVICE No.	SURNAME	FIRST NAME	MIDDLE INITIAL
221-813	BAUCHAN	Louis	S.

CLASS	DESTINATION	PAY GROUP No.
	EN1 USCG	85

TO COMMANDING OFFICER OF 9th CGDistrict, Cleveland, Ohio:

Deliver this notice to the disbursing officer of your ship or station or, if no disbursing officer is attached, deliver to the next disbursing officer making payment.

If the above-named individual has been transferred, forward this notice to the commanding officer of the activity to which transferred.

DISBURSING OFFICER.—The amount stated below is certified to be due the above-named individual, as of the date specified above. Your entry in the pay account should show:

AMOUNT	APPROPRIATION	G. A. O. CERT. No.	SYMBOL No. (*Accountable Officer*)
$1.00	2091203.001		1379

DISPOSITION.—File original with your returns. File triplicate in the individual's service record and return signed duplicate to me.

REASON

(Hereunder state brief but specific reasons for credit)

Completed Twelve (12) years combined Light House and Coast Guard Service on 11-1-47. Entitled to Credit of Light House Service from 7-1-48.

Entitled to pay as EN1 (12) 11-1-47
@ $162.00 from 7-1 to 12-31-48 ..... $972.00

Credited with pay as ENL(6) 7-2-47
@ $148.50 from 7-1 to 12-31-48 ..... $891.00

DIFFERENCE TO BE CREDITED $1.00

SYMBOL No.	NAME AND SIGNATURE—REQUESTING OFFICER
1379	J.D. SIMPSON, PCLK, USCG, ACO, 9 CGD

SHIP OR STATION: Off.Cdr. 9th CGD, Cleveland, Ohio

SHIP OR STATION	DATE
Off.Cdr. 9th CGD, Cleveland, Ohio	5-5-49

Credit has been made as requested and copy has been returned.

SYMBOL No.	NAME AND SIGNATURE—OFFICER MAKING CREDIT
1379	J.D. SIMPSON, PCLK, USCG, ACO, 9 CGD

☆ U. S. GOVERNMENT PRINTING OFFICE 16—42605-1

N. C. G.-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Point Betsie Light Station
GROUP FRANKFORT, Michigan
(Unit)

BAUCHAN, Louis S. — 1 April, 1949
(Name in full—surname to the left) (Date)

22-813 — EM1
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years) 3 July, 1941	3	0	0
Enlistment extended (for 3 years from) 3 July, 1944	3	0	0
Date of discharge (2 July, 1947 HONORABLE) (Character of discharge)			
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (no days)

Creditable time served during last enlistment period	6	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

LUDWIG NIEMINEN

Date 3 July, 19 47 (Rank) Boatswain, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 3 July, 19 47

Point Betsie Light Station
GROUP FRANKFORT, Michigan
reenlisted
(Unit and place)

I CERTIFY that the above-named man (Reenlisted or voluntarily extended his enlistment) for a period of ____ years from this date.

LUDWIG NIEMINEN

BOATSWAIN

(Rank) ____, U. S. C. G.
Commanding officer.

16—20908-1

BAUCHAN Louis S. 221-813 EM1

GROUP FRANKFORT
Point Betsie Light Station Frankfort, Michigan 1 April, 1949

2 November, 1947 completed 12 years net service and will be credited with increased pay on the following attached statements of creditable service:

Reenlisted (3) three years	7-3-47
AOL	None
AWL	None
NPDI	None
Sick, Mint	None
Completed (9) Nine years	11-2-44
Entitled to 20% longevity	11-2-47
Now serving	

P.G. 21-47
NC Statement of Service dated 16 March, 1949 , certified copies attached
Group Frankfort, Michigan Form 2511A dated 1 April, 1949, certified copies attached
Article 127, P&SI.

LUDWIG WEDEMEYER
BOSN USCG

COPY INCOMPLETED

(1)-Ⓑ NAME (PRINT CLEARLY): BAUCHAN (LAST) Louis (FIRST) Stanley (MIDDLE)

SERVICE NUMBER: 221-813 | HEIGHT: 5 FT. 11 IN. | WEIGHT: 151 LBS. | RACE: White

(2) HOME ADDRESS: 816 Maple Street Manistee, Michigan

(3) BIRTHPLACE: Manistee, Michigan
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 27 March, 1912 | HOW LONG IN U. S. | YEARS

(5) CITIZEN L-29: X | NON-CITIZEN L-28 | TAKEN OUT FIRST PAPERS

(6)-Ⓣ MARITAL STATUS: Married | (7)-Ⓣ NUMBER OF DEPENDENTS: Two

(8) EDUCATION | NON-E. R-3 | ILLITERATE R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	X				
HIGH SCHOOL	4	X		Public Sch Manistee, Mich.		
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS: 12 X X X X X X X X X X X X

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23) S R W	FRENCH (L-24) S R W	GERMAN (L-25) S R W	OTHER LANGUAGES (L-26) S R W	S R W
FAIRLY WELL			None	None	
FLUENTLY (L-27)					

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: Washington Is. Wis. | DATE: 5 July 1941

(12)-Ⓑ BRANCH OF SERVICE | REGULAR: XXXXXX | RESERVE: G S T W

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(13)-Ⓣ MAIN OCCUPATION: Lighthouse Keeper, Asst | YEARS AT IT | WKLY. WAGE $

D. O. T. CODE: 5-61.310

JUST WHAT DID YOU DO? Assisted lighthouse keeper in the operation and maintenance of lights used for aid to navigation.

LAST DATE OF EMPLOYMENT

EMPLOYER: U. S. Lighthouse Service (FIRM NAME)

ADDRESS OF EMPLOYER: Washington, D. C.

DEPT., SHOP OR BRANCH | KIND OF BUSINESS: Govn't Service

(14)-Ⓣ SECOND BEST OCCUPATION | YEARS AT IT | WKLY. WAGE $

D. O. T. CODE

JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)-Ⓑ	(16)-Ⓑ	(17)-Ⓑ				

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. 16 Signalman
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1.
2.
3.

(24) RATING

(4) (9) TOP ROW: YEAR OF BIRTH
BOTTOM ROW: NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING 3
ILLITERATE 2
1

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)
U.S.C.G.	3	MoMM1c	44				

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. None			
2.			
3.			
4.			

(22) REMARKS:

Proficiency 3.5 Seamanship 3.5
Mechanical Ability 3.5 Conduct 4.0
Ability as leader of men 3.4

Taken into the Coast Guard in 1941 when the Light House Service was consolidated with the Coast Guard. Has done light house duty ever since on the Great Lakes.

(23) NEXT OF KIN

NAME: Wife Mrs. L.S. Bauchan
ADDRESS: 816 Maple Street
CITY: Manistee STATE: Michigan

(24) - (R) RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
7/3/41	Washington IS	Cox.	
2/7/42	Advanced	AM 2c	
10/21/43	Changed rate	MoMM2c	
10/27/42	Advanced	MoMM1c	

(25)

DATE OF INTERVIEW: 10 August, 1944 UNIT: Washington Island.

SIGNATURES

INTERVIEWER: H Engemann Sp 1c (C)

ENLISTED PERSON: /s/ Louis S Bauchan

N.C.G. FORM NO. 2719
JANUARY 1943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

MCBEE KEYSORT U. S. PAT. NO. 2,213,607

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: Louis; Middle: Stanley; Last name: Bauchan

2. HOME ADDRESS: Number — Street or rural route: 816 Maple Street; County, city, town, or post office: Manistee; State: Michigan

3. I WAS BORN AT — City, town, or post office: Manistee; State: Michigan; Day of month: 27; Month: March; Year: 1912; Age nearest birthday: 31

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 3 July, 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating: Mo. M. M. 1c (Pro); Organization, regiment, station, ship, etc.: WASHINGTON ISLAND STATION

6. SERIAL NUMBER: 221-813

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") — none

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $_____

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $_____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL: Irene Lyell Bauchan	Wife	$5,000	816 Maple Street, Manistee, Mich
CONTINGENT: Dennis Brian Bauchan	Son	5,000	816 Maple Street, Manistee, Mich

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Irene Lyell Bauchan (Full name) — 816 Maple Street, Manistee, Michigan (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of August, 1943, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $3.60 on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$3.60	$_____	$_____	$_____	$_____

SIGNED AT Povery Island, Fayette, Mich. ON THE 15 DAY OF July, 1943

WITNESSED BY: X and

INFORMATION AS TO SERVICE CERTIFIED BY: Algot O. Johnson, QBM USCG
(Rank and organization. See reverse side, paragraph 4.)

Louis S. Bauchan
Louie S. Bauchan
(Applicant sign here. Do not print signature)

U.S. COAST GUARD STATION

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Rec'd JUL 31 1943 WASHINGTON ISLAND, WIS.

Effective Date _____ Age _____ Amt., $_____ Premium: Mo. $_____ Qr. $_____ S. A. $_____ A. $_____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—30586-1

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE
FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	$0. 63	25	$0. 67	35	$0. 76	45	$0. 99	55	$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than 6 months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of $5.51 for each $1,000 of insurance.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each $1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;
(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;
(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;
(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above, and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

U. S. GOVERNMENT PRINTING OFFICE O 16—30586-1

(39) NO DEP. (7) | (38) MARITAL STATUS M S (6) | HUNDREDS THOUSANDS | TENS THOUSANDS | THOUSANDS | HUNDREDS | TENS | UNITS

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓑ NAME (PRINT CLEARLY) BAUCHAN (LAST) Louis (FIRST) Stanley (MIDDLE) | SERVICE NUMBER 221-813 | HEIGHT FT. 5 IN. 11 | WEIGHT LBS. 151 | RACE White

(2) HOME ADDRESS 816 Maple Street Manistee, Michigan

(3) BIRTHPLACE Manistee, Michigan (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH 27 March, 1912 | HOW LONG IN U. S. YEARS

(5) CITIZEN L-29 X | NON-CITIZEN L-28 | TAKEN OUT FIRST PAPERS

(6)-Ⓣ MARITAL STATUS Married | (7)-Ⓣ NUMBER OF DEPENDENTS Two

(8) EDUCATION | NON-E. R-3 | ILLITERATE R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	X				
HIGH SCHOOL	4	X		Public Sch	Manistee, Mich.	
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS 12 X X X X X X X X X X X X

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23) S R W	FRENCH (L-24) S R W	GERMAN (L-25) S R W	OTHER LANGUAGES (L-26) S R W	
FAIRLY WELL		None		None	
FLUENTLY (L-27)					

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION Washington Is. | DATE 3July1941

(12)-Ⓑ BRANCH OF SERVICE | REGULAR XXXXXXX | RESERVE G S T W

(13)-Ⓣ MAIN OCCUPATION Lighthouse Keeper, Asst | YEARS AT IT | WKLY. WAGE $
D. O. T. CODE 5-61.310
JUST WHAT DID YOU DO? Assisted lighthouse keeper in the operation and maintenance of lights used for aid to navigation.

LAST DATE OF EMPLOYMENT
EMPLOYER U. S. Lighthouse Service (FIRM NAME)
ADDRESS OF EMPLOYER Washington, D. C.
DEPT., SHOP OR BRANCH | KIND OF BUSINESS Govn't Service

(14)-Ⓣ SECOND BEST OCCUPATION | YEARS AT IT | WKLY. WAGE $
D. O. T. CODE
JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)-Ⓑ	(16)-Ⓑ	(17)-Ⓑ				

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. 16 Signalman
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1.
2.
3.

(24) RATING (4) (9) TOP ROW: BOTTOM ROW: YEAR OF BIRTH NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING 3
ILLITERATE 2

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)
U.S.C.G.	3	MoMM1c	44				

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. None			
2.			
3.			
4.			

(22) REMARKS:

Proficiency 3.5 Seamanship 3.5
Mechanical Ability 3.5 Conduct 4.0
Ability as leader of men 3.4

Taken into the Coast Guard in 1941 when the Light House Service was consolidated with the Coast Guard. Has done lig t house duty ever since on the Great Lakes.

(23) NEXT OF KIN Wife

NAME Mrs. L.S. Bauchan
ADDRESS 816 Maple Street
CITY Manistee STATE Michigan

(24) - ® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
7/3/41	Washington IS	Cox.	
2/7/42	Advanced	MM 2c	
10/21/43	Changed rate	MoMM2c	
10/27/43	Advanced	MoMM1c	
	Martin Is L S		

(25)

DATE OF INTERVIEW 10 August, 1944 UNIT Washington Island, Wis

SIGNATURES

INTERVIEWER Ed Engemann Sp 1c (C)

ENLISTED PERSON /s/ Louis S Bauchan

N.C.G. FORM NO. 2719
JANUARY 1943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

McGEE KEYSORT U. S. PAT. NO. 2,219,607 98555


6'
5'9"
5'6"
5'3"
5'
4'9"
2 2 1 8 1 3


IDENTIFICATION CARD - NOT A PASS

ARMED FORCES OF THE UNITED STATES

U. S COAST GUARD
ACTIVE

BAUCHAN
LOUIS S
221 813

POSTMASTER: RETURN TO
COMMANDANT
U. S. COAST GUARD
WASHINGTON 25, D. C.

GRADE
ENC(P)

EXPIRATION DATE
7-5-59

SIGNATURE
Louis S. Bauchan

SERVICE NUMBER
221-813

IF FOUND, DROP IN NEAREST U. S. MAIL BOX

DD2CG (ACTIVE) JAN 50

RETURN POSTAGE GUARANTEED

BAUCHAN, Louis Stanley

(221-813)

2 negatives
1 print


PROPERTY OF THE UNITED STATES GOVERNMENT
RIGHT INDEX
LEFT INDEX
FINGERPRINTS
DATE OF BIRTH
3-27-12
WEIGHT
194
HEIGHT
71"
COLOR HAIR
Brown
COLOR EYES
Gray
BLOOD TYPE
"O" Pos.
SIGNATURE OF ISSUING OFFICER
W. R. Smith, CDR
DATE OF ISSUE
9 July 1956
WARNING
ISSUED FOR OFFICIAL USE OF THE HOLDER DESIGNATED HEREON
DURING ACTIVE SERVICE ONLY. USE OR POSSESSION
EXCEPT AS PRESCRIBED IS UNLAWFUL AND WILL MAKE THE OFFENDER
LIABLE TO HEAVY PENALTY—18 U. S. C. 499, 506 AND 701.
CARD NUMBER
151207


BAUCHAN, Louis S. 221-813
Service Record

-545 BAUCHAN Louis S. 221-813 JUL 8 1931

UNITED STATES COAST GUARD

Address reply to:
CO, CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

1 July, 1957
P7

Retired
Bn 43
ACS 61 A-2

From: Authorized Certifying Officer, CGC MACKINAW
To: Commandant (PS)
Via: Commanding Officer, CGC MACKINAW

Subj: Notification of change in dependency status of BAUCHAN, LOUIS S. (221-813), ENC, USCG, BAQ

1. You are hereby notified of the following change in dependency status which terminates entitlement to basic allowance for quarters for subject man.

Name of dependent	Relationship	Nature of Change
IRENE I. BAUCHAN	WIFE	STOP - RETIRED 6/30/57

2. The following allotment stoppage and/or start action is requested:

	Allotee	Month of last payment	Amount
STOP -	IRENE I. BAUCHAN	JUNE, 1957	$285.00

H.G. TRUPP, SPCK, W-1, USCG
ACO, CGC MACKINAW (WAGB-83)

- - - -

USCGC MACKINAW(WAGB-83)
Cheboygan, Michigan
Date: 14 January, 1952

From: BAUCHAN, Louis S. (221-813) EN1

To: Commandant (PMM)

Via; 1. Commanding Officer, CGC MACKINAW
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify that the following is true to the best of my knowledge and belief.

Name and address of dependent (Include full given name)	Relationship	Remarks:(Such as date and place of marriage, divorce, birth date and other data.)
Irene L. Bauchan	**(lawful wife)**	**Married: 1-21-39 at Pontiac, Michigan.**
Dennis B. Bauchan	**(lawful son)**	**Born: 25 Sept.1940, at Pontiac, Mich.**
Michael L. Bauchan	**(lawful son)**	**Born: 16 March, 1944 at Sturgeon Bay, Wisconsin.**

All above residing at Box 828, Frankfort, Michigan.

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be dependent as defined in existing laws and regulations.

3. I further certify that my dependents **ARE NOT** in occupancy of public quarters, except for brief visits in quarters assigned to other members, and that the above named dependents are not members of the armed forces on active duty. **Government quarters at Point Betsie Light Station vacated by above dependents on 12-20-51 as per Form 2703 furnished ACO MACKINAW.**

4. Following are full names, addresses, amounts, and month of first payment.

Allotee's name and address	Month, 1st Payment	Amount
IRENE L. BAUCHAN **~~P.O. Box 828, Frankfort, Mich.~~** 545 DUNCAN AVE. CHEBOYGAN, MICH.	**~~JANUARY 1952~~** 6/53	**~~$185.00~~** A.S 285.00 5/28/53

Total Allotments **$185.00**

Date on or after Aug. 1, 1950 which Basic Allowance for Quarters is Claimed for each dependent **21 Dec. 1951** (date)

Louis S Bauchan (Signature of member)

Ind-1
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Commanding Officer, CGC MACKINAW
To: Authorized Certifying Officer, CGC MACKINAW

Subj: BAUCHAN, Louis S. (221-813) EN1
Application for "BAQ".

Forwarded for action.

A. B. Engel
A. B. ENGEL
Executive Officer

Ind-2
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Authorized Certifying Officer, CGC MACKINAW
To: Commandant [redacted] (PS)

Allotment(s) totaling $ 185.00 registered, effective 1st payment JANUARY, 1952.

H. B. Sherman
H. B. SHERMAN,
CPCLK, USCG.

BAQ Payments Authorized for
3 dependents commencing
12/21/51
O. L. McLeod
Chief, Family Allowance Sec.
85

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐

NO. 842130

F.C.C. NEW / F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
				1,506,500	

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
221-813	BAUCHAN, Louis S.	EN1	

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	X X X	88	P	3-44	Irene Bauchan, 721 North Rowe Street, Ludington, Michigan	Wife			A					
X X X				11-49										X X X
	X X X				Dennis B. Bauchan,	Son	9-40		A					
X X X														X X X
	X X X				Michael L. Bauchan,	Son	3-44		A					
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
		TOTALS ←		DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED					TOTAL RETROACTIVE AMOUNT	

DISCONTINUANCE

REMARKS

FA Amount $100.00. Lump sum checkage FA 10-49 thru 11-49 $200.00

Entitlement ceased 9-49

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

ls 6 December 1949

DATE

Chief, FA Section

BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,506,500

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

SUPERSEDES AUTH. NO. 965,729

SERVICE NO. ON PREVIOUS AUTH. Same

BAUCHAN, Louis S. (SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE)

(221-813) SERVICE NUMBER

Mo.M.M.1c. RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Irene Bauchan, ~~Washington Island, Wisconsin.~~ 11-23-45 721 North Rowe Street Ludington, Michigan	Wife		
A		1	Dennis B. Bauchan, Same.	Son	9	40
A		1	Michael L. Bauchan, Same.	Son	3	44

OK LAS

OK LAS

BUREAU OF PERSONNEL COPY

COMPUTED BY	REVIEWED BY	CHECKAGE (LEGAL LIMITATION)	TOTAL AMOUNTS OF CHECKS

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: March, 1944

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

DATE 21 April, 1944

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

ALLSET – MFD BY THE EGRY REGISTER CO., PATENTED

S & A 66 RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 965,729

BAUCHAN	Louis	S.	(221-813)	No.M.M.1c.
Last Name	First Name	Middle Name	Service No.	Rating

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Irene Bauchan Washington Island, Wisconsin.	Wife		
A		1	Dennis B. Bauchan, Same.	Son	9	40

22.00

BUREAU OF PERSONNEL COPY

* THE AGE LIMITATION ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCE TO A DEPENDENT CHILD WILL APPLY EXCEPT AS NOTED HERE.

None

NO LEGAL LIMITATION EXISTS ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCES TO A WIFE DIVORCED AND/OR CHILD(REN) EXCEPT AS NOTED HERE.

None

LAST AUTHORIZATION No. None (Number or "None"), DATED _____ 19____.

IS SUPERSEDED AND CANCELLED BY THIS AUTHORIZATION.

THE 2 (Number of) DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCE(S) AUTHORIZED BY PUBLIC LAW 625 (77th CONGRESS, 2nd SESSION). FIRST PAYMENT TO BE MADE FOR THE MONTH OF November, 19 43.

DATE 25 November, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

PATENTED

NAVY DEPARTMENT **PART 1**

APPLICATION FOR FAMILY ALLOWANCES

Mail to:

☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)
☒ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 1 November, 1943

I. I, BAUCHAN (Last name) Louis (First name) Stanley (Middle name) Mo.M.M.1c. (Rate or rank)

U. S. COAST GUARD (Organization) 221-813 (Service or serial number)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. **CLASS A**

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
1.	Bauchan	Irene	-	Wife	
	(Number and street or R. F. D.)		Washington Island (City or post office)		Wisconsin (State)
2.	Bauchan	Dennis	Brian	Son	9-25-40
	(Number and street or R. F. D.)		Washington Island (City or post office)		Wisconsin (State)
3.	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
	(Number and street or R. F. D.)		(City or post office)		(State)
4.	(Last name)	(First name)	(Middle name)	(Relationship)	(Date of birth if minor)
	(Number and street or R. F. D.)		(City or post office)		(State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

(Name)	(Number and street or R. F. D.)	(City or post office)	(State)
Irene Bauchan		Washington Island	Wisconsin

Date and place of marriage to present wife 21 January, 1939, at Pontiac, Michigan

Date and place of marriage to divorced wife _____

Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, $_____

Date alimony or support payment ceases _____

Name and location of court _____

Name and designate any child included above who is legally adopted or has been acknowledged as illegitimate

_____

16—29368-1

III. **CLASS B** **PART 1**

Consists of only the following relatives to whom you contribute a substantial portion of their support (father, mother, natural or adoption; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person in loco parentis to you, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren).

Give following information as to each Class B dependent claimed:

1. _____ (Full name) _____ (Relationship) _____ (Date of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

2. _____ (Full name) _____ (Relationship) _____ (Date of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

3. _____ (Full name) _____ (Relationship) _____ (Date of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

4. _____ (Full name) _____ (Relationship) _____ (Date of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

5. _____ (Full name) _____ (Relationship) _____ (Date of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____ (Full name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

_____ (Full name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

_____ (Full name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

State any other facts pertinent to this claim or in explanation thereof:

_____

_____

Louis A. Bauchan
(Signature)

Subscribed and sworn to before me, this 1st day of November, 19 43

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

C. F. STEIB
(Signature)

C. F. STEIB, Ensign, USCG
(Title)

16—29368-1

THE UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

Notification of Birth Registration

This certifies that the following Record of Birth is registered and preserved in the office of the State Registrar of Vital Statistics at Madison, Wisconsin

Name Michael Lucien Bauchen *Sex* male *No.* 2

Date of Birth Mar. 16, 1944 *Place of Birth* Sturgeon Bay, Door Co.

Name of Father Louis Stanley Bauchen

Maiden Name of Mother Irene Lydell Carr

J. C. Capt

J. C. Capt, Director of the Census.

Carl N. Neupert, M.D.

Special Agent, Bureau of the Census.

4-10-44

U. S. GOVERNMENT PRINTING OFFICE: 1941—O: 280332

THE UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

Notification of Birth Registration

This certifies that the following Record of Birth is registered and preserved in the office of the State Registrar of Vital Statistics at MICHIGAN DEPARTMENT OF HEALTH, LANSING

Name Dennis Brian Bauchan *Sex* M *No.* 363-28728

Date of Birth September 25, 1940 *Place of Birth* Pontiac, Michigan

Name of Father Louis S. Bauchan

Maiden Name of Mother Irene Lyell Carr

W. L. Austin

W. L. Austin, Director of the Census.

H. Allen Moyer M.D.

Special Agent, Bureau of the Census.

3672

U. S. GOVERNMENT PRINTING OFFICE: 1936

No. 38

Marriage License

19 39

Oakland County, Michigan

To any person legally authorized to solemnize marriage,

Greeting:

Marriage May Be Solemnized Between

Mr. Louis Bauchan and M Irene Carr,

affidavit having been filed in this office, as provided by Public Act No. 128, Laws of 1887, as amended, by which it appears that said Louis Bauchan is 26 years of age, color is White, residence is 816 Maple, Manistee, Michigan, and birthplace was Manistee, Michigan, occupation is Lighthouse keeper, father's name William Bauchan, and mother's maiden name was Minnie Brown

has been previously married no time s; and that said Irene Carr is 26 years of age, color is White, residence is 40 Lewis, Pontiac, Michigan and birthplace was Ludington, Michigan, occupation is Nurse, father's name George Carr, and mother's maiden name was Lyell Comer

and who has been previously married ---------- time no, and whose maiden name was --------, and whose Parent's or Guardian's consent, in case she has not attained the age of eighteen years, has been filed in my office.

space reserved for binding

In Witness Whereof, I have hereunto attached my hand and the seal of Oakland County, Michigan, this 21st day of January A. D. 1939

L. S.

LYNN D. ALLEN
County Clerk

By Frances Brown
Deputy.

Certificate of Marriage

Between Mr. Louis Bauchan and M Irene Carr

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, at Pontiac County of Oakland, Michigan, on the twenty-first day of January, A. D. 1939, in the presence of Thelma Bickford, of 11425 Dalyapple st. Detroit and Evelyn L. Carroll, of 29 Lucia St. Pontiac, Mich. as witnesses.

James C. Mead, Pastor
Name of Magistrate or Clergyman

First Congregational Church
Official Title

THIS DUPLICATE must be delivered by the person solemnizing marriage to one of the parties joined in marriage.

SHIP OR STATION: U. S. COAST GUARD STATION

5A March 44 add child

DATE OF APPLICATION: 30 March, 1944

DATE REPORTED FOR ACTIVE DUTY: 2 July, 1941

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
BAUCHAN	Louis	S.	221-813	MOMM1c

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Mrs. Irene L. Bauchan Washington Island, Wisconsin	Wife			CARR	
2		Dennis Brian Bauchan Washington Island, Wisconsin	Son	9	40		
3		Michael Luciene Bauchan Washington Island, Wisconsin	Son	3	44		
4							
5							
6							

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include any amounts paid by you to your dependents for your own room and board.*

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE
	965.729	

PLACE OF PRESENT MARRIAGE: Pontiac, Michigan

DATE OF MARRIAGE: ~~1-25-39~~ 1-21-39

IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. ☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☒ NO

IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT

IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE

ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: This application submitted because of additional dependent born March, 1944.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

Subscribed and sworn to before me this 1st *day of* April *19*44

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

NOTARY PUBLIC
DOOR COUNTY, WISCONSIN
My Commission Expires July 6, 1947

(Signature of attesting officer) (Title)

Louis S. Bauchan
Louis S. Bauchan, MOMM1c, USCG
(Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

...LOWANCES - NAVY DEPARTMENT

...OAST GUARD STATION

DATE OF APPLICATION: 30 March, 1944

DATE REPORTED FOR ACTIVE DUTY: 22 July, 1941

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
BAUCHAN	Louis	S.	221-813	MOMM1c

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Mrs. Irene L. Bauchan Washington Island, Wisconsin	Wife				
2		Dennis Brian Bauchan Washington Island, Wisconsin	Son	9	40		
3		Michael Luciene Bauchan Washington Island, Wisconsin	Son	3	44		
4							
5							
6							

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include any amounts paid by you to your dependents for your own room and board.*

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE
	965.729	

PLACE OF PRESENT MARRIAGE: Pontiac, Michigan

DATE OF MARRIAGE: 1-25-39

IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. ☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☒ NO

IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT

IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE

ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: This application submitted because of additional dependent born March, 1944.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

DO NOT WRITE BELOW THIS LINE

PAID BY CHECK NO. ... DATED ... FOR $ ... ON TREASURER OF THE ...

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25. D. C.

19 January, 1949

Mrs. Irene Bauchan
721 North Rowe Street
Ludington, Michigan

Dear Madam:

Reference is made to the application for family allowance filed by

BAUCHAN, Louis S. (221-813) MMM1, an enlisted member of the

United States Coast Guard, in behalf of yourself and sons.

Before further action may be taken, it will be necessary for you to furnish the following data to the Chief, Family Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C.:

A certified copy of your certificate of marriage to the enlisted man.

Certified copies of the public record of birth of Dennis B. and Michael L. Bauchan.

Family allowance will be withheld unless these certificate are received within a reasonable length of time.

By direction of the Commandant.

Very truly yours,

S. K. FRICK
Lieutenant, USCG
Chief, Family Allowance Section

SKFrick:MLH Rm 2102 Sta 2-4 1/19/49 Return to pending

147 8c 202

148

NAVCG-9731

Date: 6 December 1949

MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

Name	Rating	Unit
BAUCHAN, Louis S. 221-813	EW1	9th CGD

Disbursing Officer	Monthly Checkage	Month of First Entitlement
Class A	$22.00	Began: November 1943 Ter: September 1949

88 Lump sum checkage FA 10-49 thru 11-49 $200.00

S. K. FRICK
Chief, FA Section

ls

1920

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS.
NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES. NOV 28 1949

BAUCHAN, LOUIS S. 221-813 EN1 USCG.

(Name) (Service No.) (Rating)

TO: CHIEF, MILITARY MORALE DIVISION, CG HEADQUARTERS, WASHINGTON 25, D.C.

You are hereby notified of change in status as indicated below in the case of the person named above.

(x9) Checkage is being discontinued as provided in regulations after checkage for the month of November, 1949.

( ) Checkage is being continued as required by regulations pending notification to stop.

- -

Govt. contributions: $ 78.00
FA: A
Month first payment November, 1943
FA amount . . . . . $ 100.00
Name of payee . . . . Irene Bauchan
Lump Sum checkage FA-$ 200.00 10/49 thru 11/49
Entitlement ceased . 9/49

88-Career Compensation Act of 1949
NATURE OF CHANGE IN STATUS

J. D. SIMPSON, PCLK, USCG.
(Signature of A.C.O.)

9th CG DISTRICT, CLEVELAND, OHIO
(Station of A.C.O.)

CG HEADQUARTERS . . WASHINGTON 25, D.C.

6 December 1949
(Date)

Receipt of the above notification is hereby acknowledged. Family allowance payments will be terminated after payment for the month of: November 1949
Gov't. Cont. $78.00

Chief, Military Morale Division.

545 dtd 6/30/57
CGC MACKINAW
stop 6/57 # 285.00
(4)

ti 6-7 on

JUL 9 1957

Pend

JUL 9 1957

BAQ CLASS	DATE AUTH.	ANNUAL REPT.	DATE CANCELLED	REASON
(W)(AC-2)	12/21/51			Married 1/21/39 (IRENE L. CARR) PONTIAC, MICHIGAN B/C 9/25/40 (DENNIS BRIAN BAUCHAN) B/C 3/16/44 (MICHAEL LUCIEN BAUCHAN)
(W)(2LC)			6/30/57	SEPARATED FM ACTDU CNL

TREASURY DEPARTMENT
U. S. COAST GUARD
CG—3444 (5—53)

SICK CALL TREATMENT RECORD

NAME (last) (first) (middle) SERVICE NO.

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL

(Over)

16—69596-1

BAUCHAN, L. S.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3444 (5-53)

SICK CALL TREATMENT RECORD

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NO.
BAUCHAN	Louis	Stanley	221-813

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL
2/24/56	Mackinaw.	D/u Virus Infection T. 100.8	APC & ~~Ex~~ - Referred to Dr. Lentini.		J.
2-24-56	Lentini Clinic Cheboygan, Michigan.	Upper resp. Inf.	Tetracyn S.F. ASA	Duty	MS
9/8/56	Mackinaw	"Sprain, R. ankle	Ice packs. Returned to ship.		
			Referred to Chief Corpsman for X-Ray -		J
9/9/56	Mackinaw	" " "	Corpsman NFTN	Duty	J

(Over)

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
	USPHS OUTPATIENT CLINIC CLEVELAND, OHIO #29390 X-RAY EXAMINATION OF CHEST (70 MM MICROFILM) REVEALS NO SIGNIFICANT ABNORMALITY DATE: 5-29-56
6-19-57	USPHS Outpatient Office Manitowoc, Wisconsin Physical for retirement No defects Wasserman-Negative T H Rees MD T.H. Rees M. D. Med. Officer in Chrg.

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	EM1			

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
Bauchan, Louis S.		

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
25 June, 1956	USCGC MACKINAW (WAGB-83) Cheboygan, Michigan I certify that I have been advised this date of the findings of my medical examination for discharge and reenlistment in the Coast Guard and concur with the findings. Louis S. Bauchan Louis S. Bauchan ENC(P), USCG

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cauc	ENC(P)	USCGC MACKINAW	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
BAUCHAN, Louis Stanley	3-27-12	221-613

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars) One

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2–3 DAYS	RESULT* 7–10 DAYS	STATION	PHYSICIAN'S NAME
1	5/20/56	U.S. Dep 6.	3232 A1		R	USCG Mackinaw	[illegible]
2							
3							
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	5/53	0.1cc	Booster	From old Record.	7				
2	2/57	0.5cc	Booster	Cerclagin HM1	8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	4/53	0.5cc	Booster	From old Record.	4				
2	3-24-57	0.5cc	none	[illegible] HM1	5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE TEST	DOSE	REACTION	PHYSICIAN'S NAME		DATE TEST	DOSE	REACTION	PHYSICIAN'S NAME
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1					
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cauc	EN1	KUKU1	U.S.C.G.	TREASURY DEPT

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
BAUCHAN, Louis Stanley	3-27-12	221-813

16—87730-2

IMMUNIZATION RECORD
Standard Form 601

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

REACTIONS (*To transfusions, drugs, sera, foods, allergens, etc.*)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1	12/27/56	O	Pos.	From old Record.
2				
3				

REMARKS AND RECOMMENDATIONS (*Including history of diseases for which any of the above immunizing agents were given with year and place of attack*)

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATIONS NO. 2.

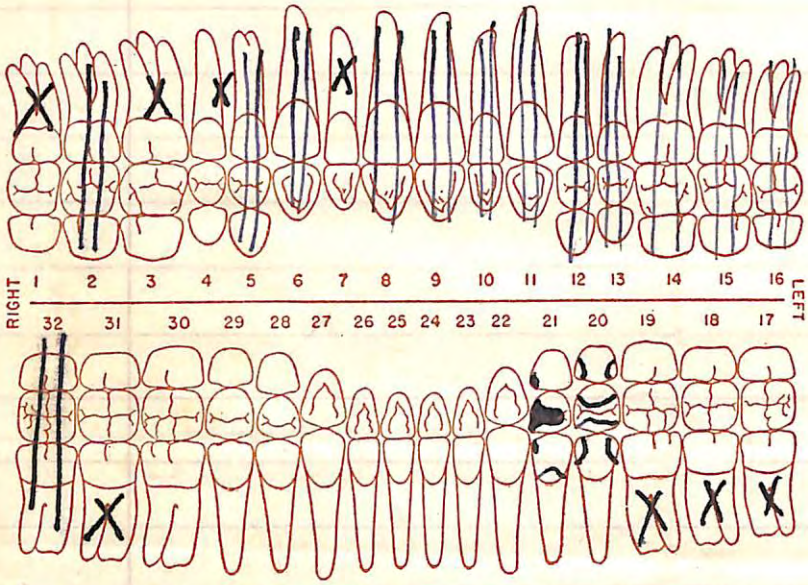
U. S. GOVERNMENT PRINTING OFFICE 16—67730-1

Standard Form 521
Promulgated May 1950
By Bureau of the Budget
Circular A-32 (Rev.)

16 Months CGC MACKINAW

CLINICAL RECORD — DENTAL

REPORT OF DENTAL EXAMINATION



CALCULUS
☐ SLIGHT ☐ MODERATE ☐ HEAVY

PERIDONTAL OR GINGIVAL DISEASE

ABNORMALITIES OF OCCLUSION

ORAL INFECTION (*Other than gingival or peridontal*): OTHER FINDINGS

DENTAL CLASSIFICATION

RECOMMENDATIONS
Full upper denture.

APPROXIMATE TIME REQUIRED FOR COMPLETION OF RECOMMENDED DENTAL TREATMENT DAYS

DENTAL FACILITY	DATE	SIGNATURE OF DENTIST
Motorized Dental Unit No.2	2-15-52	S.E. Abram S.E. ABRAM, SADS USPHS

INFORMATION FOR DENTAL SERVICE (*To be filled in by referring agency*)

☐ CHECK HERE IF PATIENT HOSPITALIZED FOR DENTAL TREATMENT ONLY

PRINCIPAL MEDICAL DIAGNOSIS

PATIENT REFERRED FOR

☐ EMERGENCY TREATMENT ☐ EXAMINATION FOR ORAL INFECTION ☐ OTHER (*Specify*)

☐ ROUTINE TREATMENT ☐ ELIMINATION OF ORAL INFECTION

REMARKS (*Include any special precautions to be observed in treatment*):

BENEFICIARY	SEX	RACE	AGE	SERVICE
Coast Guard	☒ M ☐ F	☒ WHITE ☐ OTHER	39	☐ IP ☒ OP

GRADE, RATING, OR POSITION	APPROXIMATE PERIOD OF HOSPITALIZATION	DATE REFERRED	SIGNATURE OF REFERRING PHYSICIAN
EN1, USCG			

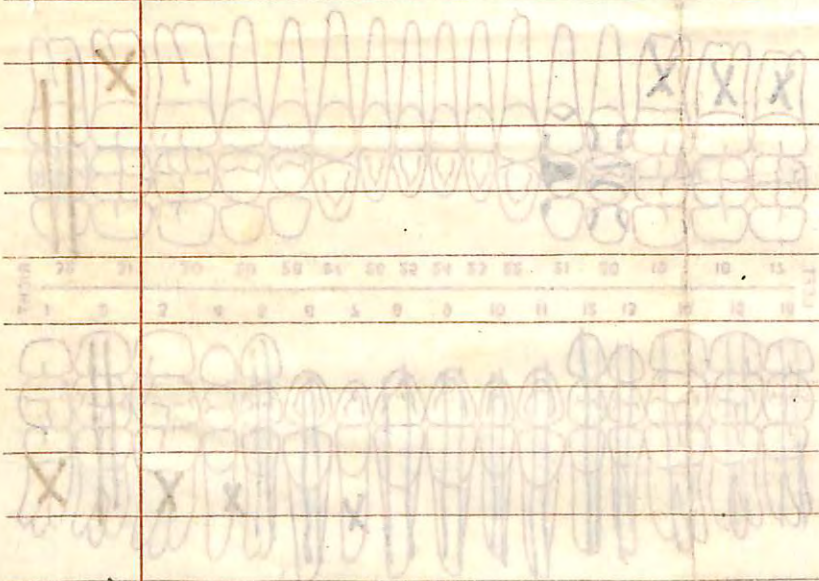
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
BAUCHMAN, Louis S.	221-813	

16—56210-3

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

DENTAL
Standard Form 521
Rev. April 1950

DATE	DIAGNOSIS—TREATMENT—REMARKS	SIGNATURE
2-15-52	Dental Examination	S E Abram —
	P.X. Referred to U.S. Public Health Service Hospital as soon as possible after Ship Returns from Sea Breaking — S E Abram —	
5-2-56	EXAM. (#280.0)	Motorized Dental Unit No. 2 DONALD E. GRANZOW, SADS, PHS (R)



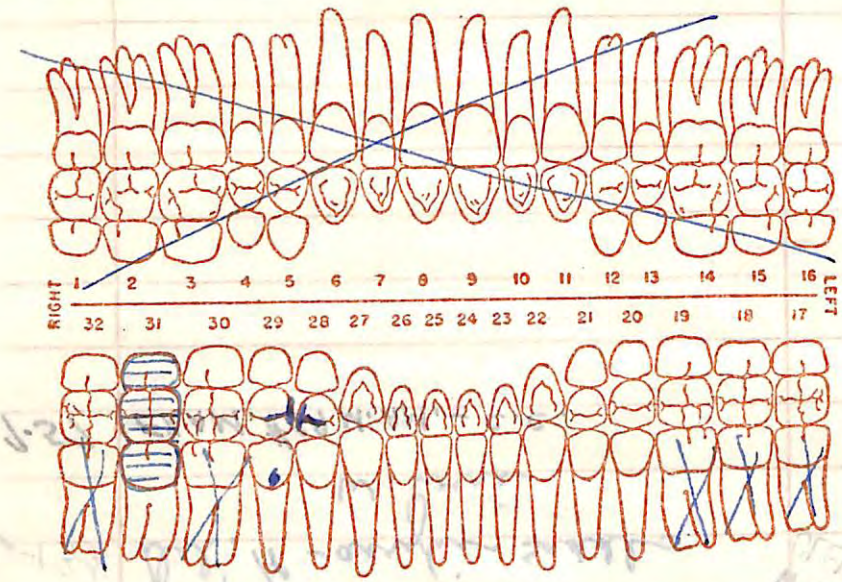
HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION: INITIAL | SEPARATION | OTHER (*Specify*)

2. TYPE OF EXAM. | 3. DENTAL CLASSIFICATION

4. MISSING TEETH AND EXISTING RESTORATIONS



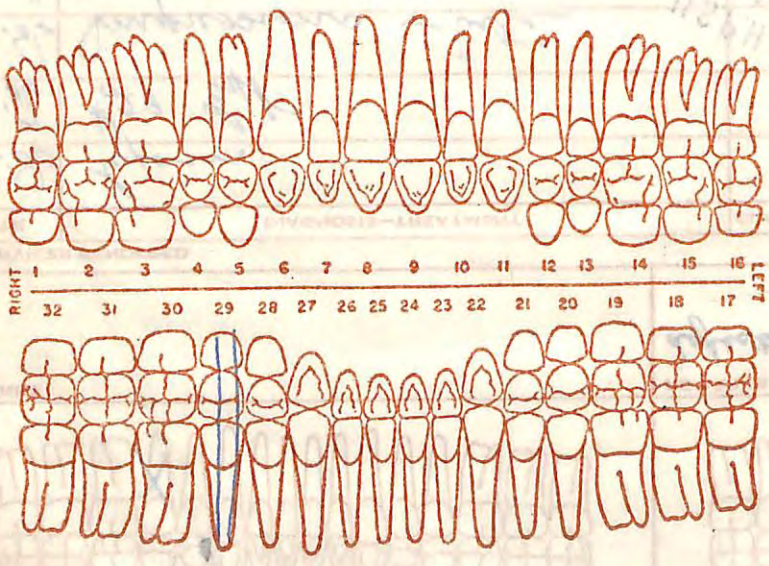
REMARKS

U.S.P.H.S. OUTPATIENT CLINIC
M 4094 U POST OFFICE BLDG.
WEST THIRD AND PROSPECT AVENUE
CLEVELAND 13, OHIO

PLACE OF EXAMINATION | DATE: 6-22-56

SIGNATURE OF DENTIST COMPLETING THIS SECTION: M. Costello-nd

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA: LOCAL | GENERAL; INCIPIENT | MODERATE | SEVERE

C. STOMATITIS (*Specify*): GINGIVITIS | VINCENT'S

D. DENTURES NEEDED (*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION: FULL MOUTH PERIAPICAL | POSTERIOR BITE-WINGS | OTHER (*Specify*)

DATE: 6-22-56 | PLACE OF EXAMINATION: WEST THIRD AND PROSPECT AVENUE CLEVELAND 13, OHIO | SIGNATURE OF DENTIST COMPLETING THIS SECTION

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT. OR AGENCY
M	Caue	EN1	[illegible]	U.S.C.G.	TREASURY DEPT

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY–MONTH–YEAR)	14. IDENTIFICATION NO.
BAUCHAN, Louis Stanley	3-27-12	221-813

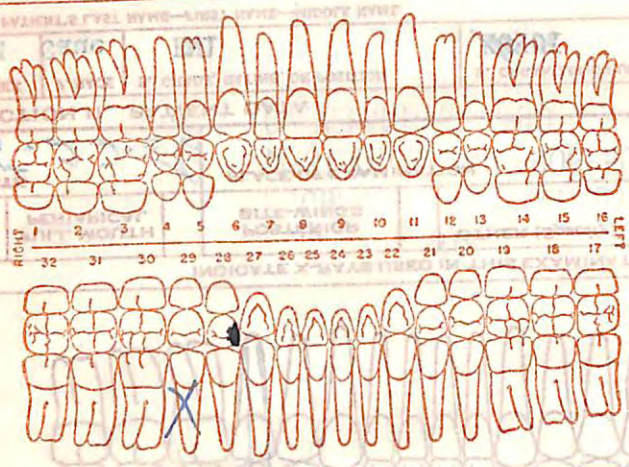
10—67878-1

DENTAL
Standard Form 603

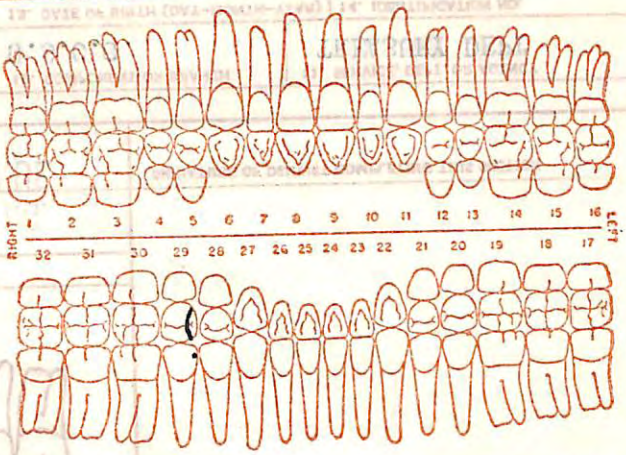
BAUCHAN, Louis Stanley

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS 5/7/57 Gold Crown on #31 defective.

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
5-22-56	Exam		U.S.P.H.S. OUTPATIENT CLINIC ROOM 4694 U.S. POST OFFICE BLDG. W. SIXTH AND PROSPECT AVENUE CLEVELAND 13, OHIO	
6-1-56	#29 Ext			
6-5-56	Impressions + bite			
6-6-56	Impressions			
6-13-56	Del. #1 - acrylic saddles W. wire		M. Costello DDS Motorized Dental Unit No. 2 CHARLES W. TAYLOR JR. SADS, PHS	RS
5-7-57	EXAM. #29 M.AM. - C.C.			

BAUCHAN, Louis Stanley
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE 16—67875-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF XXXXXXXXXXXXXX SERVICE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

SHIP OR STATION	DATE ATTACHED	DATE DETACHED
CGC MACKINAW (WAGB-83)	8/2/55	

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	CAU	EN1	CGC MACKINAW	USCG	U. S. TREASURY DEPT.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
BAUCHAN, Louis Stanley	3/27/12	221-813

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 88
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
BAUCHAN, Louis S.	4 July, 1950 Frankfort, Michigan

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
3-27-12	38	221-813	For discharge and reenlistment

7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
Treasury Department US Coast Guard	Coast Guard	Group, Frankfort, Mich	Engineman 1st class

11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)
Male	white	Point Betsie Light Station Benzie County, Frankfort, Michigan

14. PLACE OF BIRTH	15. OTHER DATA
Manistee, Michigan	

16. RATING OR SPECIALTY: Engineman 1st class (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☑
72 INS.	188 LBS.	✓					

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☑

22. HEAD, FACE, AND NECK—N. S. A. ☑

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☑

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☑
B. DRUMS—NO PERFORATION ☑ N. S. A. ☑

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 15/15
LEFT WV 15/15: SV 15/15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☑ LEFT EYE—N. S. A. ☑
B. PUPILS—EQUAL ☑ NORMAL TO ACCOMMODATION ☑ TO LIGHT ☑

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☑

D. DISTANT VISION
RIGHT 20/20 CORR. TO 20/ BY
LEFT 20/20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C CX

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED

H. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIVERGENCE Test not made PRISM CONVERGENCE

I. RED LENS—N. S. A. ☑

J. FIELD OF VISION—RIGHT—N. S. A. ☑ LEFT—N. S. A. ☑

K. DEPTH PERCEPTION TEST USED not made SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☑ LEFT—N. S. A. ☑

M. ACCOMMODATION—RIGHT 0 LEFT 0

N. NIGHT VISION TEST USED not made SCORE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR 8 X 6 5 4 3 XX 1 2 3 4 X 6 7 8 UL

LR 8 X 6 5 4 3 2 1 1 2 3 4 5 X 7 8 LL

MALOCCLUSION—N. S. A. ☐
PERIODONTOCLASIA—N. S. A. ☐
GINGIVITIS—N. S. A. ☐

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	70	B. P.: S.	124	D.	66	RECUMBENT: PULSE 70	B. P.: S. 130 D. 66
STANDING (*3 min.*): PULSE	72	B. P.: S.	130	D.	66	SITTING: PULSE AFTER EXERCISE 108	: 2 MIN. AFTER 76

28. LUNGS—N. S. A. ☑ CHEST—N. S. A. ☐ (*Include breasts for females*)

29. CHEST—N. S. A. ☐ X-RAY NOT DONE ☑

30. HEART—N. S. A. ☑

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☑

B. VARICOSE VEINS—NONE ☒

33. ABDOMEN AND VISCERA—N. S. A. ☒ A. LIVER—N. S. A. ☒ B. SPLEEN—N. S. A. ☒ C. MASSES—NONE ☒

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)

NONE ☒

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES

N. S. A. ☒

36. VENEREAL DISEASE

NONE ☒

37. ENDOCRINE SYSTEM

N. S. A. ☒

38. G-U SYSTEM N. S. A. ☒ (*Include prostate exam. if indicated*) PELVIC—N. S. A. ☐ VAGINAL DONE ☐ OR RECTAL DONE ☒

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. ☒ B. FEET—N. S. A. ☒

C. GAIT—N. S. A. ☒

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. ☒ B. PSYCHIATRIC—N. S. A. ☒ C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES ☐ NO ☐ (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*) Kahn Neg.

B. URINALYSIS SP. GR. 1024 ALBUMIN Neg SUGAR Neg MICROSCOPIC Neg.

C. BLOOD TYPE AND CLASSIFICATION USED

D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

None

33 | 188

43. FURTHER SPECIALIST'S EXAMINATION INDICATED ☐ YES ☒ NO. IF YES, SPECIFY

EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR Engine man

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*)	NAME TYPED OR PRINTED
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BAUCHAN, Louis Stanley	AMC(P)	221-813
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
545 Duncan Avenue, Cheboygan, Michigan	Discharge & Reenlist.	25 June, 1956

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caus	20 yrs.,	3 mos.	USCG - Treasury Dept.	USCGC MACKINAW (WAGB-83)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
3-27-1912	Manistee, Michigan	Irene L. Bauchan, Wife, Same as No. 4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
LENTINI CLINIC, Cheboygan, Michigan	

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* X.—*Missing teeth* (6 × 8).—*Fixed bridge, brackets to include abutments*
/.—*Nonrestorable teeth* XXX.—*Replaced by dentures*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Normal findings.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.019			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg	Few cast	Not Indicated	Not Indicated

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Not Indicated	Type "O" Positive	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
5'11"	194	Dk. Br.	Grey	☐ / ☒ / ☐ / ☐	98.2

57. BLOOD PRESSURE (*Arm at heart level*) 120/65 — **58. PULSE** (*Arm at heart level*) 72

SITTING	RECUMBENT	STANDING (3 min.)	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
SYS. 120	SYS. 120	SYS. 120	72	78	72	72	72
DIAS. 65	DIAS. 65	DIAS. 65					

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. N.E.L. CX	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

N.E.L.

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT Normal LEFT Normal	Pseudo-Isochromatic Plates-Normal	N.E.L.	UNCORRECTED CORRECTED N.E.L.

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
N.E.L.	N.E.L.	N.E.L.	Normal

70. HEARING

RIGHT WV 15 /15 SV 15 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT	N.E.L.							
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) Normal

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

None

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (*Check*)

☒ IS
☐ IS NOT QUALIFIED FOR Discharge and re-enlistment

PHYSICAL CATEGORY

A	B	C	E
X			

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN Nicholas Lentini, M.D.. — SIGNATURE Nicholas Lentini

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

NAVCG 2525-A (Rev. 6-45)

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

Bauchan
(Surname)

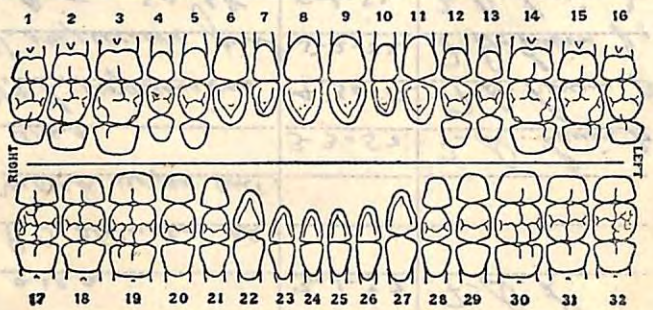
Louis S.
(Christian name(s))

Coxwain 221-813
(Rank or rate) (Service number)

INSTRUCTIONS

See Instructions for Dental Officers

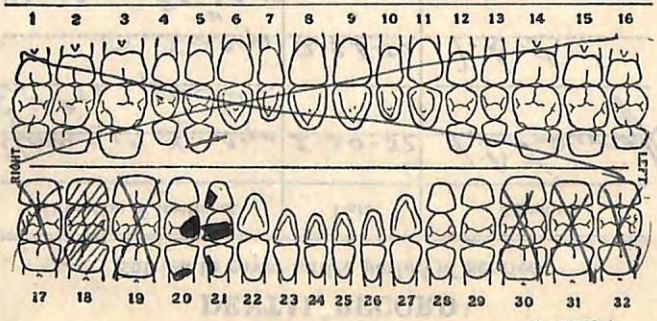
RECORD OF FIRST DENTAL EXAMINATION



REMARKS: Full mouth X-rays - 2-20-32

(Date and signature of examining dental officer should follow remarks)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—44988-1

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

BAUCHAN
(Surname)

Louis Stanley
(Given name-s)

Coxwain 221-813
(Rank or rate) (Service number)

INSTRUCTIONS

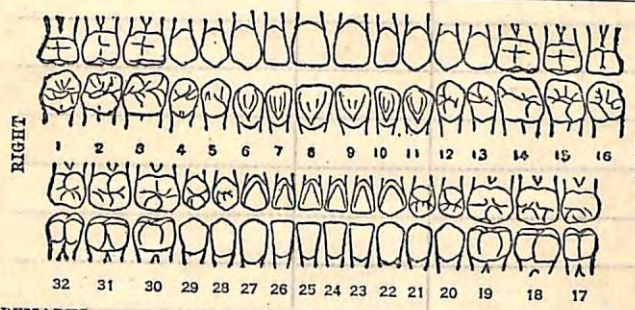
The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

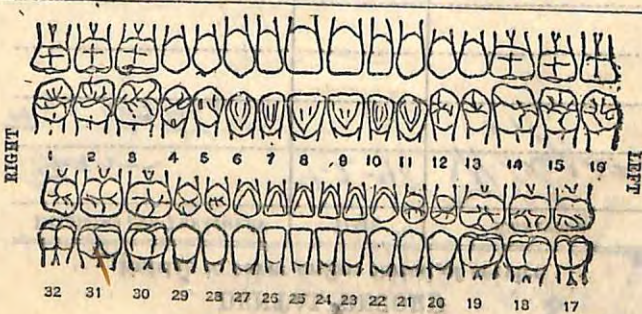
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—16140

DENTAL RECORD

Entries to cover entire period of service

Operation or treatment	Date	Signature
Exam - 14 X-rays	1-20-52	J.D. Lewis Jr
Ext #22 procaine		
14 X-rays	2-21-52	J.D.L.
13 X-rays Ext #1-2-5 procaine	2-25-52	J.D.L.
Post oper. Ext #12-14-15-16 - alveo.		
procaine - Sutures	2-27-52	J.D.L
Ext #6-8-9-10-11 - alveo - procaine		
remove sup'r #8-9-10 areas	2-29-52	J.D.L.
P.O. sutures removed upper lt area	3-1-52	J.D.L.
P.O. sutures removed upper ant. area	3-3-52	J.D. Lewis Jr.
V & L impressions	4-30-52	J.D. Lewis Jr.
V. impression final	5-2-52	J.D. Lewis Jr.
Bite Sp. 68	5-6-52	J.D. Lewis Jr.
Try in	5-7-52	J.D. Lewis Jr.
Delivir V. Denture #29 B; 28 DO and gum - procaine	5-9-52	J.D. Lewis Jr.
Dentures adjusted	5-13-52	J.D. Lewis Jr.
EXAM #28 Mesial Rotation	7-20-53	W.H. Bailey

16—44988-1 U. S. GOVERNMENT PRINTING OFFICE

DENTAL RECORD

Entries to cover entire period of service

Diagnosis and Treatment	Date	Signature
Exam	9-2-48	J.H. Sheppard
#32 Extracted	"	"

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16140

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name BAUGHAN, Louis S. Service Number 221-813
(Surname first)

Age: Years 35 Months 3 Color white

For: re-enlistment Regular Establishment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Mo.M.M.1/c (1)

Place Frankfort, Mich. Date 3 June, 1947

Personal Medical History Tonsillectomy, 1939

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? no Test used Book.

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

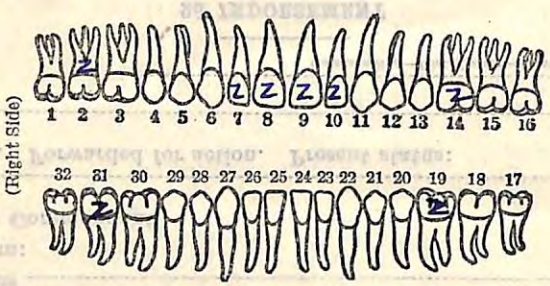
Eyes, eyelids, and reflexes normal

Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums normal Temperature 98.5

Height 71½ inches. Weight (stripped) 164 Lbs. Obesity none

Skin normal

Lymph. glands normal

Chest: Inspiration 38½ Expiration 34½

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 95

Pulse before exercise 73, after exercise 85, after 2 min. 73

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin no Sugar no Shreds no

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1020

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 1942 Result negative

16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name BAUGHAN, Louis S. Service Number 221-813
(Surname first)

Age: Years 35 Months 3 Color white

For: re-enlistment Regular Establishment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Mo.M.M.1/c (1)

Place Frankfort, Mich. Date 3 June, 1947

Personal Medical History Tonsillectomy, 1939

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? no Test used Book

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes normal

Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Gums normal Temperature 98.5

Height 71½ inches. Weight (stripped) 164 Lbs. Obesity none

Skin normal

Lymph. glands normal

Chest: Inspiration 38½ Expiration 34½

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 95

Pulse before exercise 73, after exercise 85, after 2 min. 73

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin no Sugar no Shreds no

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1020

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 1942 Result negative

16—27070-1

REMARKS: Served five years in former U.S.N. Service and 3 years in U.S.M.C.

CERTIFICATE

~~We~~ I } certify that { ~~we~~ I } have personally made this physical examination and find that

He is physically qualified for Re-enlistment (Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Regular Establishment (Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

Dr. Frank J. La Rue
M. D. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

(Date)

Place

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

REMARKS: Served five years in former U.S.N. Service and 3 years in U.S.M.C.

CERTIFICATE

~~We~~ I } certify that { ~~we~~ I } have personally made this physical examination and find that

He is physically qualified for Re-enlistment (Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Regular Establishment (Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

Dr. Frank J. La Rue
M. D. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

10 June, 1947 (Date)

Place Cleveland, Ohio

From: Comdr. ~~9th CGD~~ District (pmp) (PO)

To: Commandant.

1. Forwarded for action. Present status: Applicant for reenlistment from Stg to Reg. Establishment.

J. J. Hutson, Jr.
J. J. HUTSON, Jr. Commanding—Dist. Comdr.-Off. in Chg.
By direction

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

6-13-47 (Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

JUN 16 1947
6 (Date)

From: Commandant.

To: C9CGD

1.

REENLISTMENT AUTHORIZED; REGULAR ESTAB.

Insert this copy in health record.

By direction,

W. C. Capron
W. C. CAPRON, Comdr., USCG
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name BAUCHAN, Louis S. (Surname first) Service Number 221-813

Age: Years 29 Months 2 Color White

For: Special Temporary
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Coxwain

Place Sturgeon Bay, Wis. Date 2 June, 1941

Personal Medical History Tonsillectomy, 1939

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? no Test used Chart

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

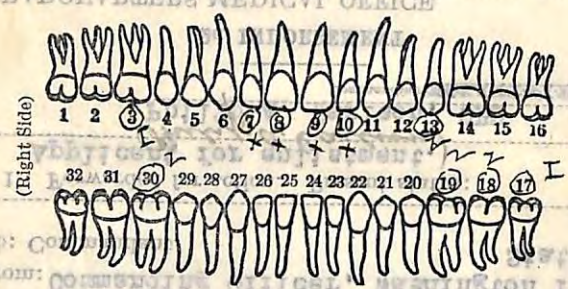
Eyes, eyelids, and reflexes normal

Ears: Right normal Left ____
(Condition of drum, discharge, etc.)

Head, face, and neck negative

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums healthy Temperature normal

Height 71 inches. Weight (stripped) 151 Lbs. Obesity ____

Skin clear

Lymph. glands normal

Chest: Inspiration 37 Expiration 34

Heart and blood vessels negative

Blood pressure: Systolic 125 Diastolic 80

Pulse before exercise 70, after exercise 102, after 2 min. 70

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin no Sugar no Shreds none

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. ____

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____ % Reds ____ Whites ____

Wassermann or Kahn test: Date 6-4-41 Result negative

Protestant

2—16141

Form No. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name BAUCHAN, Louis Stanley
(Surname first)

Rank or rating Coxwain Service number 221-813

SMALLPOX VACCINATION

Number of prior scars 1

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
7-28-41	J C Huff	I R	J C Huff
5-18-43	N. P. Mast	I R	N P Mast, PhM 2/c
6/2/51	F.R. Hacker M.D.	I R	I R F.R. Hacker M.D.
7-20-53	[illegible]		

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED First	Second	Third	SIGNATURE OF MEDICAL OFFICER
7-28-41	8-4-41	9-12-41	J. C. Huff
1-12-45	Typhoid Booster-1 c.c.		L Blumenberg Jr M.C.
Typhoid booster		10/1/50	F.R. Hacker M.D.
"	"	26/04/52	Talbot GMM3
Booster 0.1cc	5-27-53		[illegible]

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Tetanus Toxoid (Booster) ½ c.c.
7-11-43
Vet-Vid Booster 10/1/50 F.R. Hacker M.D.
4-15-53 Booster 0.5 cc [illegible]
N. P. Mast, PhM 1/c
(Signature of medical officer)

2—16142

International Blood Type "O"

REMARKS: [illegible] given to 5 yrs. of service in U.S.N. and 3 yrs. in marines.

CERTIFICATE

We / I } certify that { We / I } have personally made this physical examination and find that Louis S. Bauchan

He is physically qualified for enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

P. C. Hilt
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

9 June, 1941
(Date)

Place Washington Island, Wisconsin

From: Commanding Officer, Washington Island Station.

To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment.)

Philip A. Carlson
Philip A. Carlson, CBM
Commanding

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

JUN 13 1941
(Date)

The findings of the certificate are not approved

for S. T. E. Daly

By direction of the Medical Director:

By direction of the Surgeon General:

T. LeBLANC
Medical Director, U.S. Public Health Service.

CHIEF PHARMACI

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

19 June, 1941
(Date)

From: Commandant.

To: Commander, Chicago District.

1. Enl. Auth. S.T.E. Cox.

Insert this copy in health record.

By direction,

S. P. MEHLMAN, By direct
Chief, Division.

U. S. GOVERNMENT PRINTING OFFICE 2—16141

5976-20

INSTRUCTIONS

Enter result as "Primary reaction" (PR); "Accelerated reaction" (AR); "Immunity reaction" (IR) or "Failure" (F).

Inspect primary vaccinations ten (10) to fifteen (15) days after vaccination, revaccinations two (2) to four (4) days after revaccination and later if a primary or slow accelerated reaction is developing. Upon a revaccination first make a control scarification unless the "multiple pressure" method is used.

PR.

Primary reactions are those in which the broadest redness occurs eight (8) to fourteen (14) days after vaccination; they always have a vesicle.

AR.

Accelerated reactions are those in which the broadest redness occurs four (4) to seven (7) days after vaccination; they also have a vesicle.

IR.

Immunity reactions are those in which the broadest redness occurs eight (8) to seventy-two (72) hours after vaccination; such a reaction is evidence of immunity only if fully potent vaccine was used. The vaccine should be kept constantly at or below freezing or be used within two weeks after leaving the manufacturers and be kept in an icebox meanwhile. If these conditions are not known to have been fulfilled, an apparent immunity reaction should be marked with a question mark (IR?).

F.

Failures are all other reactions or no reaction.

When either vaccination or inoculation is completed and entered on the record sheet, a duplicate entry shall be made on a duplicate sheet which shall be immediately forwarded to Headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1935 2—16142

Fo NCG-2525D

MEDICAL HISTORY

Page 3

Surname BAUCHAN Service No. 221-813

Christian name-s Louis Stanley

STATE NAME OF PLACE	DATE EACH NEW ENTRY

3-15-52 Dentistry Clinic Bldg, Chicago, Illinois wt. 184 Pain left shoulder & bar muscles & tingling down left arm - ? Myoneuritis Rx Aspirin formula & Sol. Salicyl 1.3 g. q x 0

7-7-53 Dentistry Clinic Bldg., Chicago, Ill. wt. 177 - Hurt left back in MVA Vago Disc herniation - adv to see orthopedist when convenient

Rx Aspirin MS

16—25658-1

Form NAVCG-2525D

MEDICAL HISTORY

Page

Surname BAUCHAN Service No. 221-813

Christian name-s Louis S. ENl

STATE NAME OF PLACE	DATE EACH NEW ENTRY
USPHS HOSPITAL Chicago, Ill.	29 May 1953

Examined this date, 5-26-53, and found to be physically qualified for overseas duty.

E.R.HANCOCK
MEDICAL OFFICER

U. S. C. G. TRAINING STATION
Government Island
Alameda, Calif.

Date 5-20-53

This man has been examined this date and is dentally fit for overseas duty.

W. H. [illegible]
U.S.P.H.S.

16—25658-2

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page 1

Surname BAUCHAN Service No. 221-813

Christian name-s Louis Stanley

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Ephraim, Wis. May 22, 1942

First tetanus toxoid given.

M. A. Schwerzen, A. R. Surg.

Sturgeon Bay, Wisc May 22 1942

Blood taken for Typing.

Group O

R. E. Dochterman Lt (j.g) CAP Examiner

Manitowoc, Wisc

Relief Dr. June 27-1942

Tetanus Toxoid 1.5 cc.

(2nd dose). Given

by Harry R. Parker 9-95 Surg (C)

Two Rivers Wis 2/13/43

Tetanus Toxoid booster

Frankfort Mich. Jan 25 43 G. P. Shaker

While putting up Storm Windows

Slipped Causing severe pain

in back, advised to apply

heat & Rest & Salicylates-

about 3 to 4 days rest. Jack Shaker M.D

Frankfort Mich May 27 1943

Tetanus booster Weight 149 lbs

Jack Shaker M.D

2—16143

Form No. 2525 E
TREASURY DEPARTMENT
U. S. COAST GUARD
March 1938

TERMINATION OF HEALTH RECORD

Name BAUCHAN, Louis Stanley

Rating Coxwain Service Number 221-813

Place ____ Date ____

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted ____

In my opinion those numbered ____ are incident of service.

In my opinion those numbered ____ are not incident of service.

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

____
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) ____

That I have the following defect(s) ____

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

____
Rank or Rating, U.S. Coast Guard.

Service terminated ____ (Date)

At ____ (Place)

By reason of ____ (Expiration enlistment; physical disability; undesirability; desertion, etc.)

____, *Custodial Officer.*

2—16144 (Rank)

July 7'50 Frankfort
Re Physical re enlistment
Grand Haven MPH

U. S. GOVERNMENT PRINTING OFFICE 2—16143

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Washington Island Sta	9-30-41	
Washington Island Sta	~~12-17-45~~	12-17-45
Wash. Isle Sta.	3-28-46	12/2/46
CG Group, Two Rivers, Wis	12-3-46	3/27/47
Pt. Betsie LT. Station	3-30-47	12-24-51
CGC MACKINAW	1-8-52	6-19-53
C.G.C. Newell	9-22-52	2-13-54
C.G.C.G. KUKUI, WAK-185	2-13-54	
CG-83394, HONOLULU, T.H.	4-16-54	10-8-54
CGBASE, Sand Island, Honolulu,	10-8-54	7-15-55
OC9CGD	8-5-55	8-5-55

See New St. 600

U. S. GOVERNMENT PRINTING OFFICE 2—16144

FIRST NAME | STANLEY MIDDLE NAME | 221-813 SERVICE NO. | 3/27/12 DATE OF BIRTH (Mo.-day-yr.)

PLACE OF BIRTH (State or Nation) | GRADE OR RATE

INT. BLOOD TYPE O
RH FACTOR Positive

BLOOD TYPE (O) RH FACTOR POSITIVE

U. S. Coast Guard

HEALTH RECORD

CAUTION

No information may be divulged from this record except to persons properly and directly concerned; this policy, by long usage, has acquired the effect of law. Questionable cases will be referred to the Commanding Officer for decision. The inviolability of the Health record and information therefrom has long been recognized by the United States Coast Guard in view of the confidential nature of such records.

TREASURY DEPARTMENT — U. S. COAST GUARD C G 3443 (5-53)

INSTRUCTIONS

PURPOSE OF HEALTH RECORD CG-3443

To protect the government, the individual, or his dependents in adjudicating claims for service-connected medical or dental disabilities. This can be accomplished only by complete and accurate medical and dental entries made upon entry in service; during service; and upon release or discharge from service.

To furnish the basis for collecting of statistical information.

To provide a continuous record of medical and/or dental treatment for the benefit of medical and dental officers in furnishing treatment and to provide complete medical histories to medical survey and physical evaluation boards.

Properly executed dental charts provide valuable assistance in identifying deceased personnel when other means are inadequate.

To adequately serve the purpose for which intended the health record must be an accurate, succinct record of medical and dental treatment furnished during the individual's period of service. No photographs, folded papers, or forms not included in the health record will be attached or inserted in the health record.

OPENING OF HEALTH RECORD

A health record will be opened for each individual on original entry in the Coast Guard or Coast Guard Reserve.

TERMINATION OF HEALTH RECORD

The health record will be terminated whenever a member of the Coast Guard or Coast Guard Reserve is discharged, resigns, retires, or dies. Termination entries will be made on SF 600 and the health record forwarded to Headquarters. Discharge for immediate reenlistment, at the same unit, resignation of temporary status to continue in regular status, or retirement with continuation on active duty are not to be considered as termination of service. The health record will be closed out (not terminated) upon desertion or disappearance. When the facts regarding such disappearance are insufficient to justify conclusion of death, a complete resume of the circumstances will be entered on SF 600 immediately following the final clinical entry. The health record will be forwarded to Headquarters after the appropriate entries, i.e., "Missing" or "Missing in Action" have been made.

CUSTODY OF HEALTH RECORD.

The health record will be retained in the custody of the medical officer of the ship or station to which the individual is attached. When an individual is attached to a ship or station having no medical officer, the health record may be placed in the custody of other representatives of the Medical Department, at the discretion of the commanding officer. When there is no representative of the Medical Department attached, the commanding officer will assume responsibility for the custody of the health records.

DESCRIPTION AND USE OF HEALTH RECORD FORMS

The health record is composed of the following listed forms with instructions for their preparation and disposition.

1. CG-3443 (COVER) The full name completely recorded in capital letters and with surname first will be typed on the lip of the cover reading horizontally from left to right, followed in sequence by the service number; date of birth numerically recorded in order of month, day, and year; the state or nation of birth. The individual's grade or rate will be recorded in the space provided, and subsequent changes made at the time they become effective.

2. STANDARD FORM 88 (REPORT OF PHYSICAL EXAMINATION) This form will be prepared in duplicate in the cases of all individuals undergoing physical examination. The original will be forwarded to Headquarters and the copy, signed by the medical examiner, will be inserted in the health record.

INSTRUCTIONS

3. STANDARD FORM 89 (REPORT OF MEDICAL HISTORY) This form will be prepared in duplicate on application for original appointment in the regular Coast Guard or Coast Guard Reserve, as commissioned officer, chief warrant officer, cadet, warrant officer, or original enlistment. Personnel with prior Coast Guard service applying for reenlistment will be required to execute this form only when reenlistment is not effected under conditions of continuous service, i.e., within three months following discharge. In all of the above cases, original SF 89 will be forwarded to Headquarters with the report of physical examination, copy of SF 89 to be inserted in the health record.

4. STANDARD FORM 600 (CHRONOLOGICAL RECORD OF MEDICAL CARE) Entries will be made for all admissions to the sick list. Entries will be made as often as necessary, typewritten if practicable, giving concisely all essential details concerning the diagnosis, origin, symptoms, course, and treatment. Entries will be complete with regard to place and date, and will be signed by the medical officer or medical department representative furnishing treatment. Entries will indicate whether the disease or injury was or was not incurred in line of duty and was or was not due to the individual's own misconduct.

5. STANDARD FORM 601 (IMMUNIZATION RECORD) All immunizations or vaccinations will be recorded completely in their proper spaces. The name of the medical officer or medical department representative administering the immunization will be autographically entered in the space provided on the form.

6. STANDARD FORM 602 (SYPHILIS RECORD) Will be prepared and inserted as the last page of the health record for each person for whom a diagnosis of Syphilis or any of its complications or sequelae has been established. PHS Hospitals or other activities establishing such diagnoses will be responsible for the preparation of SF 602.

7. STANDARD FORM 603 (DENTAL RECORD) This form shall be a continuous dental record containing accurate and complete entries of dental examinations and treatments, on which only the standard markings and abbreviations will be used. Block (4) will be used to record the findings of the original dental examination and will not be altered thereafter. Subsequent examinations, treatments, restorations, and conditions will be recorded in the proper spaces.

8. STANDARD FORM 502 (NARRATIVE SUMMARY) Will be prepared at PHS Hospitals for all inpatient admissions. It will be inserted in the health record immediately upon receipt. Coast Guard units having the services of full time medical officers will utilize this form for the reporting of all inpatient admissions.

9. CG-3444 (SICK CALL TREATMENT RECORD) Will be inserted as the first page of the inside cover, apart from the health record generally, and thereafter maintained, continuously, for each person who applies for, or is given treatment, for any condition not requiring admission to the sick list. Entries will be made, and initialed by the individual conducting sick call for every application for treatment regardless of whether treatment was furnished. Dated entries will be typewritten or recorded in black ink and preceded by the name of the activity in capital letters or rubber stamp. Circumstances of injuries will be entered. This form is a permanent part of the health record and on transfer of the individual, makes available to the receiving medical unit a chronological record of prior outpatient treatment.

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NO.	DATE OF BIRTH (Mo., Day, Yr.)
BAUCHAN,	LOUIS	STANLEY	221-813	3/27/12

PLACE OF BIRTH (State or Nation)	GRADE OR RATE		CHANGES IN GRADE OR RATE
Manistee, Michigan	ENL	ENC (P)	

RELIGION
Protestant

INSTRUCTIONS

This side of the service record is for all official and unofficial correspondence concerning the individual, such as: Transfer Orders, official requests, personal documents, i. e., Discharge Certificates, Training Course Certificates, original of Citations or Commendations, etc.

Upon separation from the Coast Guard, all personal documents should be removed and returned to the individual concerned. Obtain a receipt for papers so delivered and file with the remaining correspondence in the service record.

Eliminate correspondence which has served its purpose and arrange remaining papers in chronological order, latest dated papers on top. Forward with closed-out service record to Commandant (PE).

Identification Card No. ~~226041~~ 1614 20 — BLOOD TYPE O

CONTENTS CHECKED FOR ACCURACY

(REQUIRED: 1. WHEN REPORTING ABOARD. 2. WHEN TRANSFERRED. 3. ON DISCHARGE OR RETIREMENT)

DATE	STATION	BY (NAME AND GRADE)	INITIALS
6-19-53	CGC MACKINAW (WAGB-83)	A. CISEK, YNC	
7-17-53	CG BASE (ADMIN) ALAMEDA	W. E. MICHAELSEN, LCDR, X. O., By dir.	
7-28-53	CG BASE (ADMIN) ALAMEDA	W. E. MICHAELSEN, LCDR, X. O., By dir.	
9-22-53	NEWELL (WDE-422)	W. E. West LT, USCG, XO	
2-13-54	NEWELL (WDE-422)	L. W. TIBBITS, LCDR, CO.	
2-13-54	USCGC KUKUI (WAK-186)	[illegible], LCDR, XO	
3-16-54	USCGC KUKUI (WAK-186)	G.C. FLEMING, LCDR, USCG, XO	
4-16-54	Base (Tra) S.I., Honolulu, T.H.	E.W. COLEMAN, LT, XO.	
10-8-54	CG-83394, HONOLULU, T. H.	K. MC CLELLAN, ENS, USCG	
10-8-54	Base, Sand Island, Hono.	G.C.O. Cooper, Lt. USCG, O.I.C.	
7-15-55	BASE, SAND ISLAND	C.E. SIMMONS, LT, U.S.C.G. X-O	
7/18/55	CG BASE (ADMIN) ALAMEDA	W. J. FELTON, LCDR., USCG, PERS. OFF., BY DIRECTION	
8-5-55	OCCGD9, Cleveland, Ohio	EARL ELDER, SCLK 3, USCG	
9-2-55	USCGC MACKINAW (WAGB-83)	J. D. HUDGENS CDR USCG	
7-5-56	CGC MACKINAW	E.W. LEWIS, ENS., PO, By dir	

INSTRUCTIONS

1. A service record will be opened and maintained for each person enlisted, reenlisted, or inducted as an enlisted member of the Regular Coast Guard or reserve components.

2. Type or print full name in following order: last, first and middle, and service number, on line above captions, in space provided on this record. In case of USCGR personnel, type "R" after USCG.

3. The service record shall be safeguarded against loss and unauthorized persons shall not have access thereto.

4. Entries in the record shall be made only by those given such authority by the Commanding Officer. The required signatures are specified on page 15, Service Record Signatures.

5. All marks and other entries shall be entered promptly, dated, and signed, either on date of occurrence or as may be otherwise required.

6. All entries shall be typewritten. Signatures shall be made in black or blue black ink only.

7. Erasures, interlineations, and the use of ditto marks are prohibited. Should it be found that an error has been entered in the service record of an individual who is still attached to the command committing the error, a light red ink line shall be drawn through the erroneous entry; the commanding officer or executive officer should enter his initials alongside the lined-out error, and the correct entry made and signed or initialed as appropriate. When such apparent errors have been committed in previous commands, the Commandant (PE) should be advised and instructions requested; in case of performance of duty marks, see article 8-C-12 Personnel Manual.

8. Upon separation from the Coast Guard the service record will be closed out in accordance with current instructions and forwarded to The Commandant (PE). Upon immediate reenlistment below listed sheets indicated by an asterisk shall be removed and inserted in the new service record.

9. Instructions as to entries to be made on the several pages of the record are printed on the reverse side of the page. These pages shall be assembled on this side of the record in the following order; the Enlistment Contract on the bottom, the Agreement to Extend Enlistment (when appropriate) on the top of the Enlistment Contract, etc.

1 Enlistment Contract
1a Certificate of Obligated Service (when appropriate)
1b Agreement to Extend Enlistment (when appropriate)
2 Record of Emergency Data (Beneficiary) (DD93)
3 Classification Training and Rating Sheet*
4 Court Memorandum
5 Leave Record
6 Marks
7 Administrative Remarks
8 Motor Vehicle Operators Record (when appropriate)*
9 Record of Discharge, Release from Active Duty, or Death
10 DD Form 214
11 Desertion Sheet (when appropriate)
12 Individual Order to Adjust Pay Account
13 VACANT (held for future use)
14 VACANT (held for future use)
15 Service Record Signatures
16 Distribution Sheet

10. When additional sheets of the same page number are required the additional sheet shall be numbered serially, 1, 2, 3, etc., in block provided adjacent to page number and filed on top of the original in chronological order.

CG GROUP FRANKFORT, MICHIGAN (09-200465) 73-52

1951

221-813	BAUCHAN, Louis S.	1600 24 December, 1951 TR from Point Betsie Light Station to CGC MACKINAW, Cheboygan, Mich. for ASDU. Granted ten (10) das. REG/ACC leave, four (4) das. PT and one (1) day TT enroute. TONO 093440. 12/24
		EDA prior 2400 8 January, 1952
		Term. Subs of $2.25 per day 12/24

SERVICE RECORD COPY

1397

A. J. BATES, BOSN. OinC

96-52

BAUCHAN, Louis S.	221-813	EN1
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Michigan
09-200465	09-300460	27 December, 1951

1600
24 December, 1951

TONO 093440

CGC MACKINAW, Cheboygan, Michigan
ASDU. Granted ten (10) days REG/ACC leave, four (4) days proceed time and one (1) day travel time enroute.
EDA prior 2400 8 January, 1952

SERVICE RECORD COPY

A. J. BATES, BOSN. USCG. OinC

Ind-1.
CG Group Frankfort
Frankfort, Michigan

24 December, 1951
P16-3/MM

From: Officer In Charge, CG Group Frankfort
To: HAUCHAN, Louis S. (221-813) USCG

Subj: Orders; Transfer; travel

1. You are directed to comply with basic orders on the reverse hereof.

2. Travel in connection with this order will be performed by privately owned conveyance.

3. Your service and health records are handed you for safe delivery to proper authority at your ultimate destination.

4. You are granted ten (10) days Regular Accrued leave, four (4) days proceed time and one (1) day travel time enroute.

5. Delivered and departed 1600, 24 December, 1951.

EDA - Prior 2400 - 8 January, 1952.

RECEIVED

JAN 1 1952

U.S. COAST GUARD
CUTTER MACKINAW

UNITED STATES COAST GUARD

Cleveland 15, Ohio

Address reply to
Commander, 9th CG District

P
21 November, 1951
P16-3/MM

TRAVEL AUTHORIZATION 093440

FROM: COMMANDER, NINTH COAST GUARD DISTRICT
TO: BAUCHAN, Louis S. (221-813) EM1 - USCG, CGMB, Pt. Betsie Light Station
VIA: Officer in Charge, CG Group, Frankfort, Michigan

SUBJ: ORDERS; TRANSFER; TRAVEL

1. Effective upon being relieved by PARROTT, George T. (230-758) EM1 and when directed by the Officer in Charge, CG Group, Frankfort, Michigan you are detached from all duties previously assigned. You are directed to proceed and report to the Commanding Officer, CGC MACKINAW, Cheboygan, Michigan for assignment to duty.

2. THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FOR YOU FROM Frankfort, Michigan TO Cheboygan, Michigan

3. TRAVEL NECESSARY TO THE EXECUTION OF THIS ORDER IS REQUIRED BY THE PUBLIC INTERESTS AND IS CHARGEABLE AGAINST (HQ) (DISTRICT) TRAVEL ALLOTMENT, SYMBOL NO. 09 -20. ALLOWANCES PRESCRIBED BY THE JOINT TRAVEL REGULATIONS, DATED 22 DECEMBER, 1950, AS AMENDED, ARE AUTHORIZED. TRAVEL IS AUTHORIZED VIA PRIVATELY-OWNED CONVEYANCE, RAILROAD, BUS, WATER, AND/OR AIR.

4. YOU ARE DIRECTED TO CARRY YOUR SERVICE AND HEALTH RECORDS AND DELIVER THEM TO THE PROPER AUTHORITY UPON ARRIVAL AT YOUR ULTIMATE DESTINATION. Your pay account will be forwarded by this office upon receipt of Form 510 indicating your detachment.

5. PROVIDED YOUR LEAVE ACCOUNT WARRANTS THE COMMANDING OFFICER IN CHARGE IS AUTHORIZED TO GRANT YOU UP TO ten (10) DAYS DELAY ENROUTE, SUCH DELAY TO COUNT AS LEAVE, FOUR (4) (NO) DAYS PROCEED TIME, AND THE NECESSARY TRAVEL TIME. You are authorized such compensatory absence as may have accrued to you enroute.

A. O'D. WISE
By direction

cc:
ACCOUNTING
FILE
CO, CGC MACKINAW

Ind-1
CG Group Frankfort
Frankfort, Michigan

24 December, 1951
P16-3/MM

From: Officer in Charge, CG Group Frankfort
To: BAUCHAN, Louis S. (221-813) EM1

Subj: Orders; Transfer; travel

1. You are directed to comply with basic orders on the reverse hereof.

2. Travel in connection with this order will be performed by privately owned conveyance.

3. Your service and health records are handed you for safe delivery to proper authority at your ultimate destination.

4. You are granted ten (10) days Regular Accrued leave, four (4) days proceed time and one (1) day travel time enroute.

5. Delivered and departed 1600, 24 December, 1951.

EDA - Prior 2400 - 8 January, 1952.

A. J. Bates
A. J. BATES, BOSN

24
4
1
29
30

Ind-2
CGC MACKINAW
Cheboygan, Michigan

8 January, 1952

Reported on board 2201, this date and place for assignment to duty in compliance with basic orders having taken 4, PT, 1 TT and 10 days leave enroute. Travel performed via privately owned conveyance.

A. B. Engel
A. B. ENGEL
Executive Officer

Ind- 3
CGC MACKINAW, Cheboygan, Mich.
Date 1-23-52

Voucher in the amount of $ 10.62 covering ~~per diem allowance,~~ mileage, ~~travel, subsistence and quarters allowance,~~ from 12/24/51 to 1/8/52 has been certified this date for payment in the accounts of Paul D. Banning, CDO, Symbol 1379.

H. B. Sherman
H. B. SHERMAN
Authorized certifying officer

UNITED STATES COAST GUARD

Cleveland 15, Ohio

Address reply to
Commander, 9th CG District.

21 November, 1951
P16-3/MM

TRAVEL AUTHORIZATION 093440

FROM: COMMANDER, NINTH COAST GUARD DISTRICT
TO: BAUCHAN, Louis S. (221-813) EN1 - USCG, OinC, Pt. Betsie Light Station
VIA: Officer in Charge, CG Group, Frankfort, Michigan

SUBJ: ORDERS; TRANSFER; TRAVEL

1. Effective upon being relieved by PARROTT, George T. (230-758) BM1 and when directed by the Officer in Charge, CG Group, Frankfort, Michigan you are detached from all duties previously assigned. You are directed to proceed and report to the Commanding Officer, CGC MACKINAW, Cheboygan, Michigan for assignment to duty.

2. THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FOR YOU FROM Frankfort, Michigan TO Cheboygan, Michigan

3. TRAVEL NECESSARY TO THE EXECUTION OF THIS ORDER IS REQUIRED BY THE PUBLIC INTERESTS AND IS CHARGEABLE AGAINST (NOV) (DISTRICT) TRAVEL ALLOTMENT, SYMBOL NO. 09-20. ALLOWANCES PRESCRIBED BY THE JOINT TRAVEL REGULATIONS, DATED 22 DECEMBER, 1950, AS AMENDED, ARE AUTHORIZED. TRAVEL IS AUTHORIZED VIA PRIVATELY-OWNED CONVEYANCE, RAILROAD, BUS, WATER, AND/OR AIR.

4. YOU ARE DIRECTED TO CARRY YOUR SERVICE AND HEALTH RECORDS AND DELIVER THEM TO THE PROPER AUTHORITY UPON ARRIVAL AT YOUR ULTIMATE DESTINATION. Your pay account will be forwarded by this office upon receipt of Form 510 indicating your detachment.

5. PROVIDED YOUR LEAVE ACCOUNT WARRANTS THE COMMANDING OFFICER IN CHARGE IS AUTHORIZED TO GRANT YOU UP TO ten (10) DAYS DELAY ENROUTE, SUCH DELAY TO COUNT AS LEAVE, FOUR (4) (NO) DAYS PROCEED TIME, AND THE NECESSARY TRAVEL TIME. You are authorized such compensatory absence as may have accrued to you enroute.

A. O'D. WISE
By direction

CC:
ACCOUNTING
FILE
CO, CGC MACKINAW

177 miles @ 6¢ 10.62

Standard Form No. 1071a—Revised
Form prescribed by Comptroller General, U. S.
October 20, 1944
Gen. Reg. No. 88—Revised

MILEAGE VOUCHER

Act of June 10, 1922, 42 Stat. 631

D. O. Voucher No. 416-

Bu. Voucher No. ____

(Statement of travel performed must be completely filled in by payee prior to signature, and there must not be any erasure or alteration unless initialed or signed by him)

U. S. TREASURY DEPARTMENT, COAST GUARD
(Department and service)

THE UNITED STATES, Dr.,
To LOUIS S. BAUCHAN
(Payee)
CGC MACKINAW, Cheboygan, Mich.
(Official station) or (Home address, to be used by reserve and retired officers only)

PAID BY

(For use of paying officer)

Mail check to 21 November 51 Frankfort, Michigan

For mileage under attached order, ____, 19____, received at ____

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler

Date 19____ (1)	From— (2)	Date 19____ (3)	To— (4)	Kind of transportation furnished (See note) (5)	Land grant included in established route and distance (6)	Transportation furnished excluding land grant in column 6 (7)	Authorized mileage (8)	Notations
					Miles	Miles	Miles	
12-24	Frankfort, Michigan	1-8	Cheboygan, Mich.	NONE (P)	NONE	NONE	177	
NO GOVERNMENT TRANSPORTATION OF ANY KIND FURNISHED DURING ABOVE TRAVEL.								
Brought forward from statement on reverse hereof								
				Totals	None	None	177	
				Rate per mile	Dollars 0.03 None	Dollars 0.03 None	Dollars 0.08 10.62	
				Amounts			None	
				Deduct columns 6 and/or 7			None	
				Other deduction (explain on reverse)			10.62	
				Net amount to be paid				

COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer

NOTE.—
Transportation furnished by U. S. Government:
Government transportation request; rail, water, air, or highway ____ T/R
Government automobile ____ G/A
Government boat ____ G/B
Government plane or airship ____ G/P
No transportation furnished by U. S. Government ____ NONE
Indicate method of travel used by inserting after "None" one of the following letters: Highway (H); Air (A); Water (W); Rail (R); Privately owned conveyance (P).
T/R No. ____ Carrier(s) ____
T/R No. ____ Carrier(s) ____
T/R No. ____ Carrier(s) ____

LOUIS S. BAUCHAN (221-813) BM1, USCG.

MEMORANDUM

10.62

H.B.SHERMAN, CPCLK, USCG.
ACO, CGC MACKINAW.

ACCOUNTING CLASSIFICATION—For completion by administrative office

Appropriation, limitation or project symbol	Appropriation title	Limitation or project (amount)	Appropriation (amount)
20X0201	Operating Expenses, Coast Guard		10.62

Allotment symbol	Amount	Encumbrance liquidated	Cost account		Object of expenditure	
			Symbol	Amount	Symbol	Amount
09-20.62	093443		926040		0211	10.62

Paid by {Check No. 10.62, dated ____, 19____, for $____ on Treasurer of the United States in favor of payee named above.
Cash, $____, on ____, 19____

(MEMORANDUM—Do not sign)

16—13779-1

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler					COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer			
DATE 19_____ (1)	FROM— (2)	DATE 19_____ (3)	TO— (4)	Kind of transportation furnished (See note) (5)	Land grant included in established route and distance (6)	Transportation furnished excluding land grant in column 6 (7)	Authorized mileage (8)	NOTATIONS
					Miles	*Miles*	*Miles*	

Ind-1
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Commanding Officer, CGC MACKINAW
To: Authorized Certifying Officer, CGC MACKINAW

Subj: BAUCHAN, Louis S. (221-815) EM1
Application for "BAQ".

Forwarded for action.

A. S. ENGEL
Executive Officer

Ind-2
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Authorized Certifying Officer, CGC MACKINAW
To: Commandant (PMM)

Allotment(s) totaling $ 165.00 registered, effective 1st payment

JANUARY, 1952.

H. B. SHERMAN,
CPCLK, USCG.

USCGC MACKINAW(WAGR-83)
Cheboygan, Michigan
Date: 14 January, 1952

From: BAUCHAN, Louis S. (221-813) EM1

To: Commandant (PML)

Via; 1. Commanding Officer, CGC MACKINAW
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify that the following is true to the best of my knowledge and belief.

Name and address of dependent (Include full given name)	Relationship	Remarks:(Such as date and place of marriage, divorce, birth date and other data.)
Irene L. Bauchan	(lawful wife)	Married: 1-21-39 at Pontiac, Michigan.
Dennis B. Bauchan	(lawful son)	Born: 25 Sept.1940, at Pontiac, Mich.
Michael L. Bauchan	(lawful son)	Born: 18 March, 1944 at Sturgeon Bay, Wisconsin.

All above residing at Box 828, Frankfort, Michigan.

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE NOT in occupancy of public quarters, except for brief visits in quarters assigned to other members, and that the above named dependents are not members of the armed forces on active duty. Government quarters at Point Betsie Light Station vacated by above dependents on 12-20-51 as per Form 2703 furnished ACO MACKINAW.

4. Following are full names, addresses, amounts, and month of first payment.

Allotee's name and address	Month, 1st Payment	Amount
IRENE L. BAUCHAN P.O. Box 828, Frankfort, Mich.	JANUARY-1952	$85.00

Total Allotments $85.00

Date on or after Aug. 1, 1950 which Basic Allowance for Quarters is Claimed for each dependent 21 Dec. 1951 (date)

Louis S Bauchan (Signature of member)

Standard Form No. 1071a—Revised
Form prescribed by Comptroller General, U. S.
October 20, 1944
Gen. Reg. No. 88—Revised

MILEAGE VOUCHER

Act of June 10, 1922, 42 Stat. 631

416-02314

D. O. Voucher No. 09-12197

Bu. Voucher No. _____

(Statement of travel performed must be completely filled in by payee prior to signature, and there must not be any erasure or alteration unless initialed or signed by him)

U. S. TREASURY DEPARTMENT, COAST GUARD
(Department and service)

THE UNITED STATES, Dr.,

To LOUIS S. BAUCHAN
(Payee)

CGC MACKINAW, Cheboygan, Mich.
(Official station) or (Home address, to be used by reserve and retired officers only)

PAID BY

PAUL D. BANNING
CHIEF DISBURSING
OFFICER
1379
9th COAST GUARD
DISTRICT
(For use of paying officer)

Mail check to _____

For mileage under attached order, 21 November 51, 19____, received at Frankfort, Michigan

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler

COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer

Date 19 51 (1)	From— (2)	Date 19 52 (3)	To— (4)	Kind of transportation furnished (See note) (5)	Land grant included in established route and distance (6)	Transportation furnished excluding land grant in column 6 (7)	Authorized mileage (8)	Notations
					Miles	*Miles*	*Miles*	
12-24	Frankfort, Michigan	1-8	Cheboygan, Mich.	NONE (P)	NONE	NONE	177	
NO GOVERNMENT TRANSPORTATION OF ANY KIND FURNISHED DURING ABOVE TRAVEL.								
Brought forward from statement on reverse hereof					None	None	177	
				TOTALS				
				Rate per mile	*Dollars* 0.03 None	*Dollars* 0.03 None	*Dollars* 0.06 10.62	
				Amounts			None	
				Deduct columns 6 and/or 7			None	
				Other deduction (explain on reverse)			10.62	
				NET AMOUNT TO BE PAID				

NOTE.—
Transportation furnished by U. S. Government:
Government transportation request; rail, water, air, or highway ____ T/R
Government automobile ____ G/A
Government boat ____ G/B
Government plane or airship ____ G/P
No transportation furnished by U. S. Government ____ NONE
Indicate method of travel used by inserting after "None" one of the following letters: Highway (H); Air (A); Water (W); Rail (R); Privately owned conveyance (P).

T/R No. _____ Carrier(s) _____
T/R No. _____ Carrier(s) _____
T/R No. _____ Carrier(s) _____

LOUIS S. BAUCHAN (221-813) WN1, USCG.

10.62

MEMORANDUM

R.B.SHERMAN, CPCLK, USCG.
ACO, CGC MACKINAW.

ACCOUNTING CLASSIFICATION—For completion by administrative office

Appropriation, limitation or project symbol	Appropriation title	Limitation or project (amount)	Appropriation (amount)
20X0201	Operating Expenses, Coast Guard		10.62

Allotment symbol	Amount	Encumbrance liquidated	Cost account		Object of expenditure	
			Symbol	Amount	Symbol	Amount
09-20.52	055440		925040		0211	10.62

Paid by { Check No. 10.62, dated 2/4/52, 19____, for $_____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19____ }

(MEMORANDUM—Do not sign)

16—13779-1

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler					COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer			
DATE 19_____ (1)	FROM— (2)	DATE 19_____ (3)	TO— (4)	Kind of transportation furnished (See note) (5)	Land grant included in established route and distance (6)	Transportation furnished excluding land grant in column 6 (7)	Authorized mileage (8)	NOTATIONS
					Miles	*Miles*	*Miles*	
Totals transferred to statement on face hereof								

INSTRUCTIONS

SUPPORTING PAPERS REQUIRED: Two certified or authenticated copies of order directing travel must be attached to this voucher when submitted to the disbursing officer for payment. (For the Navy and Marine Corps, original and two certified copies of order with all endorsements thereon are required.) When the paid voucher is transmitted to the General Accounting Office, it must be accompanied by one certified copy of the order with all endorsements. When transportation is furnished, such order must be endorsed or a separate certificate furnished by the officer issuing the transportation, showing names of railroads or other public means of conveyance over which transportation was issued, with the number of the transportation request.

U. S. GOVERNMENT PRINTING OFFICE 16—13778

Ind-1
CG Group Frankfort
Frankfort, Michiggn

24 December, 1951
P16-3/MM

From: Officer in Charge, CG Group, Frankfort
To: BAUCHAN, Louis S. (221-813) EM1

Subj: Orders; transfer; travel

1. You are directed to comply with basic orders on the reverse hereof.

2. Travel in connection with this order will be performed by privately owned conveyance.

3. Your service and health records are handed you for safe delivery to proper authority at your ultimate destination.

4. You are granted ten (10) days Regular Accrued leave, four (4) days proceed time and one (1) day travel time enroute.

5. Delivered and departed 1600, 24 December, 1951
EDA - Prior 2400, 8 January, 1952

/s/ A. J. Bates
A. J. BATES, BOSN

Ind-2
CGC MACKINAW
Cheboygan, Michigan

8 January, 1952

Reported on board 2201, this date and place for assignment to duty in compliance with basic orders having taken 4, PT, 1 TT and 10 days leave enroute. Travel performed via privately owned conveyance.

/s/ A. B. Engel
A. B. ENGEL
Executive Officer

CERTIFIED TO BE A TRUE COPY.

H. C. WYATT, ENS., USCG

Address reply to:
Commander, 9th CG District

UNITED STATES COAST GUARD
Cleveland 15, Ohio

21 November, 1951
P16-3/MM

TRAVEL AUTHORIZATION: 093440

From: Commander, Ninth Coast Guard District
To: BAUCHAN, Louis S. (221-813) EN1-USCG, OinC, Pt Betsie Light Station
Via: Officer in Charge, CG Group, Frankfort, Michigan

Subj: Orders; transfer; travel

1. Effective upon being relieved by PARROTT, George T. (230-758) EM1 and when directed by the Officer in Charge, CG Group, Frankfort, Michigan you are detached from all duties previously assigned. You are directed to proceed and report to the Commanding Officer, CGC MACKINAW, Cheoygan, Michigan for assignment to duty.

2. This order constitutes a permanent change of station for you from Frankfort, Michigan to Cheboygan, Michigan

3. Travel necessary to the execution of this order is required by the Public Interests and is chargeable against ///// (District) Travel Allotment, Symbol -20. Allowances prescribed by the Joint Travel Regulations, Dated 22 December, 1950, as amended, are authorized. Travel is authorized via prevately-owned conveyance, raliroad, bus, water, and/or air.

4. You are directed to carry your service and health records and deliver them to the proper authority upon arrival at your ultimate destination. Your pay account will be forwarded by this office upon receipt of Form 510 indicating your detachment.

5. Provided your leave account warrants the (Commanding Officer (Officer-in-Charge) is authorized to grant up to ten (10) days delay enroute, such delay to count as leave, four(4) ///// days proceed time, and the necessary travel time. You are authorized such compensatory absence as may have accured to you enroute.

CC: Accounting
File
CO, MACKINAW

/s/ A. O'D. Wise
A. O'D. WISE
By direction

Ind-1
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Commanding Officer, CGC MACKINAW
To: Authorized Certifying Officer, CGC MACKINAW

Subj: BAUCHAN, Louis S. (221-813) EM1
Application for "BAQ".

Forwarded for action.

A. B. ENGEL
Executive Officer

Ind-2
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Authorized Certifying Officer, CGC MACKINAW
To: Commandant (PMM)

Allotment(s) totaling $185.00 registered, effective 1st payment JANUARY, 1952.

H. B. SHERMAN,
CPCLK, USCG.

BAQ PAYMENTS AUTHORIZED FOR
3 dependents commencing
12/21/51
O.L. MCLEOD
Chief, Family Allowance Sec.

USCGC MACKINAW(WAGB-83)
Cheboygan, Michigan
Date: 14 January, 1952

From: BAUCHAN, Louis S. (221-813) EN1

To: Commandant (PMM)

Via; 1. Commanding Officer, CGC MACKINAW
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify that the following is true to the best of my knowledge and belief.

Name and address of dependent (Include full given name)	Relationship	Remarks:(Such as date and place of marriage, divorce, birth date and other data.)
Irene L. Bauchan (lawful wife)	Married:	1-21-39 at Pontiac, Michigan.
Dennis B. Bauchan (lawful son)	Born:	25 Sept.1940, at Pontiac, Mich.
Michael L. Bauchan (lawful son)	Born:	16 March, 1944 at Sturgeon Bay, Wisconsin.

All above residing at Box 828, Frankfort, Michigan.

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE NOT in occupancy of public quarters, except for brief visits in quarters assigned to other members, and that the above named dependents are not members of the armed forces on active duty. Government quarters at Point Betsie Light Station vacated by above dependents on 12-20-51 as per Form 2703 furnished ACO MACKINAW.

4. Following are full names, addresses, amounts, and month of first payment.

Allotee's name and address	Month, 1st Payment	Amount
IRENE L. BAUCHAN P.O. Box 828, Frankfort, Mich.	JANUARY-1952	$185.00

Total Allotments $185.00

Date on or after Aug. 1, 1950 which Basic Allowance for Quarters is Claimed for each dependent 21 Dec. 1951 (date)

Louis S. Bauchan (Signature of member)

Commanding Officer
USCGC MACKINAW
Cheboygan, Michigan

18 February, 1952
P16-3

TRAVEL AUTHORIZATION NO: 093960

From: Commanding Officer, MACKINAW
To: BAUCHAN, Louis S. (221-813) HM1, USCG

Subj: Orders; transfer; travel; temporary additional duty; dental treatment

1. Upon receipt hereof and in accordance with Commander, 9th CG District Dispatch 132049Z(2-52), you are directed to proceed and report to the Commanding Officer, CG Depot, Detroit, Michigan for temporary additional duty while undergoing dental treatment at USPHS Hospital, Detroit, Michigan. Upon completion of this temporary additional duty you will return and report to the CO, CGC MACKINAW for resumption of regular duty.

2. You are handed herewith your health record and NCO 2522 for admitance to the USPHS Hospital, Detroit, Michigan.

3. Travel necessary to the execution of this order is required by the public interests and is chargeable against District Travel Allotment, Symbol No. 09-30. Allowances prescribed by the Joint Travel Regulations, dated 22 December, 1950, as amended, are authorized. Travel is authorized via privately owned conveyance, railroad, bus, water, and/or air. You have elected to perform this travel by privately-owned conveyance.

4. You are authorized one (1) day travel time to expire prior to 2400, 2-19-52.

5. Delivered and departed_____, this date.
EDA: 2-19-52.

A. B. KNIEL
Executive Officer

CC: C9CGD(p)
CG Rep. USPHS, Detroit
File

BAUCHAN, Louis C.	221-813	EN1
CG Group	Detroit, Michigan	5 March, 1952
CGC MACKINAW	Cheboygan, Michigan	09-076089

1045
3 March, 1952

CGC MACKINAW, Cheboygan, Michigan
RESDU. TAD completed.

C9CGD/B No. 132049Z, CO's CGC MACKINAW/L dated 18 February, 1952 file P16-3/MM
TA No. 093960

C. W. SCHARFF, LCDR, USCG

Ind-1 on Orders for BAUCHAN, Louis S. (221-813) EN1, USCG fm. CO, CGC MACKINAW
dated 18 February, 1952, file P16-3/MM

CG Depot
Detroit, Michigan

3 March, 1952
File: P16-3/MM

From: Commanding Officer, CG Depot, Detroit, Michigan
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders; transfer; temporary additional duty; completion of

1. Having reported this unit at 2150 19 February, 1952 for assignment to temporary additional duty while undergoing dental treatment at USPHS Hospital, Detroit, Michigan and inasmuch as this temporary additional duty is completed you are directed to proceed and report to the Commanding Officer, CGC MACKINAW, Cheboygan, Michigan for resumption of your regular station and duty.

2. No proceed time is allowed.

3. Subsistence and quarters were available and furnished while attached to this unit.

4. Travel from Detroit, Michigan to Cheboygan, Michigan will be performed via privately-owned conveyance in accordance with basic orders.

5. Health record will be carried.

6. Delivered and departed at 1045 this date. EDA: Prior 2400, 3/4/52.

XXXXXXXXXXXXX M. L. HUDGINS
By direction

CC: CGCGD(p)
File

Ind-2
CGC MACKINAW
Cheboygan, Michigan

4 March, 1952
P16-3/MM

Reported this time 2230 and date. All travel from Cheboygan Michigan, to Detroit, Michigan and return was performed via privately-owned conveyance.

A. B. ENGEL
Executive Officer

Ind: 3
CGC MACKINAW, Cheboygan, Mich.
Date 3-10-52

CERTIFIED TO BE A TRUE COPY

Voucher in the amount of $44.35 covering per diem allowance, mileage, travel, subsistence and quarters allowance, from 2/18/52 to 3/4/52 has been certified this date for payment in the accounts of Paul D. Banning, CDO, symbol 1379.

H. B. SHERMAN
Authorized certifying officer

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
USCGC MACKINAW
Cheboygan, Michigan

18 February, 1952
FILE: P16-3

TRAVEL AUTHORIZATION NO: 093960

From: Commanding Officer, MACKINAW
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders; transfer; travel; temporary additional duty; dental treatment

1. Upon receipt hereof and in accordance with Commander, 9th CG District Dispatch 132049Z(2-52), you are directed to proceed and report to the Commanding Officer, CG Depot, Detroit, Michigan for temporary additional duty while undergoing dental treatment at USPHS Hospital, Detroit, Michigan. Upon completion of this temporary additional duty you will return and report to the CO, CGC MACKINAW for resumption of regular duty.

2. You are handed herewith your health record and NCG 2522 for admitance to the USPHS Hospital, Detroit, Michigan.

3. Travel necessary to the execution of this order is required by the public interests and is chargeable against District Travel Allotment, Symbol No. 09-20. Allowances prescribed by the Joint Travel Regulations, dated 22 December, 1950, as amended, are authorized. Travel is authorized via privately owned conveyance, railroad, bus, water, and/or air. You have elected to perform this travel by privately-owned conveyance.

4. You are authorized one (1) day travel time to expire prior to 2400, 2-19-52.

5. Delivered and departed 1630 a/m, this date.
EDA: 2-19-52.

A. B. ENGEL
Executive Officer

CC: C9CGD(p)
CG Rep. USPHS, Detroit
File

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88

TRAVEL VOUCHER

D. O. Vou. No. 416-

Bu. Vou. No. 09-

U. S. TREASURY DEPARTMENT, COAST GUARD
(Department, bureau, or establishment)

Payee's name LOUIS S. BAUCHAN (221-815) EN1, USCG.

Mailing address CGC MACKINAW, Cheboygan, Michigan

CGC MACKINAW, Cheboygan, Michigan
(Official duty station) (Residence—For use by Postal Service employees only)

PAID BY
PAUL D. BANNING
CHIEF DISBURSING
OFFICER
1379
9th COAST GUARD
DISTRICT

Travel and other expenses in the discharge of official duty from 18 Feb. 1952 (Date) to 4 March 1952 (Date) under authority

No. 093960 dated 18 Feb. 1952 copy of which is attached, or has been previously furnished. I have a

travel advance of $ _____ to which $ _____ of this voucher should be applied.

LOUIS S.BAUCHAN

MEMORANDUM 10 March, 1952

	DOLLARS	Cents
AMOUNT CLAIMED →	44	35
Differences:		
	44	35
NET AMOUNT TO TRAVELER	44	35

(For Administrative Use)

APPROVED:

Total verified correct for charge to appropriation(s) (initials) _____

Applied to travel advance (appropriation symbol) _____

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

10 March 52 MEMORANDUM ACO CGC MACKINAW. CFCLA, USCG.

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)	Limitation or Project (Amount)	Appropriation (Amount)
20X0201	Operating Expenses, Coast Guard		44.35

Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
09-20.52	093960		080065		0212	44.35

Paid by Check No. _____

Dated _____

44.35

MEMORANDUM

16—63078-1

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 52	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ .05 cents per mile	AMOUNT CLAIMED Mileage	Subsistence	Other
18 Feb	1630: Departed CGC MACKINAW, Cheboygan, Michigan				
19 Feb	2150: Reported CG Depot, Detroit, Michigan	286	14 30		
18 Feb	PER DIEM: 1/4 of $8.00			2 25	
19 Feb	PER DIEM: $4.50 (Quarters furnished at CG Depot, Detroit, Michigan) less $5.00 for two meals available but not utilized per constructive time) Constructive time (common carrier) 2145 1st day to 0705 2nd day)			1 50	
3 Mar	1045: Departed CG Depot, Detroit, Michigan				
4 Mar	2230: Arrived CGC MACKINAW, Cheboygan, Mich.	286	14 30		
3 Mar	PER DIEM: $8.00 less 1 meal @ $1.50 furnished			7 50	
4 Mar	PER DIEM: 1/2 of $8.00 (Constructive time (common carrier) 1600 1st day to 0745 2nd day).			4 00	
	During the period per diem is claimed, no leave enroute, no delay in travel, no present time, no time in hospital for sick misc., no NPDI, no AWOL, no travel via Government vessel or other conveyance; Government quarters and subsistence available and furnished as per certificate attached.				
	All of above travel performed via privately-owned conveyance.				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →		28 60	15 75	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

Transportation Request Number	Agent's Valuation of Ticket	Initials of Carrier Issuing Ticket	Mode and Class of Service†	Date Issued	Points of Travel From—	Points of Travel To—
NO GOVERNMENT TRANSPORTATION OF ANY KIND FURNISHED.						

†"Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB–UB, lower and upper berth; S, [illegible]."

16—63078-1 U. S. GOVERNMENT PRINTING OFFICE

From compensation of

APPLICATION FOR ALLOTMENT

CGC MACKINAW, Cheboygan, Mich.

BAUCHAN, Louis S. (221-[redacted]) EM1

"Q" Allotment

PAYABLE TO

Monthly allotment in the amo[redacted]f

ONE HUNDRED EIGHTY-FIVE & no/100 ($ 185.00) Dollars.
(Words) (Figures)

If payable to a bank, business institution, or individual, for credit of*—

Name IRENE L. BAUCHAN (W)

Street and No. P.O. Box 828

Post office Frankfort State Mich.

Name

Reason for allotment

THREE DEPENDENTS

First payment: Month JANUARY, 19 52

I hereby request and authorize allotment, chargeable to my pay, as above.

Rank or rating EM1 U. S. C. G.

14 January, 19 52

Approved, allotment granted.

D.H. DEXTER, Capt. USCG.
Commanding CGC MACKINAW.
Commander, District.

Witnessed and registered 14 Jan., 19 52

H.B. SHERMAN, CPCLK, USCG.
Pay officer, ACO, CGC MACKINAW.

16—12642—1

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

R. L. EDMANDS, LT., USCG
Authorized Certifying Officer

EHG

© DO NOT FOLD—MAIL FLAT

* Allotter or member immediate family

From compensation of

APPLICATION FOR ALLOTMENT

CGC MACKINAW, Cheboygan, Mich.

BAUCHAN, Louis S. (221-8[illegible] EM1

"Q" Allotment

PAYABLE TO

Monthly allotment in the amount of

ONE HUNDRED EIGHTY-FIVE & no/100 (Words) ($ 185.00 (Figures)) Dollars.

Name IRENE L. BAUCHAN (W)

Street and No. P.O. Box 328

Post office Frankfort State Mich.

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment THREE DEPENDENTS

First payment: Month JANUARY, 19 52

I hereby request and authorize allotment, chargeable to my pay, as above.

Rank or rating EM1 U. S. C. G.

14 January, 19 52

Approved, allotment granted.

D.H. DEXTER, Capt. USCG.

Commanding CGC MACKINAW.

Commander, District.

Witnessed and registered 14 Jan. 52

H.O. SHERMAN, CPCLK, USCG.

Pay officer, ACO, CGC MACKINAW.

16—12642—1

N. A. V. C. G. - 2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

© DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

* Allotter or member immediate family

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station GROUP, FRANKFORT, MICHIGAN (Unit) — Frankfort, Michigan (Place)

1 January, 1950. (Date)

FROM: BAUCHAN, Louis S. (221-813) EN1

TO: COMMANDANT (via Commander, Grp. Frankfort, Mich.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
Irene L. Bauchan	721 North Rowe Street, Ludington, Mich.
Dennis S. Bauchan age 9 years	same as above
Michial L. Bauchan age 5 years	same as above

(Full name of child; if none, so state) — (Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Mrs. William Bauchan	Mother	816 Maple Street, Manistee, Mich.

due to age she is partially dependent upon me
(State briefly wherein dependency exists)

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

(Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

1st day of January, 1950

Louis S. Bauchan
(Signature)

Alfonse M. Lewy BMC(L)
(Signature)

EN1, USCG
(Rank or rating)

Acting Cdr, Group, Frankfort, Michigan
(Rank or title)

16—25758-1

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. _____
Pay No. _____

REPORT OF CHANGE IN PAY STATUS

BAUCHAN	Louis	S.	221-813	EM1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

POINT BETSIE LIGHT STATION GROUP FRANKFORT,MICH.	Frankfort, Michigan	19 November, 1949
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

11-2/49 Complted (5) yrs. five years, (8) eight months, (1) one day net lighthouse service and (8) eight years, (3) three months, (29) twenty-nine days net Coast Guard service, and will be credited with increased pay under authority of the Career Compensation Act of 1949.

Reenlisted	7-3-47
AWL, AOL	NONE
SKMC	NONE
NPDI	NONE
Completed (14) Fourteen years	11-2-49
Entitled to increased pay	11-2-49

AUTHORITY: Career Compensation Act of 1949

LUDWIG [illegible]
(Commanding)

CBOSN USCG
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) _____ (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

2-117

From compensation of—

BAUCHAN, Louis S. (221-813) MoMMlc

PAYABLE TO—

APPLICATION FOR ALLOTMENT

Monthly allotment in the amount of—

Three and sixty hundredths ($ 3.60) Dollars.
(Words) (Figures)

If payable to a bank, business institution, or individual, for credit of*—

Name

Name TREASUREROF THE UNITED STATES

Street and number

Post office Washington *State* D. C.

Reason for allotment Payment of premiums of NATIONAL SERVICE LIFE INSURANCE

First payment: Month JULY, 1943

I hereby request and authorize allotment, chargeable to my pay, as above.

Louis S. Bauchan
Rank or rating MoMMlc (P), U. S. C. G.

17 July, 1943

Approved, allotment granted.

E. E. COMSTOCK, LtComdr., USCG
Commanding By direction
Commander, Chicago, 9th N. *District.*

Witnessed and registered 17 July, 19 43

L. ST. AMAND, Lt.(jg)USCG
Asst. Pay Officer, U.G.STA.
Washington Island, Wis.

N. C. G.-2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

(OVER) DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.		Wash.	Lo.		
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					134

* Allotter or member immediate family

RESERVED FOR USE OF HEADQUARTERS

(Plate impressions)

(Address changes)

(Put time stamp impressions below)

NOTICE

THIS ALLOTMENT APPLICATION REMAINS IN FORCE AFTER REGISTRATION BY PAY OFFICER UNTIL SUCH TIME AS AN ACKNOWLEDGMENT OF STOPPAGE FORM IS ACTUALLY RECEIVED FROM HEADQUARTERS 16—12042

FOR INFORMATION OF PAY OFFICER

(FA-AR)
CG-522

1 September, 1943

Treasurer of the United States
Washington, D. C.

Subj: Allotment for payment of National Service Life Insurance premiums:

BAUCHAN, Louis S. (221-813) Mo.M.M.1c.(P), C. G. Sta., Washington Island, Wisc. Chicago, 9th NavDist.

Amount and month of first payment: $3.60 July 1943.

Dear Sir:

The above named person has authorized a monthly allotment from his pay, in your favor, as indicated. Payment will be made on the last day of each month without action on your part.

Very truly yours,

C. L. HERNDON
Lieutenant, USCG
Allotment Disbursing Officer

ACKNOWLEDGMENT

This signifies that Form 2528, registered by the above named has been received and allotment started.

Allotment Disbursing Officer
Office of Finance and Supply

UNITED STATES COAST GUARD
CLEVELAND 15, Ohio

Date 7 August, 1947

TO: Commanding Officer, CG Group, Frankfort, Michigan

Inclosures, Marked (X), in the case of the following personel are transmited herewith;

BAUCHAN, Louis S. (221-813) MoMMlc.

xxxx dated 7-3-47
---Service Record

---Statement of service for longevity(form 2511)

---Statement of service for enlistment allowences(form2511A)

---Continuous Service certificate No.---

---Health Record(form 2525)

---Designation of beneficiary for death gratuity(Form 2529)

---Insurance record

---HL Dated---

---HL Dated---

---Form 2519

(1) Good Conduct Medal & Bar.

(1) Honorable Discharge Button.

Unit Coast Guard Group, Frankfort, Mich.

Above listed papers received-

LUDWIG WEDEMEYER

Bos'n, USCG

RECEIVED
5-42
MAY 21 1952
U.S. COAST GUARD
CUTTER MACKINAW

BAUCHAN, Louis S.	221-813	EN1	
CG Group	Detroit, Mich.		5-19-52
CGC MACKINAW	Cheboygan, Mich.		09-060083

1120
5-13-52

RESDU CGC MACKINAW (TAD completed)

C9/L dtd 4-21-52, file P16-3/MM

ordered to Manitowoc, Wis.

C. W. SCHARFF, LCDR, USCG, CO

Ind-1
CGC-MACKINAW - Cheboygan, Mich.

24 April, 1952
P16-3/MM

1. Upon receipt hereof you are directed to comply with basic orders.

2. You have elected to perform travel in connection with this order by privately owned conveyance. You are authorized one (1) days travel time and will report prior 2400, 25 April, 1952.

3. Handed you herewith is your health record and Form 2522 for delivery to proper authority upon arrival at your destination.

4. Delivered and departed 1250, this date.

cc:

A. B. ENGEL,
Executive Officer.

Ind-2
CG Depot
Detroit, Michigan

13 May 1952
P16-3/MM

From: Commanding Officer, CG Depot, Detroit, Michigan
To: BAUCHAN, Louis S. (221-813) EN1, USCG

1. Having reported this unit at 2330, 25 April 1952 for temporary additional duty in connection with Dental Treatment at the US.Public Health Service Hospital, Detroit, Michigan, you are directed to proceed and report to the Commanding Officer CGC MACKINAW for resumption of your regular station and futy, temporary additional duty at this unit having been completed.

2. No proceed time is allowed, just one day travel time.

3. I certify that government quarters were available and furnished to BAUCHAN Louis S. (221-813) EN1 on the following dates: 4-25-52 thru and including 5-12-52, and that the following number of meals were furnished by the government on the dates indicated 4-26-52 to 5-12-52 (three (3) meals per day). 5-13-52 one meal.

4. Travel from Detroit, Michigan to Manitowac, Wisconsin will be performed by privately owned conveyance.

5. You are handed herewith your Health Record for safe delivery to proper authority at your ultimate destination.

6. Delivered and departed at 1120 this date. EDA 2400, 14 May, 1952.

C. W. SCHARFF

Ind-3
CGC MACKINAW, Manitowoc, Wis.

14 May, 1952
P16-3/MM

Reported 2235, this time and date for resumption of regular duty in compliance with basic orders. All travel performed via privately-owned conveyance.

A. B. ENGEL

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 52	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ .06 cents per mile	AMOUNT CLAIMED Mileage	Subsistence	Other
24 Apr	1250: Departed CGC MACKINAW, Cheboygan, Mich.	286	14 50		
25 Apr	2330: Arrived CG Depot, Detroit, Mich.				
13 May	1120: Departed CG Depot, Detroit, Mich.				
14 May	2235: Reported CGC MACKINAW, Manitowoc, Wisconsin	502	25 10		
	ENTITLED TO PER DIEM AS FOLLOWS:				
24 Apr	1/4 of $9.00			2 25	
25 Apr	1/4 of $9.00			2 25	
13 May	1/4 of $9.00			2 25	
14 May	1/4 of $9.00			4 50	
	No leave, no Sick absentment, no pressed time, no AWOL, no NPDI or unauthorized delay taken during above travel. ALL TRAVEL PERFORMED VIA PRIVATELY OWNED CONVEYANCE AT OWN EXPENSE. No Government transportation of any kind furnished. Meals and quarters furnished during above travel as per certificate attached.				
	Per diem computed on train time schedules and in amounts not exceeding hours of scheduled train time travel.				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	50.66	39 40	11 25	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

Transportation Request Number	Agent's Valuation of Ticket	Initials of Carrier Issuing Ticket	Mode and Class of Service†	Date Issued	Points of Travel From—	Points of Travel To—

†"Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB–UB, lower and upper berth; S, seat."

16—63078-1 U. S. GOVERNMENT PRINTING OFFICE

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88

TRAVEL VOUCHER

D. O. Vou. No. 416-

Bu. Vou. No. 36-

U. S. TREASURY DEPARTMENT, COAST GUARD
(Department, bureau, or establishment)

Payee's name LOUIS S. BAUCHAN

Mailing address CGC MACKINAW, Cheboygan, Mich.

CGC MACKINAW, Cheboygan, Michigan
(Official duty station) (Residence—For use by Postal Service employees only)

PAID BY

PAUL D. BANNING
CHIEF DISBURSING
OFFICER
1378
9th COAST GUARD
DISTRICT

Travel and other expenses in the discharge of official duty from 24 Apr 1952 (Date) to 14 May 1952 (Date) under authority No. 094678 dated 21 Apr 1935 copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

LOUIS S. BAUCHAN (221-6 MEMORANDUM May, 1952

	DOLLARS	Cents
AMOUNT CLAIMED →	50	65
Differences:		
	50	65
NET AMOUNT TO TRAVELER	50	65

(For Administrative Use)

APPROVED:

Total verified correct for charge to appropriation(s) (initials) _____

Applied to travel advance (appropriation symbol) _____

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

17 May 52 MEMORANDUM N,CPCLK,USCG. ACC,CGC MACKINAW.

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)	Limitation or Project (Amount)	Appropriation (Amount)
20X0201	Operating Expenses, Coast Guard		50.65

Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
09-21.52	094678		060063		0212	50.65

Paid by Check No. _____

Dated _____

50.65

MEMORANDUM

16—63078-1

BAUCHAN, Louis S.	221-813	EN1	
CGC MACKINAW	Manitowoc, Wisconsin		5-15-52
9th CGD	Cleveland, Ohio		09-060083

2235, 5-14-52, Returned this vessel, TAD to USPHS Hospital, Detroit, Michigan in connection with Dental Treatment completed.

Auth: C9CGD/L dtd 21 April, 1952, P16-3/MM, TA: 094678

A. B. ENGEL, CDR, USCG, XO

Ind-1
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Commanding Officer, CGC MACKINAW
To: Authorized Certifying Officer, CGC MACKINAW

Subj: BAUCHAN, Louis S. (221-813) EN1
Application for "BAQ".

Forwarded for action.

A. B. ENGEL
Executive Officer

Ind-2
CGC MACKINAW
Cheboygan, Michigan

Date: 14 January, 1952

From: Authorized Certifying Officer, CGC MACKINAW
To: Commandant ~~(PMF)~~ (PS)

Allotment(s) totaling $185.00 registered, effective 1st payment

JANUARY, 1952.

H. B. SHERMAN,
CPCLK, USCG.

BAQ Payments Authorized for

2 dependents commencing

12/21/54.

O. L. McLeod

Chief, Family Allowance Sec

USCGC MACKINAW(WAGB-83)
Cheboygan, Michigan
Date: 14 January, 1952

From: BAUCHAN, Louis S. (221-813) EN1

To: Commandant (PMM)

Via; 1. Commanding Officer, CGC MACKINAW
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters.

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify that the following is true to the best of my knowledge and belief.

Name and address of dependent (Include full given name)	Relationship	Remarks:(Such as date and place of marriage, divorce, birth date and other data.)
Irene L. Bauchan	**(lawful wife)**	**Married: 1-21-39 at Pontiac, Michigan.**
Dennis B. Bauchan	**(lawful son)**	**Born: 25 Sept.1940, at Pontiac, Mich.**
Michael L. Bauchan	**(lawful son)**	**Born: 16 March, 1944 at Sturgeon Bay, Wisconsin.**

All above residing at Box 828, Frankfort, Michigan.

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be dependent as defined in existing laws and regulations.

3. I further certify that my dependents **ARE NOT** in occupancy of public quarters, except for brief visits in quarters assigned to other members, and that the above named dependents are not members of the armed forces on active duty. **Government quarters at Point Betsie Light Station vacated by above dependents on 12-20-51 as per Form 2703 furnished ACO MACKINAW.**

4. Following are full names, addresses, amounts, and month of first payment.

Allotee's name and address	Month, 1st Payment	Amount
IRENE L. BAUCHAN **P.O. Box 828, Frankfort, Mich.**	**JANUARY-1952**	**$185.00**
	Total Allotments	**$185.00**

Date on or after Aug. 1, 1950 which Basic Allowance for Quarters is Claimed for each dependent **21 Dec. 1951** (date)

Louis S Bauchan (Signature of member)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Betsie Light Station	Frankfort, Michigan	8 June, 1950

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Cdr, Group, Frankfort, Mich.	Officer in Charge

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
20		on or about 10 June	~~None~~ 20	20	3 July, 1950

REASON FOR REQUEST:
Ragular leave and recreation

My address on leave will be: 721 North Rowe Street, Ludington, Michigan

I will immediately inform my commanding officer of any change in address while on leave.

Louis S. Bauchan EN1, USCG
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Betsie Light Station Date: 8 June, 1950
Leave record indicates balance of 30 days' annual and - - - days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (because)~~
~~Returned ☐ GRANTED ☐ NOT GRANTED (because)~~

Melvin N. Nelson BMC(L), USCG
OinC ~~OFFICER IN CHARGE~~

Ind.-2 Unit: GROUP, FRANKFORT, MICHIGAN Date: 9 June, 1950
~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~
~~Returned ☐ GRANTED ☐ NOT GRANTED (because)~~
returned, Granted.

George A. Hill
GEORGE A. HILL CBOSN, USCG
~~DCGO—FORCE COMPD—~~COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG GROUP, FRANKFORT, MICHIGAN Date: 10 June, 1950
Departed at 0900 this date. This leave of absence will expire before 0900 1 July, 1950, at and is subject to the special instructions indicated on reverse hereof.

George A. Hill
GEORGE A. HILL CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ____ days extension of leave to expire before noon, ____
Authority:

Signature and rank Title

Ind.-6 Unit: Group, Frankfort, Michigan Date: 1 July, 1950
Reported at 0845 1 July, 1950 this date, having taken 20 days' leave and no days' TT.

GEORGE A. HILL CBOSN, USCG
COMMANDING—~~EXECUTIVE—PERSONNEL~~ OFFICER.

16—40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

16—40220-2

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

CROUP, FRANKFORD, MICHIGAN -- Point Betsie Light Station C. O. Order No. 39-50
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	1950 (YEAR) From—	To—
221-813	BAUCHAN, Louis S	DFTD on AL(ACC) 20 at 0900 RPTD fm AL(ACC)-20 at 0845 LvRAT Auth: CC-31-47	6-10 x x 6-11	x x x 6-1 6-30

SERVICE RECORD COPY

1379
(D. O. Symbol number)

GEORGE A. HILL CMDR, USCG
(Name and signature)

COMMANDING OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

BAUCHAN	LOUIS	S.	221-813	EM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP FRANKFORTN MICHIGAN	Point Betsie Light Station	19 November, 1949.
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

11-1-49 Completed(5) five years, eight (8) months, one (1) day net Lighthouse service and eight (8) years net Coast Guard service.and will be credited with increased pay under authority of the Career Compensation Act of 1949.

Renlisted.....7-3-47
AWL, AOL.....NONE
SCMC.....NONE
NPDI.....NONE
Completed thirteen)13) years..11-1-49
Entitled to increased pay.....11-1-49.

AUTHORITY: Career Compensation Act of 1949.

LUDWIG WEDEMEYER
(Commanding)

CHOSN
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date)

(Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 1943 O - 534889

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
BAUCHAN	LOUIS	S.	221-813	BMlc

(Unit)	(Place)	(Date)
GROUP FRANKFORT8 MICHIGAN	Point Betsie Light Station	19 November, 1949.

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

11-1-49 Completed(5) five years, eight (8) months, one (1) day net Lighthouse service and eight (8) years net Coast Guard service,and will be credited with increased pay under authority of the Career Compensation Act of 1949.

Reenlisted.....7-3-47
AWL, AOL.....NONE
SKMO.....NONE
WPDI.....NONE
Completed thirteen)13) years..11-1-49
Entitled to increased pay.....11-1-49.

Career Compensation Act of 1949.

AUTHORITY:

LUDWIG WEIDMEYER
(Commanding)

CROSS
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date)

(Pay officer)

U. S. GOVERNMENT PRINTING OFFICE . 1943 O - 534889

APPLICATION FOR LEAVE OF ABSENC

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS: NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Betsie Light Sta. Group Frankfort, Mich.	Frankfort, Michigan	4 December, 1948

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813)EN1	Comdr. 9th CG District	CO, Group Frankfort, Mich.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
10		24 December, 1948	15	15	3 July, 1950

REASON FOR REQUEST:

Annual leave, recreation

My address on leave will be: 721 North Rowe Street, LUDINGTON, Michigan Telephone 474-J

I will immediately inform my commanding officer of any change in address while on leave.

Louis S. Bauchan
Louis S. Bauchan
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Group Frankfort, Michigan Date: 4 December, 1948

Leave record indicates balance of 20 days' annual and - - - - - - days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

LUDWIG WEDEMEYER BOSN USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Comdr. 9th CG Dist.(pmp) Date: 8 December, 1948

~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

F. H. SCHONEWOLF, LTJG., USCG
By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Group, Frankfort, Michigan Date: 24 December, 1948

Departed at 1200 24 December, 1948 this date. This leave of absence will expire before 0900 4 January, 1949, at Point Betsie Light Station and is subject to the special instructions indicated on reverse hereof.

LUDWIG WEDEMEYER BOSN USCG
COMMANDING—~~EXECUTIVE—PERSONNEL OFFICER~~

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Group Frankfort, Michigan Date: 4 January, 1949

Reported at 0855, 4 January, 1949 this date, having taken 10 days' leave and No days' TT.

LUDWIG WEDEMEYER, Bos'n USCG
COMMANDING—~~EXECUTIVE—PERSONNEL OFFICER~~

16—40220-1

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness. If air travel indicated in accordance with Section 3, Circular 39, War Department, 1943, an **extra** copy of this form is required for surrender to aircraft facility for **each** continuous trip.

SPECIAL INSTRUCTIONS

Maintain proper uniform and conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrols shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

Air travel: Class 4 priority for transportation by air will be given to:

(a) Personnel on leave from overseas stations who are to return thereto upon completion of leave.

(b) Personnel of a unit earmarked for or alerted for duty outside the continental limits of the United States, and who have been granted what is intended to be their last leave prior to departure.

(c) Personnel who have been granted emergency leave. Emergency leave is defined as leave granted due to death or serious illness of a close relative, such as father, mother, sister, brother, husband, wife, and children of such personnel.

EXECUTE BELOW CERTIFICATE WHERE TRAVEL BY AIR IS AUTHORIZED

Pursuant to Section Three, Circular No. 39 of the War Department, 1943, Class Four priority for transportation by air within the continental limits of the United States during the period _____ to _____ is authorized for:

_____ (Rank or Rating) _____ (Name) _____ (Serial number)

subject to the provisions of existing air priority directives and circular letters pertaining thereto.

_____ (Signature) _____ (Rank) _____ (Organization)

16—40220-1 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSENC

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Pt. Betsie Light Station	Frankfort, Michigan	3 July, 1948

FROM (REQUESTER):	TO	VIA:
Louis S. Bauchan (221-813) EN1	Commander, 9th CG District	OinC Frankfort LB Sta.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
15		13 July, 1948			

REASON FOR REQUEST:

Annual leave

My address on leave will be: 721 N. Rowe St. Ludington, Michigan

I will immediately inform my commanding officer of any change in address while on leave.

Louis S. Bauchan
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Frankfort, Michigan Date: 3 July, 1948

Leave record indicates balance of 35 days' annual and no days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

~~Returned ☒ GRANTED ☒ NOT GRANTED (because)~~

LUDWIG WEDEMEYER Bos'n USCG.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Comdr. 9th CG Dist.(pmp) Date: 7 July, 1948

~~Forwarded ☒ APPROVED ☒ NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

F. H. SCHONEWOLF, LTJG, USCG
By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Pt. Betsie Light Station Date: 13 July, 1948

Departed at 1200 this date. This leave of absence will expire before 0900 29 July, 1948, at Pt. Betsie Lt. Station and is subject to the special instructions indicated on reverse hereof.

LUDWIG WEDEMEYER, Bos'n USCG
COMMANDING—~~EXECUTIVE—PERSONNEL OFFICER.~~

Ind.-5 Unit: Date:

Granted ____ days extension of leave to expire before noon, ____

Authority:

Signature and rank Title

Ind.-6 Unit: Date:

Reported at ____ this date, having taken ____ days' leave and ____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness. If air travel indicated in accordance with Section 3, Circular 39, War Department, 1943, an **extra** copy of this form is required for surrender to aircraft facility for **each** continuous trip.

SPECIAL INSTRUCTIONS

Maintain proper uniform and conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrols shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

Air travel: Class 4 priority for transportation by air will be given to:

(a) Personnel on leave from overseas stations who are to return thereto upon completion of leave.

(b) Personnel of a unit earmarked for or alerted for duty outside the continental limits of the United States, and who have been granted what is intended to be their last leave prior to departure.

(c) Personnel who have been granted emergency leave. Emergency leave is defined as leave granted due to death or serious illness of a close relative, such as father, mother, sister, brother, husband, wife, and children of such personnel.

EXECUTE BELOW CERTIFICATE WHERE TRAVEL BY AIR IS AUTHORIZED

Pursuant to Section Three, Circular No. 39 of the War Department, 1943, Class Four priority for transportation by air within the continental limits of the United States during the period _____ to _____ is authorized for:

_____ (Rank or Rating) _____ (Name) _____ (Serial number)

subject to the provisions of existing air priority directives and circular letters pertaining thereto.

_____ (Signature) _____ (Rank) _____ (Organization)

16—40220-1 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG GROUP FRANKFORT	Frankfort, Michigan	8 December, 1947

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S.	Comdr. 9th CG District	CO, CG GRP, Frankfort, Mich.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
11		20 December, 1947	10		2 July, 1950

REASON FOR REQUEST:

Annual Leave. Recreation.

My address on leave will be: 721 N Rowe St Ludington, Michigan

I will immediately inform my commanding officer of any change in address while on leave.

Louis S Bauchan, MM1c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP FRANKFORT, MICHIGAN Date: 8 December, 1947
Leave record indicates balance of 25 days' annual and NONE days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ ~~NOT APPROVED (because)~~
Returned ☐ GRANTED ☐ NOT GRANTED (because)

LUDWIG WEDEMEYER, Bos'n USCG
COMMANDING ~~EXECUTIVE~~ OFFICER.

Ind.-2 Unit: Comdr. 9th CG Dist. (pmp) Date: 10 December, 1947
~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~
Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

J. J. Hutson Jr.
J. J. HUTSON Jr. Comdr. USCG.
By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group, Frankfort, Michigan Date: 20 December, 1947
Departed at ____ this date. This leave of absence will expire before ____
0900, December 31, 1947, at Grp. Frankfort, Michigan and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ____ days extension of leave to expire before noon, ____
Authority:

Signature and rank Title

Ind.-6 Unit: Date:
Reported at ____ this date, having taken ____ days' leave and ____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness. If air travel indicated in accordance with Section 3, Circular 39, War Department, 1943, an **extra** copy of this form is required for surrender to aircraft facility for **each** continuous trip.

SPECIAL INSTRUCTIONS

Maintain proper uniform and conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrols shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

Air travel: Class 4 priority for transportation by air will be given to:

(a) Personnel on leave from overseas stations who are to return thereto upon completion of leave.

(b) Personnel of a unit earmarked for or alerted for duty outside the continental limits of the United States, and who have been granted what is intended to be their last leave prior to departure.

(c) Personnel who have been granted emergency leave. Emergency leave is defined as leave granted due to death or serious illness in the immediate family, which includes father, mother, sister, brother, husband, wife, and children.

EXECUTE BELOW CERTIFICATE WHERE TRAVEL BY AIR IS AUTHORIZED

Pursuant to Section Three, Circular No. 39 of the War Department, 1943, Class Four priority for transportation by air within the continental limits of the United States during the period _____ to _____ is authorized for:

_____ (Rank or Rating) _____ (Name) _____ (Serial number)

subject to the provisions of existing air priority directives and circular letters pertaining thereto.

_____ (Signature) _____ (Rank) _____ (Organization)

16—40220-1 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Group Frankfort, Mi

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | Mo.M.M.1c. (Rank or rating) | Pt. Betsie Light Stat: (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*~~REGULAR~~
~~TEMPORARY~~
*RESERVE
(Enlistment status)

Place Frankfort, Michigan, Date 28 January, 19 48

To: Medical Officer in Charge, U.S.P.H.S.

Relief Station Frankfort, Michigan

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CO, CG Group Frankfort, Michigan

Louis S. Bauchan (Signature of patient)

LUDWIG WEDEMEYER
Bos n
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Frankfort, Michigan, Date 28 January, 19 48

I CERTIFY that I have examined the above-named person and find him suffering from

(Xerosis and hyperemia of mucous membrane of eyes)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at my office {*~~hospital~~ / *office} on 28 January, 19 48.

Fred R Thacker M.D.
A3 A. S. U. S. Public Health Service.

*Having been informed that I am suffering from ____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | MoMMlc (Rank or rating) | Pt. Betsie Light Stat. Group Frankfort, Mic (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Frankfort, Michigan, Date _____, 19

To: Commanding Officer, CG Group
(Coast Guard unit)

Frankfort, Michigan
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.

M.D.
Fred R. Thacker
A.A.S. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ _____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

10—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

27156-1 U. S. GOVERNMENT PRINTING OFFICE

Group Frankfort, Michigan

CG-73 (pmp)

7 March, 1949

From: Officer in Charge, Coast Guard Group Frankfort, Michigan
To: Commandant (PE)

Via: Commander, Ninth Coast Guard District (pmp)

Subj: BAUCHAN, Louis Stanley (221-813) EM1; corrected statement of creditable service; request for.

1. It is requested that a corrected statement of creditable service be furnished in case of subject named man for the purpose of computing pay for longivity purposes.

2. Subject named man claims service for 20 months of former lighthouse tender service and four years former service in the Lighthouse Department.

LUDWIG WEDEMEYER

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S (Name, surname first) | 221-813 (Service number) | EM1 (Rank or rating) | Point Betsie Light Sta. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

Place Ludington, Michigan., Date 19 August, 1949

To: Dr. W. S. Martin

Ludington, Michigan.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Coast Guard Group Ludington, Michigan.

Louis Bauchan
(Signature of patient)

R. L. FLEWELLING, BOS'N
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ludington Mich. Date 8-20, 1949

I CERTIFY that I have examined the above-named person and find him suffering from

Fracture bone, left leg
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately — days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____ {*hospital / *office} on _____, 19

W. S. Martin
USPHS
U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | EM1 (Rank or rating) | Point Betsie Light Sta. (Unit)

FINAL MEDICAL CERTIFICATE

*REGULAR
*SPECIAL
*TEMPORARY
XRESERVE
(Enlistment status)

Place Ludington, Michigan., Date 8-20, 19 49

To: Officer in Charge, Coast Guard Group
(Coast Guard unit)

Ludington, Michigan.
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Foreign body, left eye		8-20-49	8-20-49

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

W. L. Martin M.D.
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSEI
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Betsie Light Station	Frankfort, Michigan	2 August, 1949

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S.(221-813) EN1	Commander Ninth Coast Guard District	Officer in Charge CG GROUP FARNKFORT, Michigan

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
~~20~~ 10	- -	10 August, 1949	00	00	2 July, 1950

REASON FOR REQUEST:
REGULAR; Remodel home

My address on leave will be: 721 N. Rowe Street, Ludington, Michigan

I will immediately inform my commanding officer of any change in address while on leave.

Louis S. Bauchan
Louis S. Bauchan, EN1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP FRANKFORT, Michigan Date: 2 August, 1949
Leave record indicates balance of 40 days' annual and - - - - - - days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

LUDWIG WEDEMEYER BOSN USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Vessel off Cleveland Ohio Date: 9 August 1949
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)
10 days no leave only granted

Rear F.W. Hermes 1459 (Ltr:)
By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Group Frankfort, Frankfort, Mich Date: 11 August, 1949
Departed at 0855 1000, 11 August, 1949 this date. This leave of absence will expire before 22 August, 1949, at Frankfort LBS and is subject to the special instructions indicated on reverse hereof.

Fred Wendel Jr., BMC(L) Acting OINC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Date:
Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

CDF-34 (p)
September, 1950

0917

DATA FOR IDENTIFICATION TAGS

Date: 2 February 1951

Unit: CG Group Frankfort

Identification tags for issue to the below named man who is on active duty in the Coast Guard are required. This is original issue. ~~replacement~~

Last Name	First Name	Middle Initial	Service Number	Blood Type	Tetanus Booster Month and Year	Religion "P" "C" "H"	USCG or USCGR
BAUCHAN,	Louis	S..	221-813	"O"	7 October 1950	"P"	USCG

(For use of issuing unit)
Issued: 2-9-51 Carl Eugene Hans
(date) (Signature)

Albert L. McMullen BMC(L)
CO or OinC

Instructions:

Submit original to issuing unit. This form will be returned with completed tags. File completed form in man's service record or Officer's file jacket. Re-file in new service record upon reenlistment.

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE:



SERVICE RECORD COPY

7 July, 1950
File: pmp 700-73

From: Commander, Ninth Coast Guard District
To: BAUCHAN, Louis S. (221-813) EN1, U.S.C.G.
Via: Commanding Officer, CG Group, Frankfort, Michigan
Officer in Charge, Point Betsie Light Station

Subj: Orders; designation as Officer in Charge, Point Betsie Light Station

1. You are directed to relieve NELSON, Melvin (213-502) BMC(L) and to assume duties as Officer in Charge, Point Betsie Light Station.

2. You are directed to comply with Section 7-1-25, CG Regulations relative relieving command.

L. H. MORINE,
Chief of Staff.

cc:
Operations
File

RECORD OF ([illegible]CHAN, Louis Stanely) 221-813
(Full name, surname to the left) (Service No.)

L E A V E R E C O R D

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	CO'S SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV LV.	NO. DAYS	
BBF	7-1-49	40						40	
			8-12-49	8-20-49	REG	19	- -	21	
			6-10-50	6-30-50	REG	20	- -	01	
CR(DIS)	7-5-50	31XX						32XX	G. A. Hill CBOSN

ELECTED TO RECEIVE CASH COMPENSATION FOR UNUSED LEAVE DUE ON DISCHARGE:

CREDITED $ 289.72 ON CURRENT PAY RECORD, COMPENSATION FOR 32 DAYS "ACCRUED LEAVE" TO DATE OF DISCHARGE ON 7-5-50

J. D. SIMPSON, Pay Clerk, USCG
Auth. Cert. Officer, 9th CG Dist
1700 Keith Bldg. Cleveland, Ohio

CR(REE)	7-6-50	-0-			-0- G. A. Hill CBOSN

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO'S SIGNATURE AND UNIT

p
19 July, 1950
pmp 73

From: Commander, 9th CG District
To: Commander, CG Group, Frankfort, Michigan

Subj: BAUCHAN, Louis S. (221-813) EN1; reenlistment; completion of

Honorable Discharge Certificate dated 5 July, 1950, and the old and new leave records of the subject man are forwarded herewith, for distribution. Advise BAUCHAN that payment for reenlistment bonus, travel allowance, and unused leave due on discharge will be included in his next normal pay.

H. M. WARNER
By direction

Incls: Form 2510
Leave records (2)

MEMORANDUM CHECK SHEET

4 November 1949
(date)

To: Grp Frankfort

Subj: BAUCHAN, LOUIS S (221-813) EN1 ; Family Allowance Benefits, stoppage of

1. Advise subject-named man that under the Career Compensation Act of 1949, it is necessary that his total compensation under Laws in effect on 30 September, 1949, including the Government's contribution for Family Allowance benefits, be compared with the total compensation he would receive under the new Law which is effective 1 October, 1949. If under the new Law, his total compensation exceeds that of under the old Law, all Family Allowance benefits cease.

SAVED PAY COMPUTATION

30 Sept., 1949			1 October, 1949	
Pay		$162.00	Pay	$ 205.80
Family allowance benefits		$100.00	Subsistence	$ 67.50
Arms qualification		$	BAQ	$
Mess detail		$	TOTAL:	$273.30
Subsistence allowance		$ 45.00		
Quarters allowance		$		
Less BAQ (dependents occuplying Gov't quarters)	$ 67.50			
Less checkage for FA	$ 22.00	$ 89.50		
TOTAL COMPENSATION:		$ 217.50		

2. Accordingly, his Family Allowance benefits have been stopped after November 1949, and his dependents will receive their last family allowance check on or about 3 December 1949. Checkage of family allowance benefits received subsequent to 1 October, 1949, has been made on current Pay Record in the amount of $ 200.00.

3. If subject-named man desires, he may execute an allotment for the support of his dependents under current regulations. However, it is not compulsory to have in force an allotment equal to the BAQ (quarters allowance) as heretofore.

4. If subject-named man is a CPO, PO1, PO2, or PO3 (with over 7 years service) and entitled to BAQ (basic allowance quarters), it will be necessary to submit Form 2529, Designation of Beneficiaries for Death Gratuity, dated as of 1 October, 1949, substantiating such pay record credit.

J. D. SIMPSON,
ACO, 9th CG District.

NAVCG 2702
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1943

VOUCHER FOR INCREASED ALLOWANCES

1 July 1950
(Date)

BAUCHAN (Surname) Louis (First name) S. (Initial)

BM1 (Rank) Point Betsie Light Station, Frankfort, Michigan (Ship or station)

1. I CERTIFY that I am entitled to the increased rental and subsistence allowances provided for an officer with dependents by reason of the dependency of the below-named person. (Show data for one dependent only.)

Lawful wife Irene (First name) J. (Middle name) Bauchan (Surname) 21 January 1939 (Date of marriage)

Point Betsie Light Station, Frankfort, Michigan (Address)

Legitimate child (under 21) Hans Dennis (First name) B. (Initial) Bauchan (Surname)

same as above (Address) 26 September 1940 (Date of birth)

Certificate required by chapter II, P. & S. I., attached hereto.

Adopted child (under 21) None (First name) (Initial) (Surname)

(Address) (Date of birth)

Mother Father Mrs. Willing (First name) (Initial) Bauchan (Surname)

826 Maple Street, Manistee, Michigan (Address)

(Effective date Comptroller General determination of dependency) (Number and date Comptroller General decision)

I CERTIFY that I have contributed to the support of my (mother) (father) during the period since ..... (date of last voucher) an average of $..... per month in cash or its equivalent, without any consideration in return, which contribution represents (her) (his) chief source of support, and each and every statement set forth in the affidavit (Std. Form 1037) dated ..... attached hereto, is true and correct and so remains at this time except as noted on the reverse hereof.

2. I FURTHER CERTIFY that my dependents are (Insert are or are not) in occupancy of public quarters without charge (except for brief visits in quarters assigned to another officer). member.

3. There has been no change in the above-stated dependency since 1 January 1950 (Date of last voucher), except

(Material change, e. g., divorce, death, child becoming of age, etc.)

1 July 1950
(Date)

4. I will immediately notify my disbursing officer of any changes in the above-stated dependency.

Louis S. Bauchan
Louis S. Bauchan BM1 USCG
(Signature and rank)

1379
(D. O. symbol number)

*—1/1 or 7/1 except for first or change voucher.

U. S. GOVERNMENT PRINTING OFFICE 16—37013-2

FRANKFORT GROUP
Frankfort, Mich.

13 August, 1951

Memo to: Chief, Military Personnel Section
Office of Commander, 9th CG District
Cleveland, Ohio

Subj: BAUCHAN, Louis S. (221-813) MM1, USCG; request for information on

Ref : Personnel Memo. 12-51; examinations for certain CPO (Pro) ratings

BAUCHAN is a formaer Lighthouse Service employee. A resume' of his service is shown:

1 April, 1935	Entered Lighthouse Service on tender SUMAC. Served 20 months.
1 Jan., 1937	Cut of service. Hospitalized.
1 July, 1937	Re-entered Lighthouse Service as laborer keeper at Chicago Harbor LT Station. Served 4 months.
1 Nov., 1937	Transferred to St. Martin's Island LT Station as 2nd ass't. keeper. Served 5 yrs. 7 months.
3 July, 1941	Enlisted in Coast Guard as Coxswain. (While at St.Martin's)
2 July, 1942	Advanced and changed rate rate to MM 2/c (" " " ")
21 Oct., 1942	Changed rate to MoMM 2/c (" " " ")
27 Oct., 1942	Advanced in rate to MoMM 1/c (" " " ")
May, 1943	Transferred to Poverty Island LT Station as OinC. Served 5 months.
1 Oct., 1943	Transferred to St. Martin's LT Station as OinC. Served 3 yrs. 7 months.
1 April, 1947	Transferred to Pt. Betsie LT Station. BAUCHAN's orders in this assignment did not indicate OinC, and the civilian at Pt. Betsie therefore assumed OinC status.
1948	Changed rate to MM 1
7 July, 1950	Designated OinC, Pt. Betsie LT Station and now serving.

BAUCHAN is very capable. The high level of operating and maintenance efficiency at Pt. Betsie is the result of his conscientious, experienced efforts. He has been 1/c since 1942, and is qualified in all respects for the examination, indicated in reference memorandum, for advancement to MMC - except that portion of Section 5-C-15 of Pers. Manual relating to sea duty. While it is felt that BAUCHAN could successfully execute the functions of MMC aboard ship, it appears that lack of sea duty will stagnate him in his present rate.

The question is raised then: May a waiver of sea duty, in this case be granted? It would'nt seem likely but, if not a waiver; should BAUCHAN's rate carry the (AM) designator, (he did not attend AtoN school), because of his previous 5 yrs. 8 months employment in the Lighthouse Service. BAUCHAN does not desire a transfer and is not recommended for a transfer but as MM1 without a designator is probably eligible at any time. Information in this case is requested.

Bauchan's record.

W. G. KINCAID, CO

BAUCHAN, Louis S,	221-813	EN1
CGC MACKINAW	Cheboygan, Michigan	2-19-52
9th CGD	Cleveland, Ohio	09-060083

1725, 2-18-52; Departed on TAD to CG Group, Detroit, Michigan while undergoing dental treatment at USPHS Detroit, Michigan.

Auth: C90GD/D 132049Z (2-52) To: 093969

A. B. ENGEL, CDR, USCG, XO

1-21

BRUCHAN, Louis S. 221-813 BN1

1-9-52

2201
1-8-52

CG GROUP, Frankfort, Michigan
ASDU (10 Lv, 4 PT, 1 TT en)

C9CGD/L 12-2-51 F16-3/MM TO: 093440

Pt. Betsie Lt. Station
Frankfort, Michigan

24 December, 1951
A3

From: Officer in Charge, Pt. Betsie Lt. Station.
To: Commandant, USCG, (P)
Via: (1) Officer in Charge, CG Group, Frankfort, Mich.
(2) Commander, 9th CG District (P)

Subj: Command, report of relief of.

Ref: (a) Basic Travel Authorization No. 093440 To BAUCHAN, Louis S. (221-813) EN1, USCG.
(b) CG Regulations, Section 7-1-25

1. In accordance with references (a) and (b), and per oral instructions from CG Group Frankfort, your are hereby informed that my successor, George D. Parrott, BM1 (230-758) assumed command of Point Betsie Light Station, Frankfort, Michigan, at 1600, 24 December, 1951.

2. The requirements of A, (1) through (8) of reference (b) have been met in their entirety and my successor has expressed his satisfaction as to their fulfillment. All machinery and equipment was tested and found to be in good operating condition and all necessary spare parts were on hand. An inspection of grounds and buildings was made and my sucessor was satisfied with their condition. The record of public property, titles B and C agreed with supplies on hand.

Louis S. Bauchan
Louis S. Bauchan, EN1, USCG

Ind-1

24 December, 1951
A3

From: PARROTT, George T. (230-758), BM1
To: Commandant, USCG, (P)
Via: (1) Officer in Charge, CG Group Frankfort
(2) Commander, 9th CG District (p)

Forwarded. I concur with the above statements.

George T. Parrott
George T. Parrott, BM1

Office, Commander, 12th Coast Guard District
630 Sansome Street
San Francisco, California
1 April, 1953

PART I

INSTRUCTIONS FOR COAST GUARD PERSONNEL ORDERED TO PACIFIC AREAS
(EXCEPT ALASKA)

1. The 12th Coast Guard District office is experiencing a great deal of trouble in effecting the transfer of dependents and household effects of Coast Guard personnel to the Pacific area (except Alaska) and the fault seems to lie in the fact that current instructions are not in sufficient detail. Much additional work is imposed upon the District Transportation Subsection and the dependents of personnel concerned are inconvenienced and in many cases forced to bear expenses which impose a hardship upon them. These instructions are intended to present a clear picture to all concerned, and every person receiving orders to the Pacific area (except Alaska) should thoroughly study these instructions very carefully before attempting to move their dependents or household effects.

2. The greatest difficulty is that most personnel, immediately upon receiving orders, try to find short cuts to get approval for transportation of dependents and household effects, and dispatches start flying in all directions. These dispatches continue to flow from dispatch minded personnel until their household effects and dependents have arrived safely. Shinning examples "Form 116 mailed the 20th has it been received and when will household effects be shipped", "Household effects shipped from Honolulu on Nov 20 when can delivery be expected", such dispatches only cost money and do no good whatsoever. All clearances of dependents and household effects to and from the Pacific area are given priority over all other district finance and supply work, but the mail takes time and it is necessary that certain documents be in the hands of the 12th CGD Transportation Subsection before action can be instituted. Further, all transportation is handled by the Navy and the 12th CGD must abide by their regulations. Household effects take a month or more to clear the Navy warehouse, and dispatches cannot and will not secure priority over other furniture.

RECEIPT OF BASIC ORDERS

3. When a member of the Coast Guard receives orders to an overseas duty station he is faced with problems not normally encountered in a transfer to another duty station. In the case of some officers and most enlisted men the basic travel order usually directs him to report to the 14th CG District at Honolulu for FURTHER ASSIGNMENT. In such cases he should make no attempt to move his dependents or HHE, if they are comfortably located, until he has been assigned a permanent duty station by the Commander of the 14th Coast Guard District. This is recommended because upon his reporting to the 14th Coast Guard District office he may be assigned to a unit beyond Honolulu where transportation of dependents and/or HHE will not be desired or permitted.

SURRENDER OF HOUSING AND SHIPMENT OF HOUSEHOLD EFFECTS

4. When, upon receipt of basic travel orders directing transfer to the 14th CG District, it is or becomes necessary or desirable to give up living quarters immediately or before member departs from his old duty station he should contact the nearest Coast Guard shipping or transportation officer and present him with certified copies of his basic travel orders and make necessary arrangements to have his HHE placed into temporary storage. Storage is permitted under these circumstances, at Government expense, for a period not exceeding six (6) months. The storage point chosen must be at the location of the old duty station or as near thereto as possible, However, it is NOT the member's responsibility to locate a proper storage point, the shipping or transportation officer will assume such responsibility. From the time the HHE are placed into storage, future processing and shipping arrangements must be made through the shipping officer who placed the effects into storage. Do NOT ship the HHE to your home town or other distant city in the United States or to San Francisco IF FURTHER SHIPMENT to an overseas area is contemplated.

DEPENDENT TRAVEL WITHIN CONTINENTAL U.S. BEFORE COMPLIANCE BASIC ORDERS

5. If it becomes necessary or desirable that your dependents be moved from their present living quarters before you can determine whether or not their transportation to your overseas duty station will be requested or desired, and before your application for same has been submitted or approved, the dependents may be moved at Government expense from the old duty station to any place in the United States the member may designate, and later from such designated place to the member's overseas station, via the appropriate port of embarkation. (Refs. Art. 7008-3 JTR). In connection with the above, dependents can obtain details and assistance from a Coast Guard transportation officer nearest the dependent's location.

RECEIPT OF ORDERS INDICATING PROHIBITIONS AND RESTRICTIONS

6. (a) In the event the member's orders to an overseas station definitely prohibit, due to military restrictions, the shipment of HHE to such overseas station, and/or such orders clearly state that it is anticipated that dependents will not be permitted to join him within 20 weeks, shipment of HHE may be authorized to any location within the U.S. as may be designated by the member concerned. Later, if authority for movement of HHE or travel of dependents to the overseas station is authorized or permitted, shipment will be authorized from the storage place or designated location to the overseas duty station, However, if the member's orders do NOT state that shipment of HHE is prohibited and/or do NOT clearly state that it is anticipated that dependents will not be permitted to join him within 20 weeks, shipment of HHE will be authorized only from the old duty station to the overseas duty station.

(b) It must be remembered that should it take over 20 weeks to comply with Finance and Supply Circular #3-52, and there is no restriction in the orders against the shipment of HHE, the fact that over 20 weeks is needed to arrange for housing and to process the shipment does not authorize the shipment of HHE from the old duty station to any point in the United States, and later to the overseas duty station. In short, a member CANNOT, upon receipt of orders to an overseas point, ship his HHE to a designated location within the U.S. for his own convenience, and later request re-shipment from that location to his overseas duty station on the same orders.

DETAILED INSTRUCTIONS COVERING SUBMISSION OF APPLICATION

7. (a) The member having reported to his permanent duty station overseas and having located housing, and is now ready to apply for entry of dependents and shipment of HHE, must take the following steps:

1. Submit application for entry clearance for dependents, (see inclosure 1 for sample form), to COMMANDER, 12th COAST GUARD DISTRICT (f), in the original and five (5) copies, together with six (6) certified copies of the applicable travel orders with all indorsements thereto, in accordance with Par. 7 (b), of these instructions.

2. Submit application for transportation of HHE using Standard Form 116, prepared in the original and eleven (11) certified copies, supported by twelve (12) certified copies of the applicable travel orders with all indorsements thereto to the COMMANDER, 12th CGD(f) in accordance with Par. 7 (b), of these instructions.

3. If Government transportation requests are desired for use by dependents for travel from their present location to San Francisco, Calif., the member must submit Form CG-2663 "Application and Certificate for Transportation of Dependents on Change of Station", in triplicate, properly signed and supported by the original and three certified copies of the applicable travel orders with all indorsements thereto to Commander, 12th CGD (f) in accordance with Par. 7 (b), of these instructions.

ROUTING OF APPLICATIONS

(b) All the above documents must be forwarded through official channels to the Commander, 12th Coast Guard District (f), in the order indicated under each of the designated areas listed below:

1. HAWAIIAN AREA:

Member's Commanding Officer
Commander, 14th Coast Guard District (f)
Commandant, 14th Naval District

2. GUAM AREA:

Member's Commanding Officer
Commander, Marianas Section, USCG
Commander, Naval Forces, Marianas

3. PHILIPPINE AREA:

Member's Commanding Officer
Commander, Philippine Section, USCG
Commander, Naval Forces, Philippines

(c) In each case listed above the area commander will approve entry and forward the application to the Commander, 14th CG District.

(d) The Commander, 14th CG District, will forward the application supported by necessary documents to the Commander, 12th CG District (f), 630 Sansome Street, San Francisco, California, for final processing of the application.

PROCESSING OF APPLICATIONS BY THE COAST GUARD

8. The Commander, 12th CG District, San Francisco, California, will take the following steps:

(a) Examine the application and accompanying supporting papers for correctness and completeness.

(b) If the application is correct and complete the Senior Dependent will be notified by official letter of approval of transportation and entry to the overseas area. The dependent will also be furnished 12ND Form 1100 "Dependent Transportation Request", forms indicating REQUIRED IMMUNIZATION, and the booklet "Overseas Transportation Information for Navy Dependents". Further information in connection with obtaining passports and visas are forwarded to dependents traveling beyond the Hawaiian area. The official letter and booklet furnish the dependent detailed instructions and information in connection with her travel overseas.

(c) Upon return of the completed 12ND Form 1100 and the required Immunization forms indicating when immunization requirements can be met and information when the dependent desires to travel, the Commander, 12th CGD will advise the dependents when and where to report in San Francisco for sailing. These instructions are also complete in detail and if followed carrectly there will be no hardship or delay for the dependents upon their arrival in San Francisco. The actual booking of dependents on MSTS vessels is controlled by the 12th Naval District.

(d) Upon receipt of the necessary forms listed above indicating that the dependents are in all respects ready to travel this office contacts the 12th Naval District and requests booking on the vessel departing nearest the date the dependents have specified they will be ready to travel. The booking of dependents are made in strict sequence of applications as made to the 12th Naval District by this office, and can be confirmed only after the 12th CG District certifies to the Navy that the dependents can meet all necessary travel requirements.

(e) If Government transportation requests are necessary and authorized for the dependents travel from their home to San Francisco, California, they are furnished to the dependents at the time the dependents are notified when to report to San Francisco. Detailed explanations are also furnished the dependents at that time as to how to use the T/R's, what accomodations may be obtained and what route they must travel.

MISCELLANEOUS INFORMATION AND RESTRICTIONS APPLICABLE REGARDING DEPENDENT TRAVEL TO SAN FRANCISCO, CALIFORNIA

9. (a) Navy Department policy prohibits the travel of women pregnant beyond the sixth month period. If the member's wife is pregnant she must obtain a signed statement from a reputable physician attesting to the duration of pregnancy and forward it to the Commander, 12th Coast Guard District, at the time the required immunization forms are returned.

(b) All dependents must undergo a physical examination and obtain a medical certificate prior to their departure from their home. This certificate must be in the possession of the dependents at the time they report to San Francisco for processing by the 12th Coast Guard District.

MISCELLANEOUS INFORMATION AND RESTRICTIONS APPLICABLE REGARDING DEPENDENT TRAVEL TO SAN FRANCISCO, CALIFORNIA (CONT.)

9. (c) Infants will not be transported until the mother has recovered her strength sufficiently to care for the needs of the child. None will be furnished transportation if under eight weeks of age.

(d) Dependents must have sufficient funds in cash or traveler's checques for subsistance enroute to San Francisco, for hotel accomodations at San Francisco, and for their mess bill on board ship. The approximate rates for subsistance aboard ship for adults and children over six years of age is $1.75 per person per day.

(e) The transportation and entry of pets to overseas stations involves many expenses, inconveniences and restrictions, all of which should be carefully weighed before deciding to take your pet with you. Detailed instructions in this matter should be requested from the 12th CG District before making final decision. Only dogs, cats and monkeys may be transported overseas via Government conveyance.

(f) The amount of baggage which the dependents may take into their compartment on board ship is limited to two pieces of hand luggage for each adult and one piece for each minor child. Trunks and other pieces of heavy baggage will be stowed elsewhere and will not be accessible during the voyage. Baggage which will not be accessible during the voyage is termed "hold baggage".

(g) When dependents arrive in San Francisco they report to the office, Commander, 12th CG District, Room 902, 630 Sansome Street, San Francisco, Calif. At this time final detailed instructions are given to them after the district office is satisfied that all necessary preliminary requirements have been completed. The dependents are then directed to the Navy for instructions prior to boarding ship.

(h) It must be understood that unless you have definite housing facilities, your dependents should <u>not</u> be sent to San Francisco for transportation overseas until you have first obtained your area clearance, have been told that transportation is available, that booking on a Navy transport has been offered your dependents by the 12th Coast Guard District and accepted by them, and your dependents are in all other respects ready to proceed.

(i) Transportation of dependents via Government aircraft to overseas duty stations will not be permitted or allowed if transportation via Government surface craft is available. In the event the U.S. Navy certifies to the Commander, 12th CG District that transportation cannot be furnished the dependents via Government surface craft or aircraft within 30 days after the dependents are in all respects ready to travel, their travel may be authorized by commercial carrier.

UNITED STATES COAST GUARD

UNIT:_____ Date_____
File: L20

From: _____
To: Commander (f), 12th Coast Guard District
Via: 1. (See paragraph 7 (b) of basic instructions)
2. (" " " " " ")
3. (" " " " " ")

Subj: Entry and transportation of dependents to the Fourteenth Naval District; request for.

1. It is requested that my dependents, as listed below, be furnished entry into this area and Government transportation from port of embarkation to this District.

DATE OF MARRIAGE:_____

LAST NAME	FIRST NAME	INITIAL	RELATIONSHIP	DATE OF BIRTH

2. Government Transportation Requests (are) (are not) desired for dependent rail transportation from place of residence to port of embarkation.

3. For the purpose of contacting my dependents, the following address is furnished:

_____

4. I have read and understand the provisions of Coast Guard Finance and Supply Circular No. 3-52, and I further understand that no favorable action will be taken on any request of mine for emergency housing within this area, emergency conditions beyond my control excepted.

5. Upon arrival of my dependents in this area, they will occupy the following quarters which I consider adequate for their needs: (Strike out those items not applicable):

(Public Quarters) (Permanent Government Rental Quarters)
(Interim Government Rental Quarters) or (Civilian Housing)

_____

_____

Inclosure 1 to PART I

PART II

INSTRUCTIONS FOR OVERSEAS SHIPMENT OF AUTOMOBILES - PACIFIC AREA

All members of the uniformed services desiring to ship a vehicle overseas will be guided by the following instructions:

1. Only one of the following vehicles may be shipped overseas on the same change of station orders: (a) Automobile (No pick-up trucks), (b) Motorcycle, (c) Motorbike and (d) Motorscooter.

2. Shipment of vehicle is authorized only for a member whose status is petty officer third class or above. Shipments for th ird class petty officers will be made only when application is supported by statement of service showing more than seven (7) years service, or in case of less than seven years' service, a letter of authorization from the member's Commanding Officer at overseas destination.

3. Shipment of all vehicles to the Pacific Area will be made by Freight Transhipment Branch, Automobile Division, Building 222, Naval Supply Center, Oakland 4, California. Shipments are made in strict sequence of applications received and on a space available basis ONLY. NSC, Oakland, does not guarantee shipment on the same vessel with the owner or at any other particular time. Upon delivery of the vehicle to Naval Supply Center, Oakland, the owner will be required by that unit to furnish proof of ownership. A person other than the owner may deliver the vehicle provided the owner gives such person authorization in writing. No personal effects or other material shall be stored in the vehicle. All tools and loose accessories must be boxed and marked with the member's name, rank or rate, service number and destination of the vehicle. Gas tank cap must be of the lock type.

4. Members of the U. S. Coast Guard desiring to make application for shipment of a vehicle overseas should forward the following documents to Transportation Sub-Section, 12th CG District, Room 902, Appraisers Building, 630 Sansome St., San Francisco, California:

(a) Completed Form S&A 322, Automobile Shipment Application. (Original and one copy)
(b) Two certified copies of permanent change of station orders.
(c) If member is not the legal owner of the vehicle, a letter from the lien holder (bank, finance company, etc.) authorizing shipment overseas.
(d) Documents as outlined in paragraph 2 above in the case of third class petty officers.

5. Forms S&A 322, Automobile Shipment Application, may be obtained from the 12th CG District Stationery Locker or the Transportation Sub-Section as required.

6. The wife of a member may make application for shipment of a vehicle overseas provided she has submitted the necessary documents outlined in paragraph 4 above and has a power of attorney in her possession at the time of delivery of the vehicle to NSC, Oakland..

PART III

INSTRUCTIONS FOR MEMBERS WHO DO NOT DESIRE TRANSPORTATION OF DEPENDENTS AND/OR HHE TO THEIR OVERSEAS DUTY STATION

1. Upon arrival at his duty station overseas and it has been determined that dependents will not be requested to join the member, he may request transportation of his dependents from his old duty station to any place he may select within the U.S. (In cases of dependents not permitted to travel to overseas duty station due to a restricted area he may also request travel of his dependents to any territory or possession of the U.S., not to exceed the distance to his restricted duty station)

2. Upon arrival at his duty station overseas and the member has determined that HHE shipment will not be desired, he may request shipment of HHE from his old duty station to any place selected in the U.S. In the event only a portion of his HHE are desired at his overseas duty station he may request that the balance be placed in storage in the U.S. The move to storage will be a Government expense but all storage charges will be paid by the member.

Date 25 May 1953
Unit CGC MACKINAW
Location Cheboygan, Mich.

From: Commanding Officer, CGC MACKINAW
To: Commandant (FA-1)
Via: Authorized Certifying Officer, CGC MACKINAW

Subj: Notification of Change in Pay Status for BAQ

1. You are hereby notified of the following change in pay status of BAUCHAN, Louis S. (221-813) EN1, USCG which increases ~~xxxxxxxxx~~ his ~~xxxxxxxx~~ for "BAQ", allotment.

From $ 185.00 per month to $285.00 per month

Effective 1 JUNE 1953

Due to Members request to increase allotment.

W. J. SMITH

Ind-1 Date

From: Authorized Certifying Officer, CGC MACKINAW (WAGB-83)
To: Commandant (FA-1)

1. Forwarded.

2. Allotment stoppage, last payment, month of MAY 1953 and Application for Allotment, first payment, month of JUNE 1953 are forwarded herewith. Appropriate entries have been made in the above named man's pay account.

E. J. PARKER
PCLK, USCG

No change in dependency indicated. allotment action only required.

D.A. SECTION H.H.R.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 12-49)

0725

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CGC MACKINAW	Cheboygan, Mich.	27 May 1953

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1(P)	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
15	29 May 1953	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 545 Duncan Ave., Cheboygan, Mich.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S. Bauchan

Ind.-1 Unit: CGC-MACKINAW Date 27 May 1953

Date current leave accounting period began 1 July 1952	Balance brought forward beginning of present accounting period 36
Number days' leave used during current accounting period 10	Date of expiration of current enlistment 5 July 1956

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W. H. WILMOT, LTJG, XO (Acting)
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CGC MACKINAW Date 27 May 1953

☒ Returned, GRANTED 15 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

W. J. SMITH, CDR, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: CGC MACKINAW Date 29 May 1953

Departed at 1250, this date. This leave expires before 1200, 14 June 1953

at on board CGC-MACKINAW, Manitowoc, Wis. and is subject to the instructions on the reverse hereof. In the event that the MACKINAW is not in Manitowoc, Wis. upon expiration of this leave you will be notified by this unit.

(Signature, rank, and title) O.O.D

Ind.-5 Unit: CGC MACKINAW (WAGB-83) Date 14 June 1953

Reported at 0725, this date, having used 15 days' leave.

A. B. ENGEL, CDR, USCG, XO
(Signature, rank, and title)

16—40220-3

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

16—40220-3 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1952—O-210498

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88

TRAVEL VOUCHER

D. O. Vou. No. 416

Bu. Vou. No. 09

U. S. TREASURY DEPARTMENT - COAST GUARD
(Department, bureau, or establishment)

Payee's name Louis S. BAUCHAN (221-813) EN1, USCG

Mailing address USCGC MACKINAW

Cheboygan, Michigan

(Official duty station) (Residence—For use by Postal Service employees only)

PAID BY

PAUL D. BANNING
CHIEF DISBURSING
OFFICER
1379
9th COAST GUARD
DISTRICT

Travel and other expenses in the discharge of official duty from 5-25-53 (Date) to 5-26-53 (Date) under authority No. 097544 dated 12 May 1953 copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

Louis S. Bauchan MEMORANDUM 28 May 1953

	DOLLARS	Cents
AMOUNT CLAIMED →	22	95

(For Administrative Use) | Differences:

APPROVED:

Total verified correct for charge to appropriation(s) (initials) RJ C — 22 95

Applied to travel advance (appropriation symbol)

NET AMOUNT TO TRAVELER — 22 95

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

28 May 53 MEMORANDUM J. PARKER, PCLK, USCG

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)	Limitation or Project (Amount)	Appropriation (Amount)
20X0201			22.95

Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
09-20.53	097544		925030		0212	22.95

Paid by Check No. _____

Dated _____

22.95 28 May 1953

Louis S. Bauchan MEMORANDUM

16—63078a-1

PAYEE

PAYEE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19—53	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ —05 cents per mile	AMOUNT CLAIMED Mileage	Subsistence	Other
5/25	Dptd. CGC MACKINAW, Manitowoc, Wisconsin @1000			3 00	
5/26	Rptd. USPHS, Chicago, Illinois @0900	162	8 10		
5/26	Dptd. USPHS, Chicago, Illinois @1630				
5/26	Rptd. CGC MACKINAW, Manitowoc, Wisconsin @2310	162	8 10	3 75	
	Mileage taken from official mileage tables, War Department.				
	During the period per diem is claimed, no leave enroute, no delay in travel, no time in hospital, no travel via Gov't. vessel, not Gov't. subsistence and/or quarters furnished or available except as noted.				
	TRAVEL SCHEDULE: C&NW RR				
	LV Manitowoc, Wisconsin @1141 ARR Chicago, Illinois @1435 same day.				
	LV Chicago, Illinois @1825 ARR Manitowoc, Wisconsin @2114 same day.				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	22.95	324 16 20	6 75	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
(Not to be claimed by traveler)

Transportation Request Number	Agent's Valuation of Ticket	Initials of Carrier Issuing Ticket	Mode and Class of Service†	Date Issued	Points of Travel From—	Points of Travel To—

†"Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, double single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB-UB, lower and upper berth; S, section.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—63077-1

RECEIVED
MAY 18
U.S. COAST GUARD
CUTTER MACKINAW

UNITED STATES COAST GUARD

Address reply to
Commander, 9th CG District
Cleveland 15, Ohio

12 May 1953
P16-4/MM

TRAVEL AUTHORIZATION 097544

From: Commander, Ninth Coast Guard District
To: BAUCHAN, Louis S. (221-813) EN1, USCG
Via: Commanding Officer, CGC MACKINAW

Subj: Orders; temporary additional duty; travel

Ref: (a) H/L dated 8 May 1953, MM/P16-3/9, PE-2 (TA 518319)

1. You are informed that you have been selected for overseas assignment in accordance with reference (a). Upon receipt hereof, you are directed to proceed and report to the Medical Officer in Charge, U. S. Public Health Service Hospital, Detroit, Michigan, for the purpose of determining your physical qualification for overseas assignment in accordance with Personnel Circular No. 37-50. Upon completion of this temporary additional duty you will return and resume your regular station and duties pending detachment in accordance with reference (a) on or before 19 June 1953.

2. Travel necessary to the execution of this order is required by the public interests and is chargeable against the 9th CG District travel allotment, symbol No. 09-20. Allowances prescribed by the Joint Travel Regulations dated 22 December 1950, as amended, are authorized. Travel is authorized via railroad, bus, water, and/or air.

3. Necessary travel time only is authorized in the execution of this order.

4. Your present CO is hereby directed to insure that you are in all other respects qualified for overseas assignment in accordance with Personnel Circular No. 37-50. You are further advised that you should make arrangements for allotments for your dependents or other financial obligations prior to departure from the 9th CG District.

5. If for any reason you are not qualified for overseas assignment this office will be advised immediately.

Earl Elder
EARL ELDER
By direction

CC:
Accounting
File

FIRST ENDORSEMENT to C9CGD/L dtd 12 May 1953, P16-4/MM, TA: 097544
CGC MACKINAW
Manitowoc, Wis. 25 May, 1953

1. Upon receipt hereof you are directed to comply with basic orders.

2. You have elected to perform travel via privately owned conveyance. You are authorized one (1) days travel time from Manitowoc Wis. to Chicago, Ill.

3. You are directed to report to USPHS Hospital, Chicago, Ill. in lieu of USPHS Hospital, Detroit, Mich. as per C9CGD/D 192205Z.

4. Handed herewith is your health record for delivery to the proper authority upon arrival at your ultimate destination.

5. Delivered and departed 1000 this time and date. EDA: USPHSH Chicage, Ill. prior to 2400, 26 May, 1953.

W. H. WILMOT
Executive Officer (Acting)

SECOND ENDORSEMENT to C9CGD/L dtd 12 May 1953, P16-4/MM, TA:097544

26 May 1953

From: CG Representative, USPHS Hospital, Chicago, Ill.
To: BAUCHAN, Louis S. (221-813) EN1

1. You reported this facility at 0900, 5-26-53 in compliance with your basic orders for an Overseas physical examination. The examination being completed, you are hereby ordered to carry out the remainder of you basic orders.

2. Subsistance and Quarters were not furnished while attached.

3. Travel time only is authorized. No delay enroute.

4. Delivered and departed 1630, 5-26-53.

Roy J. Boyer HMC
CG Representative

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CGC MACKINAW	Cheboygan, Michigan	6 December, 1952

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S.(221-813) EN1	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR	☐ REENLISTMENT
10	29 December, 1952	☐ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE 816 Maples St., Manistee, Michigan

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S. Bauchan
Louis S. Bauchan

Ind.-1 Unit: CGC MACKINAW Date 6 December, 1952

Date current leave accounting period began	7-1-52	Balance brought forward beginning of present accounting period	36
Number days' leave used during current accounting period	00	Date of expiration of current enlistment	5 July, 1956

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

A. B. ENGEL, CDR, USCG, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CGC MACKINAW Date 6 December, 1952

☒ Returned, GRANTED 10 days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

W. J. SMITH, CDR, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: CGC MACKINAW Date 29 December, 1952

Departed at 1200, this date. This leave expires before 1200, 9 January, 1953

at on board CGC MACKINAW and is subject to the instructions on the reverse hereof.
In the event the MACKINAW is not in Cheboygan upon expiration of this leave you will report to the OinC, Cheboygan River Range Light for instructions to return to this vessel at your own expense.

(Signature, rank, and title) OOD

Ind.-5 Unit: CGC MACKINAW Date 9 January 1953

Reported at 1135, this date, having used 10 days' leave.

A. B. ENGEL, CDR, USCG, XO
(Signature, rank, and title)

(Over)

16—40220-3

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE 16—40220-3

THIRD ENDORSEMENT to C9CGD/L dtd 12 May 1953, file P16-4/MM, TA: 097544
CGC MACKINAW
Manitowoc, Wis.

26 May 1953

Reported 2310, this date and place, TAD completed.

W. H. WILMOT
XO, Acting

CERTIFIED FOR PAYMENT THIS DATE 16.20 FOR MILEAGE AT $.05 PER MILE FROM Manitowoc, Wis. TO Chicago, Ill. AND/OR PER DIEM FROM 5-25-53 TO 5-26-53 IN THE TOTAL AMOUNT OF $ 22.85, PAID IN THE ACCOUNTS OF PAUL D. BANNING, CDO, SYMBOL No. 1379 ON 5/28/53 VOU. No. 416-

E. J. PARKER,
Authorized Certifying Officer

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CGC MACKINAW	Cheboygan, Michigan	3 June, 1952

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
14		6 June, 1952	10	30	5 July, 1956

REASON FOR REQUEST: REGULAR LEAVE

My address on leave will be: 323 Forest Ave. , Frankfort, Mich.

I will immediately inform my commanding officer of any change in address while on leave.

Louis S. Bauchan
Louis S. Bauchan
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CGC MACKINAW Date: 6 June, 1952

Leave record indicates balance of 20 days' annual and none days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

A. B. Engel
A. B. ENGEL, CDR, USCG, XO
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CGC MACKINAW Date: 6 June, 1952

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

D. H. Dexter
D. H. DEXTER, CAPT, USCG, CO
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date: 6 June, 1952

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC MACKINAW Date: 6 June, 1952

Departed at 1700 this date. This leave of absence will expire before 1200 21 June, 1952, at on board CGC MACKINAW and is subject to the special instructions indicated on reverse hereof. In the event the MACKINAW is not in Cheboygan upon expiration of this leave you will report to the OinC, Cheboygan River Range Light for instructions to return to this vessel at your own expense.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ____ days extension of leave to expire before noon, ____

Authority:

Signature and rank Title

Ind.-6 Unit: CGC MACKINAW Date: 21 June, 1952

Reported at 1130, this date, having taken 14 days' leave and 00 days' TT.

A. B. Engel
A. B. ENGEL
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

RECEIVED

APR 30 1952

U.S. COAST GUARD
CUTTER MACKINAW

4-87

BAUCHAN, Louis S. 221-813 EN1

CG Group Detroit, Michigan 4-28-52

CGC MACKINAW Cheboygan, Michigan 09-060083

2330
4-25-52

CGC MACKINAW

TAD while undergoing medical treatment at USPHS Hospital, Detroit

C9/L dtd 4-21-52, file P16-3/MM

C. W. SCHARFF, LCDR, USCG, CO

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
Group, Frankfort, Mich	7-3-50	Aids to Navigation	L. A. Hill CBOSN CO

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
Point Betsie Light Station	7-3-50		Aids to Navigation	L. A. Hill CBOSN CO

U. S. GOVERNMENT PRINTING OFFICE 16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
Grp, Frankfort	7-2-47	Has not served outside the Continental limits of the United States	/s/ Ludwig Wedemeyer CBOSN
Grp, Frankfort,	7-2-47	Awarded good conduct medalfor the period of 7-3-41 to- 7-2-47.	/s/ Ludwig Wedemeyer CBOSN
Grp, Frankfort	7-2-47	Issued honorable discharge button	/s/ Ludwig Wedemeyer CBOSN
Grp, Frankfort	8-9-47	Issued American Defemse medal and world war two Victory medal.	/s/ Ludwig Wedemeyer CBOSN
Grp, Frankfort	9-11-47	Issued Presidential Testimonial of appreciation.	/s/ Ludwig Wedemeyer CBOSN
Grp. Frankfort	7-3-50	Entitled to Good Conduct medal for the period from 7-3-47 to 7-2-50.	CBOSN

16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June 1938

RECORD OF BAUCHAN, Louis S.
(Full name, surname to the left)

221-813
(Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
SEE MEMOGRAPHED LEAVE SHEET ATTACHED						George A. Hill CBOSN

16—9676

RECORD OF BAUCHAN, Louis S. 221-813

(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
	No dectuctable time while attached to this unit					CBOSN
POINT BESSIE LTSTA	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					BOSN, OIC

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

Date _____, 19____ Place _____ Serial No. _____

Kind of discharge _____ Authority for _____

Discharged on account of _____

Is _____ recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE _____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF BAUCHAN, Louis S. ~~2221~~ 221-813
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

_____, 193 _____ _____ _____
(Date) (Cause) (Authority)

15. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

_____ _____ _____
(Yrs.) (Mos.) (Days)

(Notations under article 10 to be considered when executing this article. *Days* under article 10 to be reduced to *months* and *days* for longevity purposes, as set forth in Pay and Supply Instructions.)

17. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

2—13678

RECORD OF ---------- ----------
(Full name, surname to the left) (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $----------

The within-named man has been furnished travel allowance amounting to $----------

at the rate of ---------- cents per mile from ---------- to ----------

---------- and paid $---------- in full to date of discharge. Name of

pay officer ----------

Address subsequent to discharge will be:

---------- Street,

---------- City, ---------- State.

Certified to be correct upon termination of service ----------, 193

Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 2—13678

BAUCHAN, Louis S. 221-813 EM1

CGC MACKINAW Cheboygan, Michigan 3/5/52

9th CGD Cleveland, Ohio 09-060083

2230, 3/4/52; Returned from TAD at CG Group, Detroit, Mich. while undergoing dental treat. at USPHS Detroit, Mich.

Auth. C9CGD/D 1320492 (2-52) TC: 093960

A. B. ENGEL, CDR, USCG, XO

RECEIVED
FEB 28 1952
U.S. COAST GUARD
CUTTER MACKINAW

2-48

BAUCHAN, Louis C. 221-813 BM1

CG Group Detroit, Michigan 25 February, 1952

CGC MACKINAW Cheboygan, Michigan 09-076089

2150
19 February, 1952

CGC MACKINAW, Cheboygan, Michigan
TAD while undergoing dental out-patient treatment at USPHS Hospital, Detroit, Michigan.

CG CGD/Dispatch No. 132049Z; CO's CGC MACKINAW/L dated 18 February, 1952 file P16-3
TA No. 093960

C. W. SCHARFF, LCDR, USCG

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

BPTO 4-18 56-0900

UNIT	ADDRESS	DATE
CG BASE, Sand Island	Honolulu, T. H.	8 April, 1955

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Six (6)	9 April, 1955	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1549 Thurston Ave., Hilo, Hawaii

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S Bauchan

Ind.-1 Unit: CG BASE, Sand Island Date 8 April, 1955

Date current leave accounting period began 1 July, 1954	Balance brought forward beginning of present accounting period Forty One (41)
Number days' leave used during current accounting period None	Date of expiration of current enlistment 5 July, 1956

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, Sand Island, Honolulu, T.H. Date 8 April, 1955

☒ Returned, GRANTED Six (6) days.

☐ ADVANCE ☐ ACCRUED (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

E. W. COLEMAN, LCDR, CO (acting)
(Signature, rank, and title)

Ind.-4 Unit: CG BASE, Sand Island, Honolulu, Date 9 April, 1955

Departed at 1200, this date. This leave expires before 0900, 16 April, 1955

at CG BASE, Sand Island, Honolulu, T.H. and is subject to the instructions on the reverse hereof.

G. W. COOPER, LT, USCG - Executive Officer
(Signature, rank, and title)

Ind.-5 Unit: CG BASE, Honolulu, T.H. Date 16 April, 1955

Reported at 0855, this date, having used SIX (6) days' leave.

G. W. COOPER, LT, USCG - Executive Officer
(Signature, rank, and title)

16—40220-3

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE 16—40220-3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-EM (5-53)

ORIGINAL

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT

AUTHORIZATION NO. To# 141207

SECURITY INFORMATION
☐ RESTRICTED
☐ CONFIDENTIAL
☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER AND TDY OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES IN INK THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
USCG BASE,	Sand Island, Honolulu, T. H.	24 Jan. 1955

TO (INSERT NAME, SERVICE NO. AND RATE)
LAUCHAN, Louis J., (221-813) YN1, USCG

1. AUTHORITY
WO# 3163-55

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE Island Of Kauai, T. H.	TAD	20
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION CO, CG BASE, Sand Island, Honolulu, T. H.	RETURN	Indef.

☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM
TO

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE
☐ SERVICE ☐ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)
RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED 00 DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME TRAVEL TIME LEAVE (INDICATE DAYS AND TYPE)
COMPENSATORY ABSENCE

REPORT NOT LATER THAN
TIME DATE

ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 14thCGD TRAVEL ALLOTMENT, SYMBOL 1420 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF, AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

A. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

B. ☒ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT, CLASS PRIORITY CERTIFIED. ☒ GOVERNMENT VEHICLE

C. ☒ YOU ARE DIRECTED TO TRAVEL BY ComAir (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE; OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. To Kauai, T. H. and return to Honolulu, T.H

D. ☐ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE, SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
C. W. COOPER, LT, USCG

6. I ARRIVED AND DEPARTED.

TIME	DATE	SIGNATURE
0930	24 Jan, 1955	C. W. COOPER, LT., USCG

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE ENDORSEMENT AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
Louis J Lauchan
LOUIS J. LAUCHAN

ORIGINAL

16—69256—1 GPO

Ind-1
CG Group Frankfort
Frankfort, Michigan

24 December, 1951
P16-3/MM

From: Officer in Charge, CG Group Frankfort
To: BAUCHAN, Louis S. (221-813) EM1

Subj: Orders; Transfer; travel

1. You are directed to comply with basic orders on the reverse hereof.

2. Travel in connection with this order will be performed by privately owned conveyance.

3. Your service and health records are handed you for safe delivery to proper authority at your ultimate destination.

4. You are granted ten (10) days Regular Accrued leave, four (4) days proceed time and one (1) day travel time enroute.

5. Delivered and departed 1600, 24 December, 1951.

EDA - Prior 2400 - 8 January, 1952.

A. J. Bates

A. J. BATES, BOSN

24
4
1
29
30

Ind-2
CGC MACKINAW
Cheboygan, Michigan

8 January, 1952

Reported on board 2201, this date and place for assignment to duty in compliance with basic orders having taken 4, PT, 1 TT and 10 days leave enroute. Travel performed via privately owned conveyance.

A. B. Engel

A. B. ENGEL
Executive Officer

Ind- 3
CGC MACKINAW, Cheboygan, Mich.
Date 1-23-52

Voucher in the amount of $ 10.62 covering ~~per diem allowance,~~ mileage, ~~travel, subsistence and quarters allowance,~~ from 12/24/51 to 1/8/52 has been certified this date for payment in the accounts of Paul D. Banning, CDO, Symbol 1379.

H. B. Sherman

H. B. SHERMAN
Authorized certifying officer

UNITED STATES COAST GUARD

Cleveland 15, Ohio

Address reply to
Commander, 9th CG District

21 November, 1951
P16-3/MM

TRAVEL AUTHORIZATION 093440

FROM: COMMANDER, NINTH COAST GUARD DISTRICT
TO: BAUCHAN, Louis S. (221-813) EN1 - USCG, OinC, Pt. Betsie Light Station
VIA: Officer in Charge, CG Group, Frankfort, Michigan

SUBJ: ORDERS; TRANSFER; TRAVEL

1. Effective upon being relieved by PARROTT, George T. (230-758) BM1 and when directed by the Officer in Charge, CG Group, Frankfort, Michigan you are detached from all duties previously assigned. You are directed to proceed and report to the Commanding Officer, CGC MACKINAW, Cheboygan, Michigan for assignment to duty.

2. THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FOR YOU FROM Frankfort, Michigan TO Cheboygan, Michigan

3. TRAVEL NECESSARY TO THE EXECUTION OF THIS ORDER IS REQUIRED BY THE PUBLIC INTERESTS AND IS CHARGEABLE AGAINST (NO) (DISTRICT) TRAVEL ALLOTMENT, SYMBOL NO. 09-20. ALLOWANCES PRESCRIBED BY THE JOINT TRAVEL REGULATIONS, DATED 22 DECEMBER, 1950, AS AMENDED, ARE AUTHORIZED. TRAVEL IS AUTHORIZED VIA PRIVATELY-OWNED CONVEYANCE, RAILROAD, BUS, WATER, AND/OR AIR.

4. YOU ARE DIRECTED TO CARRY YOUR SERVICE AND HEALTH RECORDS AND DELIVER THEM TO THE PROPER AUTHORITY UPON ARRIVAL AT YOUR ULTIMATE DESTINATION. Your pay account will be forwarded by this office upon receipt of Form 510 indicating your detachment.

5. PROVIDED YOUR LEAVE ACCOUNT WARRANTS THE COMMANDING OFFICER IN CHARGE IS AUTHORIZED TO GRANT YOU UP TO ten (10) DAYS DELAY ENROUTE, SUCH DELAY TO COUNT AS LEAVE, FOUR (4) (NO) DAYS PROCEED TIME, AND THE NECESSARY TRAVEL TIME. You are authorized such compensatory absence as may have accrued to you enroute.

A. O'D. WISE
By direction

cc:
ACCOUNTING
FILE
CO, CGC MACKINAW

177 miles @ 6¢ 10.62

RECEIVED

JAN 1 1952

U.S. COAST GUARD
CUTTER MACKINAW

UNITED STATES COAST GUARD

Cleveland 15, Ohio

Address reply to
Commander, 9th CG District

P
21 November, 1951
P16-3/MM

TRAVEL AUTHORIZATION 093440

FROM: COMMANDER, NINTH COAST GUARD DISTRICT
TO: BAUCHAN, Louis S. (221-813) EM1 - USCG, Cint, Ft. Betsie Light Station
VIA: Officer in Charge, CG Group, Frankfort, Michigan

SUBJ: ORDERS; TRANSFER; TRAVEL

1. Effective upon being relieved by PARRATT, George T. (230-758) EM1 and when directed by the Officer in Charge, CG Group, Frankfort, Michigan you are detached from all duties previously assigned. You are directed to proceed and report to the Commanding Officer, CGC MACKINAW, Cheboygan, Michigan for assignment to duty.

2. THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FOR YOU FROM Frankfort, Michigan TO Cheboygan, Michigan

3. TRAVEL NECESSARY TO THE EXECUTION OF THIS ORDER IS REQUIRED BY THE PUBLIC INTERESTS AND IS CHARGEABLE AGAINST (HQ) (DISTRICT) TRAVEL ALLOTMENT, SYMBOL NO. 09 -20. ALLOWANCES PRESCRIBED BY THE JOINT TRAVEL REGULATIONS, DATED 22 DECEMBER, 1950, AS AMENDED, ARE AUTHORIZED. TRAVEL IS AUTHORIZED VIA PRIVATELY-OWNED CONVEYANCE, RAILROAD, BUS, WATER, AND/OR AIR.

4. YOU ARE DIRECTED TO CARRY YOUR SERVICE AND HEALTH RECORDS AND DELIVER THEM TO THE PROPER AUTHORITY UPON ARRIVAL AT YOUR ULTIMATE DESTINATION. Your pay account will be forwarded by this office upon receipt of Form 520 indicating your detachment.

5. PROVIDED YOUR LEAVE ACCOUNT WARRANTS THE COMMANDING OFFICER IN CHARGE IS AUTHORIZED TO GRANT YOU UP TO ten (10) DAYS DELAY ENROUTE, SUCH DELAY TO COUNT AS LEAVE, FOUR (4) (NO) DAYS PROCEED TIME, AND THE NECESSARY TRAVEL TIME. You are authorized such compensatory absence as may have accrued to you enroute.

A. O'D. HISE
By direction

cc:
ACCOUNTING
FILE
CO, CGC MACKINAW

RECEIVED

Ind-1.
CG Group Frankfort
Frankfort, Michigan

24 December, 1951
P16-3/MM

From: Officer in Charge, CG Group Frankfort
To: HAUCHAN, Louis S. (221-813) EM1

Subj: Orders; Transfer; travel

1. You are directed to comply with basic orders on the reverse hereof.

2. Travel in connection with this order will be performed by privately owned conveyance.

3. Your service and health records are handed you for safe delivery to proper authority at your ultimate destination.

4. You are granted ten (10) days Regular Accrued leave, four (4) days proceed time and one (1) day travel time enroute.

5. Delivered and departed 1600, 24 December, 1951.

EDA - Prior 2400 - 8 January, 1952.

96-52

BAUCHAN, Louis S.	221-813	EN1
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Michigan
09-200465	09-300460	27 December, 1951

1600
24 December, 1951

CGC MACKINAW, Cheboygan, Michigan
ASDU. Granted ten (10) days REG/ACC leave, four (4) days proceed time and one (1) day travel time enroute.
EDA prior 2400 8 January, 1952

TONO 093440

SERVICE RECORD COPY

A. J. BATES, BOSN. USCG. OinC

CG GROUP FRANKFORT, MICHIGAN (09-200465) 73-52

1951

221-813 BAUCHAN, Louis S.

1600 24 December, 1951 TR from Point Betsie Light Station to CGC MACKINAW, Cheboygan, Mich. for ASDU. Granted ten (10) das. REG/ACC leave, four (4) das. PT and one (1) day TT enroute. TONO 093440. 12/24

EDA prior 2400 8 January, 1952

Term. Subs of $2.25 per day 12/24

SERVICE RECORD COPY

1397

A. J. BATES, BOSN. OinC

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 55	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ ___ cents per mile	AMOUNT CLAIMED MILEAGE	SUBSISTENCE	OTHER
	PER DIEM FOR TAD PERFORMED UNDER TO# 141807				
0930,1-24	DEPARTED CG BASE, SAND ISLAND				
1030,1-24	DEPARTED HONOLULU AIRPORT				
1109,1-24	ARRIVED KAUAI AIRPORT				
1200,1-24	ARRIVED CGLORSTA KAUAI				
0830,2-11	DEPARTED CGLORSTA KAUAI				
0840, 2-11	DEPARTED KAUAI AIRPORT				
0921,2-11	ARRIVED HONOLULU AIRPORT				
1000,2-11	ARRIVED CG BASE, SAND ISLAND				
1-24/2-11	19 DYS @ 9.00 LESS 40% QTRS AND 45% SUBS			25 65	
	NO DELAY OR LEAVE TAKEN DURING PERIOD COVERED BY THIS CLAIM. GOVERNMENT SUBSISTENCE AND QUARTERS WERE AVAILABLE, TRAVEL WAS PERFORMED VIA COMMERCIAL AIR AS SHOWN BELOW.				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) → 25.65			25 65	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL FROM—	TO—
TC231,916	19.00	HAL	-	1-24-55	HONOLULU TO KAUAI AND RETURN	

†"Pullman accommodations: MR, master room; DR, drawing room; CP, compartment, BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB-UB, lower and upper berth; S, seat."

16—63078-1 U. S. GOVERNMENT PRINTING OFFICE : 19[illegible]—O-984926

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88
(Amended: Feb. 20, 1952)

TRAVEL VOUCHER

D. O. Vou. No. 1970

Bu. Vou. No. 14-1-58

U. S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

Payee's name LOUIS S. BAUCHAN

Mailing address CG BASE, SAND ISLAND
HONOLULU, HAWAII

SAME AS ABOVE
(Official duty station)

(Residence—For use by Postal Service employees only)

PAID BY
TREASURY DEPARTMENT
PAID BY
J. F. CANNON
FEB 18 1955
CHIEF DISBURSING OFFICER
SYMBOL 1383

Travel and other expenses in the discharge of official duty from 24 JANUARY 1955 (Date) to 11 FEBRUARY 1955 (Date) under authority No. TO# 141807 dated 24 JANUARY 1955, copy of which is attached, or has been previously furnished. I have a travel advance of $ - - - - - to which $ - - - - of this voucher should be applied.

LOUIS S. BAUCHAN MEMORANDUM 14 FEBRUARY 1955

	DOLLARS	Cents
AMOUNT CLAIMED →	25	65
Differences:		
Total verified correct for charge to appropriation(s) (initials)		
Applied to travel advance (appropriation symbol)		
NET AMOUNT TO TRAVELER	25	65

(For Administrative Use)

APPROVED:

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. - - - - - - - - - , paid - - - - - - (Month—year) by - (Insert name and symbol of disbursing officer)

15 FEB 1955

MEMORANDUM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201	OPERATING EXPENSES, COAST GUARD			25.65
14-20.55	TO# 141807	14-280322 (WO# 3163-55)	0211	25.65

SIB VOUCHER LOG No. 38-55

Paid by Check No. 211005

Dated

MEMORANDUM

PAYEE'S COPY

16—63078-2

ORIGINAL

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2441-2E (6-53)

UNITED STATES COAST GUARD STANDARD TRANSFER ORDER

DISTRICT ORDER NO. 14-049

AUTHORIZATION NO. 141219

SECURITY INFORMATION
☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
WPB-83394	Honolulu, T. H.	5 October 1954

TO (INSERT NAME, SERVICE NO. AND RATE)
BAUCHAN, Louis S. (221-813) EN1, USCG

1. AUTHORITY
CCGD14/L 10-5-54, P16-4/MM

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE		
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION: CO, CG Base, Sand Island, Honolulu, T. H.	ASDU	Indef

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM _____
TO _____

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE
☑ SERVICE ☑ HEALTH ☐ PAY ☑ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)
RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT: Pay record retained by CCGD14(r)

3. YOU ARE AUTHORIZED 00 DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME _____ TRAVEL TIME _____ LEAVE _____
COMPENSATORY ABSENCE _____ (INDICATE DAYS AND TYPE)

REPORT NOT LATER THAN
TIME 2400 DATE 8 October 1954

ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 14thCGD TRAVEL ALLOTMENT, SYMBOL 14-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF; AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

A. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

B. ☑ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED. OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT. CLASS _____ PRIORITY CERTIFIED. ☑ GOVERNMENT VEHICLE

C. ☐ YOU ARE DIRECTED TO TRAVEL BY _____ (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE; OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

D. ☐ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
N. L. SCHERER, LT, USCG; Chief, Military Personnel Section, 14th CG District

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE AND TITLE)
1600	8 October 1954	R. MC CLELLAN, ENS, USCG, CO

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
LOUIS S. BAUCHAN

ORIGINAL

16-68050-1 GPO

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED
USCG BASE, SAND ISLAND, HONOLULU, OAHU, T.H.	1645	10-8-54

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

Personnel Data Card not received.

AUTHENTICATING SIGNATURE (Grade and title)

C. W. COOPER, LT, USCG, Commanding Officer, Acting

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

RIFLE EXPERT COURSE "B"
14ND-CNB-35 (REV. 8-54)
NAVY-PEARL HARBOR, T.H.

U.S. NAVAL RIFLE RANGE
NAVY NO. 128 (ONE-TWO-EIGHT)
c/o FLEET POST OFFICE
SAN FRANCISCO, CALIFORNIA

ORGANIZATION _____

.30 CAL.

NAME: Duncan, Louis | RATE: | DATE: 12/10/54 | TARGET NO.: 19 | RELAY NO.: 2

	RANGE POSITION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL
3	200 YDS STD.	4	3	4	5	X	X	X	X	X	X	X	X	X	X	X	X	36
1	200 YDS SIT.	4	4	5	5	X	X	X	X	X	X	X	X	X	X	X	X	18
2	200 YDS KNL.	4	4	5	4	X	X	X	X	X	X	X	X	X	X	X	X	17
4	200 YDS SIT. STD. 60 SECONDS	5	5	5	5	5	5	5	5	5	4	4	3	3	3	3	2	67
5	200 YDS KNL. STD. 60 SECONDS	5	5	5	4	4	4	4	4	4	3	3	3	3	3	2	—	57
6	300 YDS PRONE STD. 65 SECONDS	5	5	5	5	5	5	5	5	5	4	4	4	4	3	3	3	70
7	500 YDS PRONE	2	—	2	5	4	4	3	4	X	X	X	X	X	X	X		27
																	TOTAL SCORE	276

Shooter's Signature

Range or Pit Officer's Signature

Lee R. Stilley EN-3
Signature of Recorder

MAX SCORE 340
EXPERT (MEDAL AWARDED) 306
SHARPSHOOTER 292
MARKSMAN 268

6 December 1954
P16-1/NM

Commanding Officer
USCG Base, Sand Island
P. O. Box 499
Honolulu, Oahu, T. H.

ORDER NO: 141228

From: Commanding Officer, CG BASE, Sand Island, Hono. T. H.
To: ALBRIGHT, Claude H. (221-835) BMC

Subj: Orders; temporary additional duty; range detail

Ref: (a) District Circular 15-54.

1. In accordance with reference (a), you are directed to proceed with and in charge of the below named men to Puuloa Point, Oahu, T. H., on temporary additional duty from 6 December to 10 December, 1954, for the purpose of small arms training. Upon completion of this period of TAD, and when so directed by proper authority, you will return to the BASE, Sand Island, Honolulu, Oahu, T. H. for resumption of your regular station and duties.

CURRY, Marvin (n) (260-101) CYC
~~SCHROEDER, Walter F. (208-064) BMC~~ Kanishiro, Kiyoshi (n) (302-066) tN
GILLEY, Lee, R. (290-795) EN3
LAVOIE, Charles E. (274-633) ETC
BOWMAN, Jackie (n) (264-266) ET1
FRYE William R. (229-286) EN1
PELHAM Thomas J. (260-878) EM2
BAUCHAN, Louis S. (221-813) EN1

2. While at the Puuloa Point firing range you will be under the direct supervision of the Range Officer. He will be governed by any existing orders or regulations covering the use of the range and related facilities.

3. Travel in connection with these orders will be performed via Government conveyance.

4. You will instruct each of your men to provide themselves with clean linen, blankets, undress whites and toilet articles as required by reference (a) The uniform while on the range will be dungarees.

5. Weapons and ammunition will be provided for by BASE, Sand Island.

6. Government subsistence and quarters will be furnished while at Puuloa Point.

7. Delivered and departed at 0500, this date and place.

C. C. KNAPP
XXXXXXXXXXXX
By direction

Copy to: CGCB14(p) &(o)
File

29 June 1954
P14-3
Serial 9472

Commanding Officer
CG-83394
Post Office Box 4010
Honolulu, T. H.

From: Commanding Officer, CG-83394
To: BAUCHAN, Louis S. (221-8130) EN1

Subj: Assignment to duty as Engineering Watch Officer; certification of qualification for

Ref: (a) Article 1905, U. S. Coast Guard Regulations

1. In accordance with reference (a) above you are hereby certified as being qualified for standing watches as Engineering Watch Officer. A copy of this letter of certification will be placed in your service record.

2. As Engineering Watch Officer, your duties will be in accordance with Chapter VIII, Section 8-5-6 of U. S. Coast Guard Regulations. You are directed to become familiar with the provisions of this section of Regulations.

R. MC CLELLAN

Copy to:
Service Record
Ships file

ORIGINAL

TREASURY DEPARTMENT
U. S. COAST GUARD
CG—3441—SM (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO. 14-019

AUTHORIZATION NO. 143846

SECURITY INFORMATION
☐ RESTRICTED
☐ CONFIDENTIAL
☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES, IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
CG BASE (T&A) Sand Island,	Box 499, Honolulu, T. H.	16 April 1954

TO (INSERT NAME, SERVICE NO. AND RATE)
BAUCHAN, Louis S. (221-813) EN1

1. AUTHORITY
Commander 14th CG District Order No. 14-019

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE		
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION WPB-83394, Honolulu, T. H.	FASDU	

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM _____
TO _____

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☒ SERVICE ☒ HEALTH ☐ PAY ☒ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT
Pay retained by COM14CGDistrict

3. YOU ARE AUTHORIZED -00- DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME -00- TRAVEL TIME -00- LEAVE -00-
COMPENSATORY ABSENCE NONE (INDICATE DAYS AND TYPE)

REPORT NOT LATER THAN
TIME 2400 DATE 16 Apr 1954

ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 14thCGD TRAVEL ALLOTMENT, SYMBOL 14-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF; AS PRESCRIBED BY _____ AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

A. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

B. ☒ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT, CLASS _____ PRIORITY CERTIFIED. ☒ GOVERNMENT VEHICLE

C. ☐ YOU ARE DIRECTED TO TRAVEL BY _____ (INSERT RAIL, BUS, ETC.), WHEN AVAILABLE; OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

D. ☐ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE) E. W. Coleman
E. W. COLEMAN, LT, USCG, XO, By direction

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
1300	4-16-54	E. W. COLEMAN, LT, USCG, XO, By direction

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
Louis S. Bauchan

16—69036—1 ✱ GPO

ORIGINAL

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED
CG WPB-83394, Honolulu, T. H.	1630	16 April 1954

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title) R. MC CLELLAN, ENS, USCG, CO

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
c. Cooperate with Shore Patrol and Armed Services Police at all times.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441 (5-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO. - - -

AUTHORIZATION NO. 143477

SECURITY INFORMATION
☐ RESTRICTED
☐ CONFIDENTIAL
☐ SECRET

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. If insufficient space is provided for any entry, make note in that space and continue entry under "Supplemental Instruction" or on attached sheet. Identify continued items and attach additional sheets securely.

UNIT	PLACE OF ADDRESS	DATE
USCGC KUKUI (WAK-186)	Honolulu, T. H.	3-2-54

TO (Insert name, Service No. and rate)
BAUCHAN, Louis S. (221-813) EN1, USCG

1. AUTHORITY
CCGD14/D 250337Z (2-54)

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (Temporary, Reassignment, Etc.)	APPROX. NO. DAYS
INTERMEDIATE a.	CG LORAN TRANSMITTING STA., Tern Island, FFS	TAD	UNK
INTERMEDIATE b.			
ULTIMATE DESTINATION c.	CGC KUKUI (WAK-186)		

☒ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☐ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM ----------
TO ----------

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☐ SERVICE ☒ HEALTH ☐ PAY ☐ PERSONNEL DATA CARD ☐ OTHER (Specify)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT
Pay, Service record retained on board.

3. YOU ARE AUTHORIZED ---------- DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME ------ TRAVEL TIME ------ LEAVE ---------
COMPENSATORY ABSENCE ---------- (Indicate days and type)

REPORT NOT LATER THAN IMMEDIATELY
TIME _____ DATE _____

ADDRESS ON LEAVE
----

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST CCGD14 TRAVEL ALLOTMENT, SYMBOL 14-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF, AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

b. ☐ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT. CLASS _____ PRIORITY CERTIFIED. ☐ GOVERNMENT VEHICLE

c. ☐ YOU ARE DIRECTED TO TRAVEL BY _____ (Insert rail, bus, etc.), WHEN AVAILABLE: OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

d. ☐ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (Grade and title)
L. E. Brunner
L. E. BRUNNER, CDR, USCG, Commanding Officer

6. DELIVERED AND DEPARTED AT TERN ISLAND, FRENCH FRIGATE SHOALS

TIME	DATE	SIGNATURE (Grade or rate and title)
1330	3-2-54	G. C. Fleming
		G. C. FLEMING, LCDR, USCG, Executive Officer

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER
Louis S. Bauchan
Louis S. Bauchan

16—69055-1

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

	STATION	REPORTED TIME	REPORTED DATE	DEPARTED TIME	DEPARTED DATE	AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
a.	LORSTA, FRENCH FRIGATE SHOALS	1415	3-2-54		3-16-54	R. H. WOOD, LTJG, USCG Commanding Officer	X	X
b.								

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

16—69055-1 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSE.

0815/2

UNIT	ADDRESS	DATE
BASE(T&A), Sand Island	Box 499, Honolulu, T. H.	17 March 1954

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
15	17 March 1954	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

Louis S. Bauchan
ADDRESS ON LEAVE WILL BE 1214 Rycroft St., Honolulu, T. H.

To Be Checked By Officers Only
☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

Louis S. Bauchan
SIGNATURE OF APPLICANT

Ind.-1 Unit: BASE(T&A), Sand Island Date 17 March 1954

Date current leave accounting period began 7-1-53	Balance brought forward beginning of present accounting period 41
Number days' leave used during current accounting period 15	Date of expiration of current enlistment 5 July 1956

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: BASE(T&A), Sand Island Date 17 March 1954

☒ Returned, GRANTED 15 days. REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

E. W. COLEMAN, LT, USCG, XO
(Signature, rank, and title)

Ind.-4 Unit: BASE(T&A), Sand Island Date 17 March 1954

Departed at 1000, this date. This leave expires before 0900, 2 April 1954

at BASE, Sand Island, Honolulu, T. H. and is subject to the instructions on the reverse hereof.

E. W. COLEMAN, LT, USCG, XO,
(Signature, rank, and title)

Ind.-5 Unit: CGBASE(T&A)Sand Island, Hono.,T.H. Date 2 April 1954

Reported at 0815, this date, having used 15 (Fifteen) days' leave.

E. W. COLEMAN, LT, XO.
(Signature, rank, and title)

(Over)

16—40220-3

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE 16—40220-3

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
USCGC KUKUI (WAK-186)
FPO, San Francisco, Calif.

16 March 1954
P16-4/MM

From: Commanding Officer, USCGC KUKUI (WAK-186)
To: Commanding Officer, Coast Guard Base (T&A), Sand Island, Honolulu, T. H.

Subj: BAUCHAN, Louis S. (221-813) EN1, USCG: Administrative transfer

Ref: (a) Commander, 14th Coast Guard District Circular No. 8-53

1. In accordance with reference (a), subject named man is administratively transferred to your command while on TAD at LORSTA, French Frigate Sholes.

2. Service record is forwarded herewith. Health record is in custody of LORSTA, French Frigate Sholes. Pay record is in the custody of the Commander, 14th Coast Guard District.

3. Present reporting unit USCGC KUKUI (WAK-186); next reporting unit Coast Guard Base (T&A), Sand Island, Honolulu, T. H.

4. It is recommended that BAUCHAN be granted thirty (30) days leave upon reporting to Coast Guard Base, Sand Island, Honolulu, T. H. from LORSTA, French Frigate Sholes, and subsequent retrun to KUKUI for duty.

5. Administrative transfer effective this date.

L. E. Brunner

L. E. BRUNNER

Copy to:
CCGD14 (p) (f)

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
USCGC KUKUI (WAK-186)
FPO, San Francisco, Calif.

16 March 1954
P16-4/MM

From: Commanding Officer, USCGC KUKUI (WAK-186)
To: Commanding Officer, Coast Guard Base (T&A), Sand Island, Honolulu, T. H.

Subj: BAUCHAN, Louis S. (221-813) EN1, USCG: Administrative transfer

Ref: (a) Commander, 14th Coast Guard District Circular No. 8-53

1. In accordance with reference (a), subject named man is administratively transferred to your command while on TAD at LORSTA, French Frigate Sholes.

2. Service record is forwarded herewith. Health record is in custody of LORSTA, French Frigate Sholes. Pay record is in the custody of the Commander, 14th Coast Guard District.

3. Present reporting unit USCGC KUKUI (WAK-186); next reporting unit Coast Guard Base (T&A), Sand Island, Honolulu, T. H.

4. It is recommended that BAUCHAN be granted thirty (30) days leave upon reporting to Coast Guard Base, Sand Island, Honolulu, T. H. from LORSTA, French Frigate Sholes, and subsequent retrun to KUKUI for duty.

5. Administrative transfer effective this date.

L. E. BRUNNER

Copy to:
CCGD14 (p) (f)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-2M (6-53)

UNITED STATES COAST GUARD STANDARD TRAVEL ORDER

DISTRICT ORDER NO. 14-001

AUTHORIZATION NO. 143292

SECURITY INFORMATION
☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
USCGC NEWELL (WDE-422)	FPO, San Francisco, Calif.	2-13-54

TO (INSERT NAME, SERVICE NO. AND RATE)
BAUCHAN, Louis S. (2219813) EN1

1. AUTHORITY
CCGD14 ltr dtd 1-15-54, P16-4/MM

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
a.	INTERMEDIATE: None		
b.	INTERMEDIATE: None		
c.	ULTIMATE DESTINATION: CGC KUKUI (WAK-186), Honolulu, T. H.	FASDU (PERMANENT)	Indef.

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☒ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM PERMANENT STATION REMAINS HONOLULU, T.H.
TO

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE
☒ SERVICE ☒ HEALTH ☒ PAY ☒ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)
RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED -0- DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME -0- TRAVEL TIME -0- LEAVE -0-
COMPENSATORY ABSENCE -0- (INDICATE DAYS AND TYPE)

REPORT NOT LATER THAN IMMEDIATELY
TIME DATE 2-13-54
ADDRESS ON LEAVE

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST 14th CGD TRAVEL ALLOTMENT, SYMBOL 14-20 TRAVEL ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED.

a. ☐ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

b. ☐ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED.
☐ GOVERNMENT VESSEL ☐ GOVERNMENT AIRCRAFT. CLASS PRIORITY CERTIFIED. ☒ GOVERNMENT VEHICLE

c. ☐ YOU ARE DIRECTED TO TRAVEL BY (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE: OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT

d. ☐ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE, SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS.

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)
L. W. TIBBITS, LCDR, USCG, CO

6. DELIVERED AND REPORTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
1515	2-13-54	W. E. WEST, LT, USCG, XO

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.
SIGNATURE OF TRAVELER
LOUIS S. BAUCHAN

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED
USCGC KUKUI (WAK-186), Honolulu, T.H.	1520	2-13-54

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

G. C. FLEMING, LCDR, XO

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

CG-3441 (5-53) (Reverse Side only)

16—68557-1 U. S. GOVERNMENT PRINTING OFFICE

CHECK-IN LIST REPORTING
USCGC NEWELL(WDE-422)

Louis Bruchac, Louis A 221-813 EN1
(NAME-Surname to the left) (Service Number) (Rate)

1. Sufficient supply of these forms will be kept at the QM Desk, and will be prepared on each man reporting on board for duty.

2. Department Heads will initial in space indicated to show that the man was cleared through his Department.

3. This form shall be attached to the orders. Time and date of reporting will be indicated on upper right hand corner of the orders.

4. This form, with orders, service, health record and pay account will be delivered immediately to the Ship's Office.

DEPARTMENT	INITIAL
1. Officer-of-the Deck	
2. Ship's Office	
Orders ___	
Service Record ___	
Health Record ___	
Pay Account NA	
XO Notified ___	
3. Master-At-Arms	RHP
Lockers Assigned ✓	
Bunk Assigned ✓	
4. Division Officer	WRP
Billet Assigned E-201	
Ship's Orders Read ___	
5. Liberty card issued WDE	

UNITED STATES COAST GUARD

Address reply to
Commander, 9th CG District
Cleveland 15, Ohio

p

18 May 1953
P16-3/MM

TRAVEL AUTHORIZATION 518319

From: Commander, Ninth Coast Guard District
To: BAUCHAN, Louis S. (221-813) EN1, USCG
Via: Commanding Officer, CGC MACKINAW

Subj: Orders; transfer; travel

Ref: (a) H/L dated 8 May 1953, MM/P16-3/9, PE-2

1. Upon receipt hereof, and when directed by your present CO , you are detached from all duties previously assigned. Under authority of reference (a), you are directed to proceed and report to the Commanding Officer, CG Base, Alameda, California for further transfer to the Commander, ~~14th~~ CG District for assignment to duty.

2. This order constitutes a permanent change of station for you from Cheboygan, Michigan to such station as may be assigned by the Commander, 14th CG District.

3. Travel necessary to the execution of this order is required by the public interests and is chargeable against Headquarters' travel allotment, symbol No. 99-20. Allowances prescribed by the Joint Travel Regulations, dated 22 December 1950, as amended, are authorized. Travel by government transportation when available outside the continental limits of the United States is directed. For government aircraft priority three is certified. Travel is authorized via privately-owned conveyance, railroad, bus, water and/or air.

4. Your service and health records will be carried on transfer. Your pay account will be forwarded by this office upon receipt of Form DD-114, Military Pay Order, indicating your detachment from the 9th CG District.

5. Provided your leave account warrants, you may be authorized up to fifteen (15) days delay enroute, such delay to count as leave, exclusive of four (4) days proceed time and the necessary travel time.

6. It is directed that the detaching endorsement on this order contain a statement to the effect that you have been dentally and medically qualified for overseas duty in accordance with the requirements of Personnel Circular No. 37-50. Further, detaching endorsement should contain a statement that you have made necessary arrangements for allotments for your dependents and other financial obligations prior to departure from your present permanent unit and that you have been advised of the contents of Finance and Supply Circular No. 3-52.

7. Upon detachment from the 9th CG District the ~~COMFOURTEENTHCGD~~ will be the accountable unit for Personnel Accounting purposes and shall be notified of your estimated date of arrival by forwarding a copy of this order to that command with completed endorsements.

8. Date of detachment under this order is on or before 19 June 1953.

Earl Elder
EARL ELDER
By direction

CC:
Commander, 14th CG District
C.O., CG Base Alameda, California
File

TOA 2040 7/17/53
H.W.N. 2000.

FIRST ENDORSEMENT to COMNINECGD ltr of 18 May 1953, 016-3/MM, TA: 518319
CGC MACKINAW (WAGB-83)
Manitowoc, Wisconsin 19 June 1953

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders; transfer; travel

1. You have been found dentally and medically qualified for overseas assignment in accordance with Personnel Circular 37-50. You have also informed this Command that you have made arrangements for allotments for your dependents and that you are aware of the contents of Finance & Supply Circular No. 3-52.

2. You are detached from all duties previously assigned and you are directed to comply with basic orders contained on reverse hereof.

3. Travel necessary to the execution hereof is authorized in accordance with instructions contained in basic orders and will be performed via privately owned conveyance.

4. You are authorized fifteen (15) days leave, four (4) days proceed time and nine (9) days travel time enroute to expire at your destination prior 2400, 17 July 1953. Address on leave: 345 Duncan Street, Cheboygan, Michigan.

5. Handed you herewith is your Service, Health and Pay Records for safe delivery to the proper authority upon arrival at your ultimate destination.

6. Delivered and departed 9:30 A.M. this date. EDA: prior 2400, 17 July 1953.

A. B. ENGEL
Executive Officer

cc: C9CGD (p)
C14CGD (p)
CO, CG Base, Alameda, Calif
File

ADVANCE/MILEAGE 2348 MILES @ .06 per MILE. PR# 234
CERTIFIED FOR PAYMENT THIS DATE...140.88....FOR MILEAGE AT $..06..PER MILE FROM Manitowoc, Wis. Alameda, Calif. AND/OR PER DIEM FROM...xxxx.....TO ....xxxx.....IN THE TOTAL AMOUNT OF $140.88...., PAID IN THE ACCOUNTS OF PAUL D. BANNING, CDO, SYMBOL No. 1379 ON...6/19/53...VOU. No. 416-.....

E. J. PARKER,
Authorized Certifying Officer

ORIGINAL

BAUCHAN, Louis S. (221-813) EN1, USCG

Ind-3 7-17-53
CG BASE (ADMIN) MM/P16-4
Alameda, Calif.

1. Rptd this unit 2040 FFT to CCG14 for asdu, having availed self of 15 days acr lv, 4 days pt, & 9 days tt enroute.
2. Travel was performed via (~~Government expense~~, privately owned conveyance ~~or common carrier at own expense~~).

By direction

Ind- 4 7-28-53
CG BASE (ADMIN) MM/P16-4
Alameda, Calif.

1. Tran to CCGD14 for asdu/~~res. reg. duties.~~
2. SR, HR, & PR forwarded.
3. CCGD14 will be next unit for personnel accounting purposes.
4. Delivered and departed 0500 this date.

By direction

28 July 1953
P16-4/MM

FIFTH ENDORSEMENT TO COMD'S ORDER NO: 518319

From: Commanding Officer, BASE (T&A), Sand Island, Honolulu, Oahu, T. H.
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders; transfer; travel

Reported to this office at 1900 this date for further assignment to duty by Commander, 14th CG District from CO, MACKINAW, ~~EXXX~~(WAGB-83), Cleveland, O. via CG BASE (ADMIN), Alameda, Calif. having been furnished transportaion ffom Alameda, Calif., to Honolulu, T. H., via Coast Guard plane in accordance with COMD'S PE-2 ltr dtd 5-8-53, P16-3/MM/9 and Auth. Number 518319. Executed 15 days REG-ACC, days REG-ADV 4 days PT, 9 days TT enroute, not AOL period 0930, 6-19-53 to 2040, 7-17-53. S&FSD commences 28 July 1953, Travel from Manitowoc, Wis., to Alameda, Calif., was ~~XXXXX~~ performed at own expense, subject to reimbursement in accordance with provisions of JTR in effect, and reimbursement was ~~XXX~~ made in accordance with END- 2 of CCGD9/L dtd 5-18-53 P16-4/MM.

N L Bates
G. L. BATES
By direction

Sixth ENDORSEMENT 8/5 1953

PAID $ 140.88 to traveler as indicated below on Sch BUVOU# 14-230 and DOV# 425 0290 settled in the accounts of PAUL D. BANNING, CDO Symbol No. 1383: Manitowoc, Wisc. to Alameda, Calif. 2348 mi 64

ADVANCE	REIMBURSEMENT	LIQUIDATED ADVANCE
( ) Mileage	[ ] Mileage	( ) Mileage
( ) Per Diem	( ) Per Diem	( ) Per Diem
( ) Pay & Allow	( ) Transportation	
	[ ] Dependent Travel	

O. W. AYRES, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

Seventh ENDORSEMENT 8/5 1953

PAID $ 398.40 to traveler as indicated below on Sch BUVOU# 14-230 and DOV# 425 0290 settled in the accounts of PAUL D. BANNING, CDO Symbol No. 1383: Cheboygan, Mich. to San Francisco, Calif 2656 mi (2 bt 6 d (1) 3 &

ADVANCE	REIMBURSEMENT	LIQUIDATED ADVANCE
( ) Mileage	( ) Mileage	( ) Mileage
( ) Per Diem	( ) Per Diem	( ) Per Diem
( ) Pay & Allow	( ) Transportation	
	[ ] Dependent Travel	

O. W. AYRES, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

22 September 1953
P16-4/MM

EIGHTH ENDORSEMENT ON COMDT'S ORDER NO. 518319

From: Commanding Officer, BASE (T&A), Sand Island, Honolulu, Oahu, T.H.
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders; transfer; travel.

1. You are detached from further duty with this office (TRANS-ADMIN) effective this date. Proceed and report to the Commanding Officer, NEWELL (WDE-422) for assignment to duty.

2. Travel will be performed via Government conveyance.

3. Government subsistence and quarters were furnished at this unit.

4. Service and Health record are handed you herewith for safe delivery at destination. Your Pay record will be forwarded by COMFOURTEENCGD (f).

5. Present reporting unit: BASE (T&A), Sand Island; next reporting unit: NEWELL (WDE-422).

6. No proceed time allowed.

7. This order constitutes a permanent change of station for you from last permanent station to Honolulu, Oahu, T.H.

8. Delivered and detached at 0900 this date.

G. L. Bates
G. L. BATES
By direction

- - - -

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88

TRAVEL VOUCHER

D. O. Vou. No. 425 0290

Bu. Vou. No. 14-230

U. S. ~~XXXXXXXXXXXXXXXX~~ TREASURY COAST GUARD
(Department, bureau, or establishment)

Payee's name LOUIS S. BAUCHAN

Mailing address Base, Sand Island,
Honolulu, T. H.

(Official duty station)

(Residence—For use by Postal Service employees only)

TREASURY DEPARTMENT
PAID BY
PAUL D. BANNING
AUG - 6 1953
CHIEF DISBURSING OFFICER
SYMBOL 1383

Trav. and other expenses in the discharge of official duty from 6/19/53 (Date) to 7/28/53 (Date) under authority No. 518319 dated 5/18/53 copy of which is attached, or has been previously furnished. I have a travel advance of $ 140.88 to which $ 140.88 of this voucher should be applied.

MEMORANDUM, 1953

LOUIS S. BAUCHAN

	DOLLARS	Cents
AMOUNT CLAIMED →	140	88

(For Administrative Use)

Differences:

APPROVED:

Total verified correct for charge to appropriation(s) (initials)

Applied to travel advance (appropriation symbol)

NET AMOUNT TO TRAVELER 140 88

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

5 August 53 MEMORANDUM [illegible] AYRES, CHPCLK, USCG.

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)	Limitation or Project (Amount)	Appropriation (Amount)
20X0201	OPERATING EXPENSES, COAST GUARD		140.88

Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
14-20.1.54	TA#518319		14-925040		0211	140.88

Paid by Check No. 153240 AND 153241

Dated _____

MEMORANDUM

PAYEE'S COPY

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 1953	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ .06 cents per mile	AMOUNT CLAIMED: MILEAGE		SUBSISTENCE		OTHER	
	Statement of travel performed TAF 518319 dtd 5/18/53							
0930 6/19	Departed CGC MACKINAW (WAGB-83) Manitowoc, Wisc.							
2040 7/17	Reported CG Base, Alameda, Calif.							
0500 7/28	Departed CG Base, Alameda, Calif.							
1900 7/28	Reported Base, Sand Island, Honolulu, T. H.							
	CLAIM OFFICIAL MILEAGE MANITOWOC, WISC. to ALAMEDA, CALIF.	2348	140	88				
	I CERTIFY THAT NO OTHER MILEAGE HAS BEEN CLAIMED OR PAID TO ME FOR THE ABOVE TRAVEL.							
	Grand total to face of voucher → (Subtotals, to be carried forward if necessary)		140	88				

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL: FROM—	TO—

†"Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB-UB, lower and upper berth; S,

SAMBOT 1383
CHIEF DISBURSING OFFICER
AUG - 8 1953
PAUL D. BANNING
TREASURY DEPARTMENT
PAID BY
IM-320

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88

TRAVEL VOUCHER

D. O. Vou. No. _____

Bu. Vou. No. 14-230

U.S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

PAID BY

Payee's name LOUIS S. BAUCHAN

Mailing address Base, Sand Island
Honolulu, T. H.

(Official duty station) (Residence—For use by Postal Service employees only)

DEPENDENTS TRAVEL

Travel and other expenses in the discharge of official duty from 7/10/53 (Date) to 7/27/53 (Date) under authority

No. 518319 dated 5/18/53 copy of which is attached, or has been previously furnished. I have a

travel advance of $ _____ to which $ _____ of this voucher should be applied.

MEMORANDUM, 1953

LOUIS S. BAUCHAN

	DOLLARS	Cents
AMOUNT CLAIMED →	398	40
Differences:		
NET AMOUNT TO TRAVELER	398	40

(For Administrative Use)

APPROVED:

Total verified correct for charge to appropriation(s) (initials) _____

Applied to travel advance (appropriation symbol) _____

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

5 August 53 MEMORANDUM W. AYRES, CHPCLK, USCG.

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)	Limitation or Project (Amount)	Appropriation (Amount)
20X0201	OPERATING EXPENSES, COAST GUARD		398.40

Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
14-20.1.5h	TA 518319	14-9250.0			0200	398.40

Paid by Check No. _____

Dated _____

MEMORANDUM

PAYEE'S COPY

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19__	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @____ cents per mile	AMOUNT CLAIMED: MILEAGE	SUBSISTENCE	OTHER
	PAYMENT FOR TRAVEL PERFORMED BY MEMBER'S DEPENDENTS FROM CHEBOYGAN, MICH. TO SAN FRANCISCO, CALIF. TA#518319 dtd 5/18/53				
	NAME OF DEPENDENTS — RELATIONSHIP IRENE L. BAUCHAN — WIFE DENNIS B. BAUCHAN — SON(9/25/40) MICHAEL L. BAUCHAN — SON(3/16/44)				
7/10	Departed Cheboygan, Mich.				
7/17	Arrived San Francisco, Calif.				
	OFFICIAL MILEAGE CHEBOYGAN, MICH. TO SAN FRANCISCO, CALIF. (2656 MIS) (2) @ $.06 and (1) @ $.03 TOTAL CLAIM $.15				
					398 40
	DEPENDENTS ACTUALLY RESIDING AT CHEBOYGAN, MICH. ON RECEIPT OF PERMANENT CHANGE OF STATION ORDERS.				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	398.40			398 40

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL: FROM—	TO—

†"Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB–UB, lower and upper berth; S, seat."

d Form No. 1012a—Revised
Form prescribed by
troller General, U. S.
November 7, 1950
General Regulations No. 88
(Amended Feb. 20, 1952)

425 0714

TRAVEL VOUCHER

D. O. Vou. No. _____

Bu. Vou. No. 14-590

U. S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

PAID BY
TREASURY DEPARTMENT
PAID BY
PAUL D. BANNING
SEP 16 1953
CHIEF DISBURSING OFFICER
SYMBOL 1383

Payee's name LOUIS S. BAUCHAN

Mailing address SCO, Base, Sand Island
Honolulu, T. H.

SAME AS ABOVE
(Official duty station)

(Residence—For use by Postal Service employees only)

Travel and other expenses in the discharge of official duty from 8/11/53 (Date) to 9/12/53 (Date) under authority No. 142024 dated 8/10/53, copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

	DOLLARS	Cents
MEMORANDUM September, 1953		
LOUIS S. BAUCHAN — AMOUNT CLAIMED →	289	80
(For Administrative Use) — Differences:		
APPROVED:		
Total verified correct for charge to appropriation(s) (initials)		
Applied to travel advance (appropriation symbol)		
NET AMOUNT TO TRAVELER	289	80

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

15 September 53 MEMORANDUM W. AYRES, CHPCLK, USCG.

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201	OPERATING EXPENSES, COAST GUARD	289.80
14-20.54	TA/142024 14-~~025040~~ 999000	0212 289.80

Paid by Check No. _____

Dated _____

MEMORANDUM

PAYEE'S COPY

16—63078-2

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 53	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ ____ cents per mile	AMOUNT CLAIMED Mileage	Subsistence	Other
	Statement of travel performed TA/142024 dtd 8/10/53				
1100 8/11	Departed Base, Sand Island, Honolulu, T. H.				
1415 8/11	Arrived Group Hilo, Hawaii, T. H.				
1430 9/12	Departed Group Hilo, Hawaii, T. H.				
1700 9/12	Reported Base, Sand Island, XXXX Honolulu, T. H.				
	REIMBURSEMENT PER DIEM				
8/11	(1) Day @ $9.00 less 20% Subs			7 20	
8/12-31	(20) Days @ $9.00			180 00	
9/1-11	(11) Days @ $9.00			99 00	
9/12	(1) Day @ $9.00 less 40% Qtrs & 20% Subs			3 60	
	GOVERNMENT QUARTERS AND MESSING FACILITIES WERE NOT AVAILABLE OR FURNISHED FOR PERIOD PER DIEM CLAIMED				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) → 289.80			289 80	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
(Not to be claimed by traveler)

Transportation Request Number	Agent's Valuation of Ticket	Initials of Carrier Issuing Ticket	Mode and Class of Service†	Date Issued	Points of Travel From—	Points of Travel To—

†"Pullman accommodations: MR, master r[illegible]; DR, drawing room; CP, [illegible]ment, BR, bedroom; [illegible]t, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; [illegible]wer and upper berth; S, seat."

16—63078-1 U. S. GOVERNMENT PRINTING OFFICE : 1952—O-984926

FIFTH ENDORSEMENT to COMFOURTEENCGD(p) ORDER NO. 142024

12 September, 1953
P16-4/MM

From: Commanding Officer, BASE (T&A), Sand Island, Honolulu, Oahu, T. H.
To: BAUCHAN, Louis S. (221-813) EN1

Subj: Orders; temporary additional duty; travel

1. Reported this unit 1700 this date for resumption of your regular duties.

G. L. BATES
By direction

Sixth ENDORSEMENT 9/15 1953

PAID $ 289.80 to traveler as indicated below on
BU~~CO~~# 14-590 and DOV# 425 0714
settled in the accounts of PAUL D. BANNING, CDO, Symbol No. 1383 : Period 8/11 - 9/12/53

ADVANCE	REIMBURSEMENT	LIQUIDATED ADVANCE
( ) Mileage	( ) Mileage	( ) Mileage
( ) Per Diem	(X) Per Diem	( ) Per Diem
( ) Pay & Allow	( ) Transportation	
	( ) Dependent Travel	

O. W. AYRES, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
14th COAST GUARD DISTRICT
P. O. BOX 4010
HONOLULU, T. H.

10 August 1953
P16-4/MM

ORDER NO: 142024

From: Commander, 14th CG District
To: BAUCHAN, Louis S. (221-813) EN1
Via: Commanding Officer, CG Base (T&A), Sand Island, Honolulu, T. H.

Subj: Orders; temporary additional duty; travel

1. Effective upon receipt hereof, you are directed to proceed to Hilo, Hawaii, and upon arrival thereat, report to Commander, CG Group, that place for temporary additional duty of approximately two (2) months duration. Upon completion of this temporary additional duty and when directed by Commander, CG Group, Hilo, Hawaii, return to Honolulu and resume your regular duties.

2. Travel shall be performed via commercial aircraft. Sixty (60) pounds excess baggage is authorized. Reservations have been made for you on Hawaiian Airlines flight departing Honolulu at 1215, 11 August 1953.

3. Records shall be retained by CG Base (T&A), Sand Island

4. Present reporting unit remains CG Base (T&A), Sand Island.

5. No proceed time is allowed.

- -

B. N. DONNELLY
By direction

Copy to:
COMGRUHILO
COMFOURTEENCGD(f)

FIRST ENDORSEMENT to COMFOURTEENCGD(p) ltr dtd 8-10-53 fs

Date: 10 August 53T

Issued Govt. T/R No. TC 202, 421 to cover cost of travel from Honolulu, T. H. to Hilo, Hawaii AND RETURN via HAL. Cost: $27.00.

F. H. WIX
By direction

SECOND ENDORSEMENT to COMFOURTEENCGD ORDER NO. 142024

11 August 1953
P16-4/MM

From: Commanding Officer, BASE (T&A), Sand Island, Honolulu, Oahu, T. H.
To: BAUCHAN, Louis S. (221-813) EN1

Subj: Orders; temporary additional duty; travel

1. You are directed to proceed and report in compliance with basic orders.

2. Delivered and detached at 1100, this date.

G. L. BATES
By direction

THIRD ENDORSEMENT to COMFOURTEENCGD ORDER NO. 142024

11 AUGUST, 1953

From: Commander, Group Hilo, Hawaii, T.H.
To: BAUCHAN, Louis S. (221-813) EN1

1. Your arrived here at 1415W this date in compliance with basic orders.

2. No government berthing or messing facilities available.

LUDWIG WEDEMEYER

FOURTH ENDORSEMENT to COMFOURTEENCGD ORDER NO. 142024

12 SEPTEMBER, 1953

From: Commander, Group Hilo, Hawaii, T.H.
To: BAUCHAN, Louis S. (221-813) EN1

1. Your TAD is hereby terminated. Return to BASE (T&A) Sand Island, Honolulu, Oahu, T.H. as directed in basic order.

2. Flight reservation to Honolulu, Oahu, T.H. have been made with the HAL departing Hilo Airport at 1510 this date.

3. No government messing or berthing facilities were available during this tour of TAD and none were furnished.

4. Detached and departed at 1430 this date.

LUDWIG WEDEMEYER

25 January 1954
L20

FIRST ENDORSEMENT to BAUCHAN's ltr dtd 1-25-54, L20

From: Commanding Officer, MENDELL (WDE-422)
To: Commandant, 14th Naval District
Via: Commander, 14th Coast Guard District (f)

Subj: Request for entry and transportation of dependents to the Fourteenth Naval District in the case of BAUCHAN, Louis S. (221-813) BM1, USCG

1. Forwarded, recommending approval.

2. I hereby certify that the above applicant has obtained adequate housing for the needs of his dependents; that such housing is available for immediate occupancy upon their arrival in this area; and that all remaining conditions enumerated in Comfourteen Instruction 177.1 have been met.

W. R. WEST
By direction

UNITED STATES COAST GUARD

UNIT: [redacted] DATE: [redacted]
FILE: L20

From: [redacted]
To: Commander, 12th CG District (f)
Via: 1. Commanding Officer, NEWELL
2. Commander, 14th CG District (f)
3. Commandant, Fourteenth Naval District

Subj: Entry and transportation of dependents to the Fourteenth Naval District; request for

Ref: (a) ComFourteen Instruction 177.1

1. In accordance with reference (a), it is requested that my dependents, as listed below, be furnished entry into this area and Government transportation from port of embarkation to this District.

LAST NAME	FIRST NAME	INITIAL	RELATIONSHIP	DATE OF BIRTH
[redacted]				

2. Government Transportation Requests [redacted] (are not) desired for dependent rail transportation from place of residence to port of embarkation.

3. For the purpose of contacting my dependents, the following address is furnished:

[redacted]

4. I have read and understand the provisions of reference (a) and Coast Guard Finance and Supply Circular No. 3-52, which have been incorporated in applicable instructions, and I further understand that no favorable action will be taken on any request of mine for emergency housing within this area, emergency conditions beyond my control excepted.

5. Upon arrival of my dependents in this area, they will occupy the following quarters which I consider adequate for their needs: (Strike out those items not applicable):

(Public Quarters)(Permanent Government Rental Quarters)
(Interim Government Rental Quarters) or [redacted]

If civilian housing has been indicated above, the address will be:

[redacted]

[redacted]
(Signature)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

0850

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CG BASE, SAND ISLAND	HONOLULU, T.H.	20 June 1955

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Commanding Officer	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Five (5)	21 June 1955	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1549 A Thurston Ave.

To Be Checked By Officers Only

☐ I am not a member of any court or board.

☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S. Bauchan
Louis S. BAUCHAN,

End.-1 Unit: CG BASE, SAND ISLAND, HONOLULU, T.H. Date 20 June 1955

Date current leave accounting period began 1 July 1955	Balance brought forward beginning of present accounting period 41
Number days' leave used during current accounting period 6	Date of expiration of current enlistment 5 July 1956

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG BASE, SAND ISLAND, Date 20 June 1955

☒ Returned, GRANTED ~~Five (5)~~ days. Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☐ ADVANCE ☒ ACCRUED

C. E. Simmons
C. E. SIMMONS, LT, USCG, CO, Acting
(Signature, grade, and title)

End.-4 Unit: CG BASE, SAND ISLAND, Date 21 June 1955

Departed at 0710, this date. This leave expires before 0900, 27 June 1955

at On Board BASE, Sand Island and is subject to the instructions on the reverse hereof.

C. E. Simmons
C. E. SIMMONS, LT, USCG, CO, Acting.
(Signature, grade, and title)

End.-5 Unit: CG BASE, SAND ISLAND Date 27 June 1955

Reported at 0850, this date, having used Five (5) days' leave.

C. E. Simmons
C. E. SIMMONS, LT, USCG.
(Signature, grade, and title)

16—40220-4

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. a. In the case of officer personnel, a signed copy, endorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to the Commandant (PO) immediately upon return from leave.

   b. In the case of enlisted personnel, the original application with endorsements 4 and 5 completed will be used in making the necessary entries in the leave record page of the service record, Form CG–3305, and on the Individual Order to Adjust Pay Record, Form CG–3312. The original(s) shall be retained on the left side of the service record until the individual is discharged or separated from active duty at which time they shall be removed and destroyed prior to forwarding of the closed-out service record to the Commandant (PE).
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE 16—40220–4

Commanding Officer
CG BASE, SAND ISLAND
P. O. Box 499
Honolulu, T.H.

26 June, 1955
P17-2/EM
Serial: 1225

From: BAUCHAN, Louis S. (221-813) EN1, USCG
To: Commandant (PE)
Via: 1. Commanding Officer, CG Base, Sand Island
2. Commander, 14th CG District (p)

Subj: Engineman Chief Examination; request to participate in

Ref: (a) Personnel Instruction No. 13-55

1. It is hereby requested that I be permitted to participate in the examination for engineman chief scheduled to be held on 3 and 4 October, 1955.

Louis S. BAUCHAN

---

28 June, 1955
P17-2/EM

FIRST ENDORSEMENT on BAUCHAN's ltr P17-2/EM of 6-28-55, Serial 1225

From: Commanding Officer, CG BASE, Sand Island
To: Commandant (PE)
Via: Commander, 14th CG District (p)

1. Forwarded approved.

2. BAUCHAN meets all the requirements contained in Article 5-C-15, Personnel Manual.

3. BAUCHAN has displayed a thorough professional knowledge, is energetic and shows mature judgement in the execution of the duties assigned him. He is a capable leader of men and is able to direct the work of a force under him and maintain discipline.

4. BAUCHAN is considered excellent chief petty officer material and is recommended to participate in the engineman chief examination to be held on 3 and 4 October, 1955.

E. W. COLEMAN
Acting

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88
(Amended Feb. 20, 1952)

TRAVEL VOUCHER

D. O. Vou. No. 416-

Bu. Vou. No. 09-

U. S. TREASURY DEPT - COAST GUARD
(Department, bureau, or establishment)

Payee's name LOUIS S. BAUCHAN

Mailing address CGC MACKINAW (WAGB-83)

Cheboygan, Michigan

(Official duty station) (Residence—For use by Postal Service employees only)

PAID BY

J. F. CANNON
CHIEF DIS. OFF.
SYMBOL 1379
9th CG DISTRICT

Travel and other expenses in the discharge of official duty from 15 July 1955 (Date) to 2 September 1955 (Date) under authority No. 516103 dated 25 May 1955, copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

MEMORANDUM

Louis S. Bauchan 9 September 1955

	DOLLARS	Cents
AMOUNT CLAIMED →	424	95
(For Administrative Use) Differences:		
APPROVED:		
Total verified correct for charge to appropriation (s) (initials) 20X0201 ah	424	95
Applied to travel advance (appropriation symbol)		
NET AMOUNT TO TRAVELER	424	95

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

9 September 1955 H. S. HAYMAN, CHPCLK, W-2, USCG

MEMORANDUM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

20X0201 424.95

09-20.1.56 516103 925040 0211 424.95

Paid by Check No. _____

Dated _____

424.95 9 September 1955

MEMORANDUM

16—63078-3

PAYEE — SHIP'S OFFICE

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19__	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @___ cents per mile	AMOUNT CLAIMED — MILEAGE	SUBSISTENCE	OTHER
	Claim for reimbursement for travel of dependents named below who were my dependents on the effective date of orders directing this change of station from Honolulu, T. H. to Cheboygan, Michigan.				
	I hereby certify that dependents listed below were actually located at Honolulu, T.H., when orders were received directing detachment from my old permanent duty station, and departed from Honolulu, T.H., 15 July 1955, and arrived at Cheboygan, Mich. on 29 August 1955.				
	I further certify that they traveled at my own expense, via POC from San Francisco, Calif. to Cheboygan, Michigan, and on Government TRs from Honolulu T.H. to San Francisco, and that the travel covered by this claim represents the entire travel that has been or will be made on this change of station, further that claim is in accordance with JTR.				
	(San Francisco to Cheboygan)				
	Irene Bauchan (Wife)	2833 Miles @ .06	- -	169 98	
	Dennis B. Bauchan (Son)(born 9/25/40)	2833 Miles @ .06	- -	169.98	
	Michail L. Bauchan(Son)(born 3/16/44)	2833 Miles @ .03	- -	84.99	
				424.95	
	I hereby certify that except as noted hereon, no prior claim has been presented by me or any member of my family for trans reimbursement for transportation of dependents as claimed hereon, and that no transportation in kind has been furnished except as stated above (Honolulu, T.H. to San Francisco, Calif.).				
	Louis S. Bauchan				
	Grand total to face of voucher (Subtotals, to be carried forward if necessary) →	424.95		424 95	

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS
(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL — FROM—	TO—
~~MX4423804~~ M2,423,005	262.50	PAA	1st cl	6/16/55	Honolulu, T.H.	San Francisco, Calif.

†"Pullman accommodations: MR, master room; DR, drawing room; CP, compartment; BR, bedroom; DSR, duplex single room; RM, roomette; DRM, duplex roomette; SOS, single occupancy section; LB, lower berth; UB, upper berth; LB–UB, lower and upper berth; coach, seat."

63078–1 U. S. GOVERNMENT PRINTING OFFICE

SIX (6) ENDORSEMENT — 6 September 1955 (Date)

I, BAUCHAN Louis S 221-813 EN1
(Payee Name: Surname, first name, middle initial) (Service No.) (Rank or rate)

Attached to: USCGC MACKINAW (WAGB-83)
(Official duty station)

Request payment of dislocation allowance based upon actual travel with the intent to establish a bona fide residence in connection with my permanent change of station by the persons listed below who were my dependents on the effective date of applicable orders or other authority.

NAME	RELATIONSHIP	BIRTH DATES OF CHILDREN
Irene Bauchan	Wife	
Dennis B. Bauchan	Son	25 September 1940
Michail L. Bauchan	Son	16 March 1944

Location of dependents (on date of receipt of orders/authority) (Address - city and state): 1549 A. Thunston, Honolulu, T.H. — Date of departure: 15 July 1955

Designated destination of dependents - (Address - city and state): 405 Dresser St., Cheboygan, Michigan — Date of Arrival: 29 August 1955

This is the ONE (1) claim for dislocation allowance based on a permanent change of station during fiscal year 56.

I, CERTIFY that this statement is correct and just in all respects and that payment therefor has not been received. No prior claim has been presented by me for the dislocation allowance claimed herein.

Louis S. Bauchan
LOUIS S. BAUCHAN
(Signature of Payee)

SEVENTH ENDORSEMENT — 6 September 1955 (Date)

CGC MACKINAW (WAGB-83)
(Name of CG Activity)

Certified for payment of dislocation allowance in the amount of $96.90 on Military Pay Record (DD Form 113) opened 1 July 1955, in the accounts of J. F. CANNON, CDO, Div. of Disb., Treasury Department, Symbol No. 1379.

H. S. HAYMAN, CHPCLK, W-2, USCG
(Signature of Authorized Certifying Officer)

CERTIFY FOR PAYMENT THIS DATE 9/9/55 FOR MILEAGE AT $ — PER MILE FROM SAN FRANCISCO, CALIF TO CHEBOYGAN, MICH AND/OR PER DIEM FROM — TO — IN THE TOTAL AMOUNT OF $424.25 PAID IN THE ACCOUNTS OF J. F. CAMPBELL, CDO, SYMBOL 1379 ON VOU. No. 416-

, DEPENDENTS

I certify that above man has been paid mileage in the amount of $184.14 for travel from SAN FRANCISCO, CALIF (VIA CLEVELAND, OHIO) CHEBOYGAN, MICH, 3069 miles @ $.06 per mile and that this am't has been credited on members pay record.

CREDITED 30 DAYS LV RATS, 4 DAYS COMRATS (PRO) IN THE TOTAL AMOUNT OF 37.40 ON 9/9/55

H. S. HAYMAN, CHPCLK, USCG
AUTHORIZED CERTIFYING OFFICER

ORIGINAL

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-[illegible]-5M (5-52)

UNITED STATES STANDARD TRAVEL ORDER

DISTRICT ORDER NO.	AUTHORIZATION NO.	SECURITY INFORMATION
14-073	516103	☐ RESTRICTED ☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
CG BASE, SAND ISLAND	HONOLULU, OAHU, T.H.	25 May 1955

TO (INSERT NAME, SERVICE NO. AND RATE)
LAUCHAN, Louis S. 221-813 EN1. USCG,

1. AUTHORITY
C14CCD ltr P16-4/MM dtd 8 April 1955 HQ TONO 40-55 dtd 4-4-55

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE		
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION CCGD9, Cleveland Ohio	fasdu	Indef

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.
☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.
☒ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM Honolulu, T.H.
TO Cleveland Ohio

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE

☒ SERVICE ☒ HEALTH ☐ PAY ☒ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)	RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED 45 DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:
PROCEED TIME 4 TRAVEL TIME 11 LEAVE 30 Regular (INDICATE DAYS AND TYPE)
COMPENSATORY ABSENCE 00

REPORT NOT LATER THAN	ADDRESS ON LEAVE
TIME _____ DATE _____	816 Maple St. Manistee Mich.

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST HQ TRAVEL ALLOTMENT, SYMBOL 90-20 TRAVEL, ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF, AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

a. ☒ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.
☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

b. ☒ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED. outside CONUS
☒ GOVERNMENT VESSEL ☒ GOVERNMENT AIRCRAFT, CLASS 3 PRIORITY CERTIFIED. ☐ GOVERNMENT VEHICLE

c. ☐ YOU ARE DIRECTED TO TRAVEL BY _____ (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE; OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

d. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS. WITHIN CONUS

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE) C.E. Simmons
C. E. SIMMONS, LT, USCG, - Executive Officer

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
0700	JUL 15 1955	C. E. Simmons, LT, USCG, Executive Officer

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER Louis S. Lauchan
Louis S. LAUCHAN

ORIGINAL

16—69056—1 ☆ GPO

8. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

9. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of man and records, or listing discrepancies)

STATION	HOUR	DATE REPORTED

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and title)

10. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.
b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.
c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.
d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.
e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard Command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

11. SUPPLEMENTAL INSTRUCTIONS (Authenticating signature must follow each instruction)

This section will contain all endorsements relating to Issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

FIRST ENDORSEMENT
CG BASE, SAND ISLAND 11 July 1955

1. Authorized to draw advance Mileage from Alameda Calif to Cleveland Ohio.

2. Authorized to draw advance pay in the amount of Two Hundred Dollars ($200.00) You have more than six (6) months remaining in your present enlistment.

E. W. COLEMAN, LCDR, USCG,
Commanding Officer (Acting)

MEMORANDUM ENDORSEMENT 11 July 1955

PAID $353.82 TO TRAVELER AS INDICATED BELOW,
ACCOUNTS OF J F CANNON, CDO, SYMBOL 1383:

(X) ADV/TRAVEL Alameda, Cal. TO Cleveland, Ohio
2597 MILES IN AMT OF $ 155.82

(X) ADV PAY IN AMOUNT OF $ 198.00

APPROPRIATE AMOUNTS POSTED TO PAY RECORDS

O. W. AYRES, CHPCLK, USCG
AUTHORIZED DISBURSING OFFICER, 11TH CG DISTRICT

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

ORIGINAL

18 July 1955

~~FIRST~~ 2nd CG BASE, Sand Is., ltr dtd 5/25/55, P16-4/MM 516103.

BAUCHAN, Louis S. (221-813) EN1, USCG

~~XXXX~~ 1300 16 July 55 CG BASE, Sand Is., Honolulu, T. H. South San Francisco, Calif

own expense

CCGD9, Cleveland, Ohio

THIRTY 30

NONE TEN

10 31 August 1955

816 Maple St., Manistee, Mich.

CCGD9

NOT APPLICABLE

8/31/55

9th

~~SECOND~~ 3rd 18 July 1955

Louis S. Bauchan

LOUIS S. BAUCHAN

ORIGINAL

ORIGINAL

USCG STO ORDERS SER # 14-073 DTD 25 May 1955

ISSUED TO: BAUCHAN, Louis S. (221-811), ENl, USCG

MEMORANDUM ENDORSEMENT 16 June 1955
OFFICE OF THE COMMANDANT FOURTEENTH NAVAL DISTRICT
Transportation furnished as follows:

T/R# N2,423,004 N2,423,005 for depn wife and 2 children
From: Honolulu, Oahu, T.H. To: San Francisco, California
Via: Pan American Airways Tourist
Cost: $125.00
262.50 for dependents
$387.50

Commercial travel authorized by Bupers dispatch 272000Z April 1955.
NO GOVERNMENT TRANSPORTATION AVAILABLE.

R. Brownell
R. BROWNELL
By direction

FOURTH ENDORSEMENT on CG Base, Sand Island, Honolulu,
T.H. Form CG-3441 dtd 5-25-55

p
5 August 1955
P16-4/MM

AUTHORIZATION NO. 516103

From: Commander, 9th Coast Guard District
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders; transfer; travel

1. You reported to this office (Admin) in compliance with basic orders at 1115, 5 August 1955 , having executed 04 days leave, 04 days proceed time and 10 days travel time enroute. You are directed to proceed and report to Commanding Officer, USCGC MACKINAW (WAGB-83), Cheboygan, Michigan for assignment to duty.

2. This order constitutes a permanent change of station for you from last permanent station to Cheboygan, Michigan.

3. Government quarters and messing facilities ~~were~~(were not) available for your use while attached to this office (Admin).

4. Your service and health records are handed you herewith for safe delivery at destination.

5. You are hereby authorized to delay twenty-six (26) days in reporting in compliance with these orders, such delay to count as leave, and you are authorized two (2) days travel time enroute.

6. Delivered and departed at 1500, this date. EDA: Prior 2400, 9-2-55.

7. You are authorized to travel by privately owned conveyance, subject to reimbursement in accordance with Joint Travel Regulations.

J. P. FORD
By direction

Copy to:
Statistics
Personnel Log
CO, MACKINAW (WAGB-83)

FIFTH ENDORSEMENT ON CG Base, Sand Island, Honolulu,
T.H. Form 3441 dtd 5-25-55

2 September 1955

USCGC MACKINAW (WAGB-83)
Cheboygan, Michigan

At 1830, this date, reported from 9 CGD, Cleveland, Ohio for assignment to duty. Used 26 days leave and 2 days travel time enroute. Travel from Cleveland, Ohio to Cheboygan, Michigan performed via privately owned conveyance.

J. D. HUDGENS
Commander, USCG.
CO, (Acting)

DISTRICT ORDER NO. 14-273

☐ CONFIDENTIAL ☐ SECRET

INSTRUCTIONS: THIS FORM SHALL BE USED FOR INDIVIDUAL TRANSFER ORDERS OF ENLISTED PERSONNEL. IT IS NOT TO BE USED FOR GROUP ORDERS. DRAW LINES, IN INK, THROUGH PORTIONS NOT APPLICABLE. DO NOT CROSS OUT WITH TYPEWRITER. LINE UP COPIES SO THAT DATA IS TRANSFERRED TO APPROPRIATE SPACES AND IS LEGIBLE. FORWARD ONE COPY TO DESTINATION UNIT. IF INSUFFICIENT SPACE IS PROVIDED FOR ANY ENTRY, MAKE NOTE IN THAT SPACE AND CONTINUE ENTRY UNDER "SUPPLEMENTAL INSTRUCTION" OR ON ATTACHED SHEET. IDENTIFY CONTINUED ITEMS AND ATTACH ADDITIONAL SHEETS SECURELY.

UNIT	PLACE OF ADDRESS	DATE
CG BASE, SAND ISLAND	HONOLULU, OAHU, T.H.	25 May 1955

TO (INSERT NAME, SERVICE NO. AND RATE)

FAUCHAN, Louis S. 221-813 BM1, USCG,

1. AUTHORITY

CI4CGD ltr F16-4/MM dtd 8 April 1955 HQ TONO 40-55 dtd 4-4-55

PROCEED AND REPORT TO

	STATION	KIND OF DUTY (TEMPORARY, REASSIGNMENT, ETC.)	APPROX. NO. DAYS
A.	INTERMEDIATE		
B.	INTERMEDIATE		
C.	ULTIMATE DESTINATION CCGD9, Cleveland Ohio	Pasdu	Indef

☐ UPON COMPLETION OF WHICH/WHEN SO DIRECTED YOU WILL RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES.

☐ THE TEMPORARY DUTY ORDERED ABOVE IS FOR THE PURPOSE OF UNDERGOING INSTRUCTION.

☒ THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM Honolulu, T.H.

TO Cleveland Ohio

2. RECORDS ATTACHED—INDICATE BY CHECK (✓) RECORDS INCLUDED. IF FORWARDED BY MAIL OR RETAINED IN DISTRICT SO INDICATE.

☒ SERVICE ☒ HEALTH ☐ PAY ☒ PERSONNEL DATA CARD ☐ OTHER (SPECIFY)

RECORDS FORWARDED BY MAIL OR RETAINED IN DISTRICT

3. YOU ARE AUTHORIZED 45 DAYS DELAY IN ROUTE TO COUNT AS FOLLOWS:

PROCEED TIME 4 TRAVEL TIME 11 LEAVE 30 Regular (INDICATE DAYS AND TYPE)

COMPENSATORY ABSENCE 00

REPORT NOT LATER THAN	ADDRESS ON LEAVE
TIME DATE	816 Maple St. Manistee Mich.

4. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED, CHARGEABLE AGAINST HQ TRAVEL ALLOTMENT, SYMBOL 88-20 TRAVEL ALLOWANCES AND/OR REIMBURSEMENT IN LIEU THEREOF, AS PRESCRIBED BY JTR AND INDICATED BELOW IS AUTHORIZED/DIRECTED:

A. ☒ FOR PERMANENT CHANGE OF STATION: YOU ARE AUTHORIZED TO TRAVEL BY PRIVATELY OWNED CONVEYANCE.

☐ FOR TEMPORARY DUTY ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS/IS NOT MORE ADVANTAGEOUS TO THE GOVERNMENT.

A. ☒ GOVERNMENT TRANSPORTATION, IF AVAILABLE, AND MORE ADVANTAGEOUS TO THE GOVERNMENT, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED, outside CONUS

☒ GOVERNMENT VESSEL ☒ GOVERNMENT AIRCRAFT, CLASS 3 PRIORITY CERTIFIED. ☐ GOVERNMENT VEHICLE

B. ☐ YOU ARE DIRECTED TO TRAVEL BY (INSERT RAIL, BUS, ETC.) WHEN AVAILABLE; OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT.

D. ☒ YOU ARE AUTHORIZED TO TRAVEL AT YOUR OWN EXPENSE SUBJECT TO REIMBURSEMENT, IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS. WITHIN CONUS

5. AUTHENTICATING SIGNATURE (GRADE AND TITLE)

C. E. SIMMONS, LT, USCG, - Executive Officer

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (GRADE OR RATE AND TITLE)
		C. E. SIMMONS, LT, USCG, Executive Officer

7. I HAVE READ AND UNDERSTAND THE ABOVE ORDERS AND THE GENERAL AND SUPPLEMENTAL INSTRUCTIONS AND I HAVE RECEIVED THE RECORDS AND ACCOUNTS AS INDICATED.

SIGNATURE OF TRAVELER

Louis S. FAUCHAN

16—68056—1 ☆ GPO

7. INTERMEDIATE REPORTINGS

(Indicate in columns provided whether or not Government quarters and/or subsistence were available. See subparagraphs 1150-4 and 5, Joint Travel Regulations.)

STATION	REPORTED		DEPARTED		AUTHENTICATING SIGNATURE, GRADE AND TITLE	QTRS.	SUBS.
	TIME	DATE	TIME	DATE			
a.							
b.							

8. REPORTING—ULTIMATE DESTINATION

(Receiving activity shall return a signed copy of this order to the transferring activity indicating receipt of men and records, or listing discrepancies.)

STATION	HOUR	DATE REPORTED

REPORTED ON BOARD THIS DATE WITH/WITHOUT THE RECORDS, ACCOUNTS AND EFFECTS INDICATED ON THE REVERSE SIDE HEREOF.

DISCREPANCIES AND REMARKS (List unused T. R.'s and meal tickets)

AUTHENTICATING SIGNATURE (Grade and Title)

9. GENERAL INSTRUCTIONS

a. Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials.

b. Maintain proper conduct and uniform at all times. The INTEMPERATE USE OF ALCOHOLIC BEVERAGES and the conduct usually characteristic of intoxicated men constitute OFFENSES AGAINST COAST GUARD REGULATIONS and will be dealt with accordingly.

c. Cooperate with Shore Patrol and Armed Services Police at all times. Misconduct will be cause for disciplinary action. You are subject to the orders of your superior officers in all branches of the Armed Forces.

d. If the ship to which you are ordered is not in port, report to the nearest receiving station or Coast Guard activity.

e. In case of delay which will prevent reporting at designated time, advise destination officer of facts including estimated time of arrival. If unable to contact destination officer, communicate with the duty officer at the nearest District Office, if practicable, otherwise with nearest Coast Guard command WITHOUT DELAY. In the event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain signed certificate from responsible persons to confirm facts causing delay.

10. SUPPLEMENTAL INSTRUCTIONS

(Authenticating signature must follow each instruction)

This section will contain all endorsements relating to issuance of Transportation Requests, Meal Tickets, and Travel Allowances advanced.

FRIST ENDORSEMENT
CG BASE, SAND ISLAND

1. Authorized to draw advance Mileage from Alameda Calif to Cleveland Ohio.

2. Authorized to draw advance pay in the amount of Two Hundred Dollars ($200.00) You have more than six (6) months remaining in your present enlistment.

E. W. COLEMAN, LCDR, USCG,
Commanding Officer (Acting)

Memorandum endorsement 11 July 1955

Paid $353.82 To traveler as indicated below. O. W. AYRES, CHPCLK, USCG.
Accounts of JF Cannon, CDO, symbol 1383. Authorized Certifying Officer 14th CG District
(X) ADV/Travel Alameda, Cal. To Cleveland, Ohio
2597 Miles in Amt of $ 155.82
(X) ADV/Pay in amount of $ 198.00
Above amounts posted to pay record

CG-3442 (6-53) (Reverse side only)

U. S. GOVERNMENT PRINTING OFFICE 16—69431-1

UNITED STATES COAST GUARD

RECEIVED
MAR 1 1956
COAST GUARD

Address reply to:
Commander, Ninth CG District
Main Post Office Building
Cleveland 13, Ohio

p
27 February 1956
P17-2/MM

From: Commander, Ninth Coast Guard District
To: Commanding Officer, USCGC MACKINAW (WAGB-83)

Subj: BAUCHAN, Louis S. (221-813) EN1 ; advancement in rating

Ref: (a) COMDT (PE-1) ltr MM of 24 February 1956

1. Under authority of reference (a) and Section 12-3-23A, CG Regulations, subject man is advanced to the rating of **Chief Engineman** (Provisional), effective **1 March 1956** , to rank as such from **1 March 1956** , **provided** that for the preceeding 24 months he has had no mark of less than 3.0 and for the preceeding 12 months no mark less than 3.5 in proficiency in rating and for preceeding 24 months no mark of less than 3.0 and an average of not less than 3.5 in conduct. If advancement is not justified, the Commander, Ninth CG District (p) will be immediately advised.

2. Forward Form CG-3312 accordingly. Make necessary entry in the service record and on personnel reports showing advancement, citing reference (a) and Section 12-3-23A, CG Regulations as the authority therefor.

W. H. Heil

W. H. HEIL
By direction

Copy to:
File

Commanding Officer
USCGC MACKINAW (WAGB-83)
Cheboygan, Michigan

23 April 1956
P15/MM
Serial No. 238-56

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commander, 9th Coast Guard District (p)

Subj: United Nations Service Medal; BAUCHAN, Louis S. (221-813) ENC(P); request for

Ref: (a) Article 9-A-3, Personnel Manual

1. It is requested this unit be furnished with a United Nations Service Medal for awarding to subject man.

2. His eligibility for this medal is based on the following entry from Page 3307(2) contained in BAUCHAN's service record.

"CGC NEWELL (WDE-422) 13 February 1954

Authorized Korean Service Medal and United Nations Service Medal for service aboard this vessel while on Ocean Station Victor from 29 October to 18 November 1953. Auth: COMNAVFE ltr 12-31-53

Entitled to National Defense Medal for having served on active duty after 6-26-50.

Competed four (4) months and tenty (20) days S&FSD aboard this unit.

L. W. TIBBITS, LCDR, USCG.
Commanding Officer

3. Current instructions in Personnel Manual indicate the Korean Service Medal has not as yet been struck. In the event this medal has been struck since the publishing of the new Personnel Manual it is requested BAUCHAN be issued this medal on the basis of ths above information.

W. R. LEWIS
Executive Officer

July 1955
P16-4/MM

SECOND ENDORSEMENT to CG BASE, SAND Is., ltr dtd 5/25/55, P16-4/MM
AUTH 516103.

From: Commanding Officer, CG BASE (ADMIN), Alameda, California
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders, transfer, travel

1. You reported to this unit at 1300 16 July 55 from CG BASE, SAND Is. Honolulu, T. H. . Travel from South San Francisco, Calif to Alameda, California was performed via own expense.

2. Effective upon receipt hereof, you are directed to proceed and report to the CCGD9, Cleveland, Ohio in accordance with basic orders.

3. You are authorized THIRTY (30) days delay, such delay to count as leave NONE ( ) compensatory leave, four (04) proceed time and Ten (10) days travel time enroute to expire prior to 2400, 31 August 1955 at the unit indicated in paragraph two. You have given your address while on leave to be: 816 Maple St. Manistee, Mich..

4. Your service health, and pay records are handed you herewith for safe delivery to proper authority at your destination.

5. Upon detachment, the responsible reporting unit for the Personnel Accounting System will be the CCGD9.

6. While attached, government quarters and messing facilities were available and furnished.

7. You are authorized advance mileage from Alameda, California to NOT APPLICABLE.

8. Delivered and departed this unit at _____, this date, EDA:8-31-55

W. J. FELTON
By direction

Copy to:
COM. 9th CGD(p)
File

- -

THIRD ENDORSEMENT 18 July 1955

Orders received this date. I have read and understand the foregoing endorsements and have received the records indicated.

LOUIS S. BAUCHAN

COPY

FOURTH ENDORSEMENT on CG Base, Sand Island, Honolulu, T.H. Form CG-3441 dtd 5-25-55

p
5 August 1955
P16-4/MM

AUTHORIZATION NO. 516103

From: Commander, 9th Coast Guard District
To: BAUCHAN, Louis S. (221-813) EN1, USCG

Subj: Orders; transfer; travel

1. You reported to this office (Admin) in compliance with basic orders at 1115, 5 August 1955 , having executed 04 days leave, 04 days proceed time and 10 days travel time enroute. You are directed to proceed and report to Commanding Officer, USCGC MACKINAW (WAGB-83), Cheboygan, Michigan for assignment to duty.

2. This order constitutes a permanent change of station for you from last permanent station to Cheboygan, Michigan.

3. Government quarters and messing facilities ~~were~~(were not) available for your use while attached to this office (Admin).

4. Your service and health records are handed you herewith for safe delivery at destination.

5. You are hereby authorized to delay twenty-six(26)days in reporting in compliance with these orders, such delay to count as leave, and you are authorized two (2) days travel time enroute.

6. Delivered and departed at 1500, this date. EDA: Prior 2400, 9-2-55.

7. You are authorized to travel by privately owned conveyance, subject to reimbursement in accordance with Joint Travel Regulations.

J. P. FORD
By direction

Copy to:
Statistics
Personnel Log
CO, MACKINAW (WAGB-83)

CERTIFIED TO BE A TRUE COPY:
EARL ELDER
Chief Ship's Clerk, USCG

C9CGP

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

R_ ORT OF MEDICAL EXAMINATIO

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BAUCHAN, Louis Stanley	SNC(P)	221-213
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
545 Duncan Avenue, Cheboygan, Michigan	Discharge & Reenlist.	25 June, 1956

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY / CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	20 yrs., 3 mos.	USCG - Treasury Dept.	USCGC MACKINAW (WAGB-83)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
3-27-1912	Manistee, Michigan	Irene L. Bauchan, Wife, Same as No. 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
LENTINI CLINIC, Cheboygan, Michigan	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—Restorable teeth *X.—Missing teeth* *(6 × 8).—Fixed bridge, brackets to include abutments*
I.—Nonrestorable teeth *XXX.—Replaced by dentures*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Normal findings.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.019			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg	Few cast	Not Indicated	Not Indicated
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
Not Indicated	Type "O" Rh-positive			

16—69288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
5'11"	194	Br. Br.	Grey		98.2

57. BLOOD PRESSURE (*Arm at heart level*) 120.65

SITTING	SYS. 120 / DIAS. 65	RECUMBENT	SYS. 120 / DIAS. 65	STANDING (*5 min.*)	SYS. 120 / DIAS. 65		

58. PULSE (*Arm at heart level*) 72

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	78	72	72	72

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S. N.E.A. CX	CORR. TO N.E.A.	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

N.E.A.

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Normal LEFT Normal	Pseudo-Isochromatic Plate Normal	N.E.A.	CORRECTED N.E.A.

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
N.E.A.	N.E.A. N.E.A.		Normal

70. HEARING	71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT WV 15 /15 SV 15 /15	RIGHT								
LEFT WV 15 /15 SV 15 /15	LEFT	N.E.A.							Normal

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

None

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Discharge and re-enlistment

PHYSICAL CATEGORY

A	B	C	E
X			

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
Nicholas Lentini, M.D.	Nicholas Lentini
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
25 June, 1956	USCGC MACKINAW (WAGB-83) Cheboygan, Michigan I certify that I have been advised this date of the findings of my medical examination for discharge and reenlistment in the Coast Guard and concur with the findings. Louis S. Bauchan Louis S. Bauchan ENC(P), USCG

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cauc	ENC(P)	USCGC MACKINAW	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
BAUCHAN, Louis Stanley	3-27-12	221-813

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
25 June, 1956	USCGC MACKINAW (WAGB-83) Cheboygan, Michigan

I certify that I have been advised this date of the findings of my medical examination for discharge and reenlistment in the Coast Guard and concur with the findings.

Louis S. Bauchan

Louis S. Bauchan
ENC(P), USCG

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cauc.	ENC(P)	USCGC MACKINAW	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
BAUCHAN, Louis Stanley	3-27-12	221-813

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

C9CGD

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)
25 June, 1956	USCGC MACKINAW (WAGB-83) Cheboygan, Michigan I certify that I have been advised this date of the findings of my medical examination for discharge and reenlistment in the Coast Guard and concur with the findings. Louis S. Bauchan Louis S. Bauchan ENC(P), USCG

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cauc	ENC(P)	USCGC MACKINAW	USCG	Treasury

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
BAUCHAN, Louis Stanley	3-27-12	221-813

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BAUCHAN, Louis Stanley	ENC(P)	221-813
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
545 Duncan Avenue, Cheboygan, Michigan	Discharge & Reenlist.	25 June, 1956

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	20 yrs., 8 mos.	USCG - Treasury Dept.	USCGC MACKINAW (WAGB-83)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
3-27-1912	Manistee, Michigan	Irene L. Bauchan, Wife, Same as No. 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
LENTINI CLINIC, Cheboygan, Michigan	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—*Restorable teeth* X.—*Missing teeth* (6 × 8).—*Fixed bridge, brackets to include abutments*
/.—*Nonrestorable teeth* XXX.—*Replaced by dentures*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Normal findings.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.019			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg	Few cast	Not indicated	Not indicated
48. EKG		49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS	
Not indicated		Type "O" RH-positive	----------	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
5'11"	194	Dr. Br.	Gray		98.2

57. BLOOD PRESSURE (*Arm at heart level*) 120.65

58. PULSE (*Arm at heart level*) 72

		SYS.	DIAS.
SITTING		120	65
RECUMBENT		120	65
STANDING (3 min.)		120	65

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	78	72	72	72

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. N.F.A. CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S. N.F.A. CX	CORR. TO N.F.A.	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. N.F.A. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT Normal LEFT Normal	Pseudo-Isochromatic Plates-Normal	N.F.A.	UNCORRECTED CORRECTED N.F.A.

66. FIELD OF VISION	67. RIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
N.F.A.	N.F.A.	N.F.A.	Normal

70. HEARING	71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT WV 15/15 SV 15 /15	N.F.A.							Normal
LEFT WV 15/15 SV 15 /15								

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

None

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Discharge and re-enlistment

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E
X			

79. TYPED OR PRINTED NAME OF PHYSICIAN: Nicholas Lentini, M.D.. SIGNATURE: Nicholas Lentini

80. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

1. To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (*Chapter V, Section A*). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

2. Section I will be completed for commencement of pay in the following cases:

a. Upon enlistment, induction, or reenlistment.

b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record* [*Form CG-3301B*], *is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR *(Check appropriate box)*: ENLISTMENT | INDUCTION | XX | REENLISTMENT

DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT: 6 July 1956

LOCATION *(City and state)*: Traverse City, Michigan

PERIOD OF ENLISTMENT OR REENLISTMENT: THREE (3)

FILL IN THE FOLLOWING INFORMATION REGARDING ACTIVE DUTY IN CASES OF RESERVISTS AND RETIRED ENLISTED MEN

ORDERED TO ACTIVE DUTY FROM *(City and state)*	DATE OF ENTRY TO PAY STATUS	DATE REPORTED FOR ACTIVE DUTY

SECTION II — LAST PREVIOUS ENLISTMENT *(For reenlistment bonus or enlistment allowance)*

DATE OF DISCHARGE	TYPE OF DISCHARGE	REASON FOR DISCHARGE
5 July 1956	HONORABLE	Expiration of enlistment

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
06	00	00	20	08	04	NONE

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE *(If none paid, so state)*: 6 July 1950

NUMBER OF PRIOR ENLISTMENT BONUSES PAID: ONE(1)

SECTION III — RETURN OF A DESERTER

DESERTED FROM		TAKE UP ACCOUNT *(Enter date following day of return to Coast Guard jurisdiction)*
SHIP OR STATION	DATE	

SECTION IV — REMARKS *(Refer to section number and item in question in each instance)*

7/7/56
Paid Reenlistment Bonus this date under Section 207 of the Career Compensation Act of 1949 as amended, in the total amount of $90.00.

H.G. TRUPP, PCLK, W-1, USCG
ACO, CGC MACKINAW (WAGB-83)

SECTION V — CERTIFICATION

THE AUTHORIZED CERTIFYING OFFICER IS AUTHORIZED AND DIRECTED TO ENTER ACCOUNT OF THE INDIVIDUAL NAMED BELOW AND TO CREDIT PAY AND ALLOWANCES AS PROVIDED BY LAW AND REGULATIONS.

SHIP OR STATION: USCGC MACKINAW (WAGB-83)

NAME OF A.C.O.: H. G. TRUPP, PCLK, W-1, USCG

C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE
* *	L. J. LARSON, LT, USCG, PO, Rudir.	L. J. Larson

NAME *(Last, first, middle)*	SERVICE NO.	RATE
BAUCHAN, LOuis, Stanley	221-813	ENC(P)

NOTE: ALL ITEMS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954—J-261732

"I, LOUIS S. BAUCHAN (221-813), ENC(P), USCG, having reenlisted in the Regular Coast Guard on 6 July 1956 for a period of three (3) years, being eligible to receive a reenlistment bonus under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act of 1949, as amended.

Louis S. Bauchan

LOUIS S. BAUCHAN

It has been determindd from the records available at this unit, that this is the second (2) reenlistment or extension of enlistment entered into by subject-named man after 1 October 1949, for which a reenlistment bonus was payable; that he has twenty (20) years, eight (08) months and four (04) days active federal service to date of reenlistment as distinguished from creditable service for basic pay.

L. J. Larson

L. J. LARSON, LT, USCG
Personnel Officer, Bydir.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

USCGC MACKINAW (WAGB-83) (Ship or station) Cheboygan, Mich. (Location) On 5 July 1956 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty Normal date of expiration of enlistment 5 July 1956 (Day) (Month) (Year)

Reason Expiration of Enlistment **Type discharge certificate** HONORABLE

Authority: Article 12-3-42A(1) CG Regulations PE-PR-37

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Frankfort Lifeboat Sta., Frankfort, Mich. (Place) ON 6 July 1950 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from CG Group, Frankfort, Michigan (Place) ON 6 July 1950 (Date)

Home address at time of enlistment, induction, or order to active duty Point Betsie Light Station, Frankfort, Michigan

TRAVEL DATA

I hereby elect travel allowance to Frankfort, Michigan (PAFE) (Location)

Place of accepted for enlistment (PAFE) (See travel instructions)

SIGNATURE Louis S. Bauchan
Louis S. Bauchan

MISCELLANEOUS DATA

[XX] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) 60 61 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for Days excess leave From To

Completed 18 years service for pay purposes on 1 November 1953 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS RECOMMENDED FOR REENLISTMENT
FINAL AVERAGE OF EFFICIENCY MARKS - PIR 3.69 COND 4.0
ENTITLED TO NATIONAL DEFENSE SERVICE MEDAL AND TWO (2) CG GOOD CONDUCT BARS
PREVIOUSLY RECEIVED MOP IN THE AMOUNT OF $300.00 ON 18 Sept. 1952.

ID card sent to I.D. Sec. 7-19-56 (mw)

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
E. W. LEWIS	ENS., USCGR PO, By direction	* *

DISBURSING DATA

Travel allowance credited, $ 7.86 Cash settlement for unused accrued leave (60 days) $ 725.40

NAME OF A. O. H.G. TRUPP, PCLK, W-1

Computation:

DUE AT DISCHARGE, $ Not Applicable

PERSONAL FUNDS, $ Not Applicable

GRATUITY CREDITED, $ Not Applicable

Ship or station USCGC MACKINAW (WAGB-83)

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
BAUCHAN	Louis	Stanley	221-813	ENC(P)

Edition of 4-52 may be used

16—66654-2

INSTRUCTIONS

(1) DISPOSITION DATA—Enter X in the appropriate block or blocks. Enter reason, authority for transfer to reserve or release from active duty, and type of discharge certificate issued, as appropriate.

(2) ENLISTMENT DATA—Enter X in the appropriate block or blocks in case of personnel placed on active duty on date of enlistment or induction; enter place enlisted or inducted, date and place accepted for enlistment, and home address at time of enlistment or induction. In case of personnel ordered to active duty from an inactive status, enter only date and place from which ordered to active duty and home address at time so ordered.

(3) TRAVEL DATA—The individual must elect travel allowance in accordance with effective Travel Instructions. This election must be signed by the individual.

(4) MISCELLANEOUS DATA—Complete blocks and fill-ins as appropriate. Enter number of years' service on date of completion of last period for longevity or basic-pay purposes.

(5) DISBURSING DATA—To be completed on original and all copies when applicable. (NOTE.—Amount due at discharge plus personal funds subtracted from $25 equals gratuity, if any, to be credited.)

(6) The first time this page is used, all copies required will be numbered 1 in the block provided by the page number. Future pages will be numbered (all copies) 2, 3, 4, etc.

(7) The copies required, and disposition of copies and of service record, are as follows:

ACTIVE DUTY PERSONNEL	NUMBER OF COPIES REQUIRED	DISTRIBUTION OF COPIES			SERVICE RECORD TO
		SERVICE RECORD	COMMANDANT (PE)	ACO	
DISCHARGED, RETIRED, DECEASED	3	1		2	COMMANDANT (PE)
RETIRED BUT RETAINED ON ACTIVE DUTY	4	1	1	2	RETAINED AT UNIT
RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
TRANSFERRED TO RESERVE AND RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
INACTIVE DUTY PERSONNEL					
DISCHARGE, DECEASED	1	1			COMMANDANT (PE)

*DISTRICT COMMANDER OF THE COAST GUARD DISTRICT IN WHICH THE INDIVIDUAL WILL RESIDE.

(8) This page will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use, Chapter V, Section A.

U. S. GOVERNMENT PRINTING OFFICE 16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

1 March 1956 - Entitled to Cash Clothing Allowance in the amount of $300.00
Advanced to rating engineman Chief Provisional effective 1 March 1956.
Has not held the rating of CBO prior this date.
AUTH: H/L dtd 2-24-56, PE-1/MM section 12-3-23A, CG Regulations.
Art. 2B01105 -3.b. Comptrollers Manual.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 8 (*Number*) ONLY

SIGNATURE L. J. LARSON

GRADE AND TITLE LTJG,USCG,PO, By dir.

C. O. ORDER NO. 475-56

NAME OF A. C. O. H.S. HAYMAN, CHPCLK, W-2, USCG

SHIP OR STATION CGC MACKINAW (WAGB-83), Cheboygan, Michigan

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN,	Louis	Stanley	221-813	ENC(p)

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873–1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

USCGC MACKINAW (WAGB-83) Cheboygan, Mich. (Ship or station) (Location) On 5 July 1956 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 5 July 1956 (Day) (Month) (Year)

Reason Expiration of Enlistment **Type discharge certificate** HONORABLE

Authority: Article 12-3-42A(1) CG Regulations PE-PR-37

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Frankfort Lifeboat Sta., Frankfort, Mich. (Place) ON 6 July 1950 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from CG Group, Frankfort, Michigan (Place) ON 6 July 1950 (Date)

Home address at time of enlistment, induction, or order to active duty Point Betsie Light Station, Frankfort, Michigan

TRAVEL DATA

I hereby elect travel allowance to Frankfort, Michigan (PAFE) (Location)

Place of accepted for enlistment (PAFE) (See travel instructions)

SIGNATURE Louis S. Bauchan

MISCELLANEOUS DATA

[XX] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) 60 61 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 18 years service for pay purposes on 1 November 1953 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS RECOMMENDED FOR REENLISTMENT
FINAL AVERAGE OF EFFICIENCY MARKS - PIR 3.69 COND 4.0
ENTITLED TO NATIONAL DEFENSE SERVICE MEDAL AND TWO (2) CG GOOD CONDUCT BARS
PREVIOUSLY RECEIVED MOP IN THE AMOUNT OF $300.00 ON 18 Sept. 1952.

ID card sent to I.D. Sec. 7-19-56 (MWB)

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
E. W. LEWIS	ENS., USCGR PO, By direction	*

DISBURSING DATA

Travel allowance credited, $ 7.86 Cash settlement for unused accrued leave (60 days) $ 725.40 NAME OF A.C.O. H.G. TRUPP, PCLK, W-1

Computation:

DUE AT DISCHARGE, $ Not Applicable

PERSONAL FUNDS, $ Not Applicable

GRATUITY CREDITED, $ Not Applicable

Ship or station USCGC MACKINAW (WAGB-83)

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
BAUCHAN	Louis	Stanley	221-813	ENC(P)

Edition of 4-52 may be used

16—66654-2

INSTRUCTIONS

(1) DISPOSITION DATA—Enter X in the appropriate block or blocks. Enter reason, authority for transfer to reserve or release from active duty, and type of discharge certificate issued, as appropriate.

(2) ENLISTMENT DATA—Enter X in the appropriate block or blocks in case of personnel placed on active duty on date of enlistment or induction; enter place enlisted or inducted, date and place accepted for enlistment, and home address at time of enlistment or induction. In case of personnel ordered to active duty from an inactive status, enter only date and place from which ordered to active duty and home address at time so ordered.

(3) TRAVEL DATA—The individual must elect travel allowance in accordance with effective Travel Instructions. This election must be signed by the individual.

(4) MISCELLANEOUS DATA—Complete blocks and fill-ins as appropriate. Enter number of years' service on date of completion of last period for longevity or basic-pay purposes.

(5) DISBURSING DATA—To be completed on original and all copies when applicable. (NOTE.—Amount due at discharge plus personal funds subtracted from $25 equals gratuity, if any, to be credited.)

(6) The first time this page is used, all copies required will be numbered 1 in the block provided by the page number. Future pages will be numbered (all copies) 2, 3, 4, etc.

(7) The copies required, and disposition of copies and of service record, are as follows:

ACTIVE DUTY PERSONNEL	NUMBER OF COPIES REQUIRED	DISTRIBUTION OF COPIES			SERVICE RECORD TO
		SERVICE RECORD	COMMANDANT (PE)	ACO	
DISCHARGED, RETIRED, DECEASED	3	1		2	COMMANDANT (PE)
RETIRED BUT RETAINED ON ACTIVE DUTY	4	1	1	2	RETAINED AT UNIT
RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
TRANSFERRED TO RESERVE AND RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
INACTIVE DUTY PERSONNEL					
DISCHARGE, DECEASED	1	1			COMMANDANT (PE)

*DISTRICT COMMANDER OF THE COAST GUARD DISTRICT IN WHICH THE INDIVIDUAL WILL RESIDE.

(8) This page will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use, Chapter V, Section A.

U. S. GOVERNMENT PRINTING OFFICE 16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
[ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
[ ] WITHOUT LEAVE, not excused as unavoidable
[ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0710	6-21-55
LEAVE OR LIBERTY EXPIRED	0850	6-27-55
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD: Five (5)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual. All leave executed in Hawaiian Area

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	C. E. SIMMONS	LT, USCG, XO.	88-55

SHIP OR STATION	NAME OF A. C. O.
CG BASS, SAND ISLAND, HONOLULU, T.H.	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN,	Louis	S.	221-813	EN1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

SR

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
[ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
[ ] WITHOUT LEAVE, not excused as unavoidable
[ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1200	9 April, 1955
LEAVE OR LIBERTY EXPIRED	0855	16 April, 1955
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD: SIX (6)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual. All leave taken in Hawaiian area.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
one	G. W. COOPER, LT, USCG	Executive Officer	49-55

SHIP OR STATION	NAME OF A. C. O.
CG BASE, SAND ISLAND, Honolulu, T.H.	

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
BAUCHAN, Louis Stanley	221-813)	EN1

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—60873–1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CGC MACKINAW (WAGB-83), Cheboygan, Michigan

2 February 1956: Received Instruction in Code of Conduct for members of the Armed Forces of the United States, per Comdt. Instr. 2-56

L. J. LARSON
LTJG, USCG
Pers. Off, By dir.

2 March 1956: Entitled to wear Gold Service Stripes in accordance with the provisions of Uniform regulations.

L. J. LARSON
LTJG, USCG
Pers. Off, By dir.

10 March 1956: Certified as being qualified in all respected to assume duties as Engineering Duty Watch officer INPORT.

L. J. LARSON
LTJG, USCG PO, By dir.

29 March 1956: Certified as bein qualified in all respects to assume duties as Engineering Duty Watch officer, both INPORT and UNDERWAY.

L. J. LARSON
LTJG, USCG PO, By dir.

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
BAUCHAN,	Louis	Stanley	221-813

16—66780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

REASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD	

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO ENGINEMAN, CHIEF PROVISIONAL (*Rate*) FROM ENGINEMAN FIRST CLASS. (*Rate*)

EFFECTIVE 1 March 1956 (*Date change effected*) AUTHORITY COMDT ltr dtd 2-24-56, PE-1 Section 12-3-23A, CG Regulations AUTHORITY RECEIVED 1 March 1956 (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo. AND/OR AT $ _____ per day

No Government quarters available.

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 2 (*Number*) ONLY

SIGNATURE L. J. LARSON

GRADE AND TITLE LTJG, USCG, PO, By dir.

C. O. ORDER NO. 474-56

SHIP OR STATION CGC MACKINAW (WAGB-83), Cheboygan, Michigan

NAME OF A. C. O. H. S. HAYMAN, CHPCLK, W-2, USCG

NAME (*Last*) BAUCHAN, (*First*) Louis (*Middle*) Stanley

SERVICE NO. 221-813

RATE ENC(P)

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1500	8-5-55
LEAVE OR LIBERTY EXPIRED	2400	9-2-55
RETURNED TO COAST GUARD JURISDICTION	1830	9-2-55

(2 days tt enroute)

NUMBER DAYS CHARGED TO LEAVE RECORD TWENTY SIX (26)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AT $ _____ AND/OR per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own:

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ONE (*Number*) ONLY	SIGNATURE J. D. HUDGENS	GRADE AND TITLE CDR, USCG CO (Act.)	C. O. ORDER NO. 72-56
SHIP OR STATION USCGC MACKINAW (WAGB-83) Cheboygan, Mich.		NAME OF A. C. O. H. S. HAYMAN, CHPCLK, USCG.	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN	LOUIS	S.	221-813	EN1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable ☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable ☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable

☐ WITHOUT LEAVE, not excused as unavoidable ☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

2 September 1955 At 1830, reported for assignment to duty from 9 CG District. Cleveland, Ohio. Used 26 days lv and 2 days TT enroute. Auth: Fourth end. on CG Base, Sand Island, Honolulu, T.H. Form CG-3441 dtd 5-25-55.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ___ (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
EIGHT	J. D. HUDGENS	CDR, USCG CO(Acting)	71-56

SHIP OR STATION	NAME OF A. C. O.
USCGC MACKINAW (WAGB-83) Cheboygan, Michigan	H. S. HAYMAN, CHPCLK, USCG.

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN	Louis	S.	221-813	EN1

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U.S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

[XX] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
[ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
[ ] WITHOUT LEAVE, not excused as unavoidable
[ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		7-18-55
LEAVE OR LIBERTY EXPIRED	2400	8-31-55
RETURNED TO COAST GUARD JURISDICTION	1115	8-5-55

(10 days tt and 4 pt enroute 9CGDOff)

NUMBER DAYS CHARGED TO LEAVE RECORD FOUR (4)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own:

[ ] INTEMPERATE USE OF DRUGS
[ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ONE (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	J. D. HUDGENS	CDR, USCG CO (Acting)	70-56

SHIP OR STATION	NAME OF A. C. O.
USCGC MACKINAW (WAGB-83) Cheboygan, Michigan	H. S. HAYMAN, CHPCLK, USCG

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN	Louis	S.	221-813	EN1

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE		
LEAVE OR LIBERTY EXPIRED		
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM 19 July 1955 (*Date*) TO 22 July 1955 (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM FOUR (*Number*) ONLY	SIGNATURE J. D. HUDGENS	GRADE AND TITLE CDR, USCG CO(Acting)	C. O. ORDER NO. 69-56
SHIP OR STATION USCGC MACKINAW (WAGB-83) Cheboygan, Michigan		NAME OF A. C. O. H.S.HAYMAN, CHPCLK, USCG	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN	Louis	S.	221-813	EN1

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873–1

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BAUCHAN, Louis Stanley	ENC(P)	221-813
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
545 Duncan Avenue, Cheboygan, Michigan	Discharge & Reenlist.	25 June, 1956

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	20 yrs., 8 mos.	USCG - Treasury Dept.	USCGC MACKINAW (WAGB-83)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
3-27-1912	Manistee, Michigan	Irene L. Bauchan, Wife, Same as No. 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
LENTINI CLINIC, Cheboygan, Michigan	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 69, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*) 43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—*Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)*

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)
O.—*Restorable teeth* X.—*Missing teeth* (6 × 8).—*Fired bridge, brackets to include abutments*
I.—*Nonrestorable teeth* XXX.—*Replaced by dentures*

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Normal findings.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.019			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC	Not indicated	Not indicated
Neg.	Neg	Few cast		
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
Not indicated	Type "O" RH-positive			

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
5'11"	194	Dr. Br.	Gray	SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE ☐	98.2

57. BLOOD PRESSURE (*Arm at heart level*) 120.65

58. PULSE (*Arm at heart level*) 72

	SYS.	DIAS.
SITTING	120	65
RECUMBENT	120	65
STANDING (3 min.)	120	65

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	78	72	72	72

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	N.S.F.A. CX	N.F.A. CORR. TO	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

N.F.A.

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT	LEFT	Pseudo-Isochromatic Plates-Normal	N.F.A.	UNCORRECTED
Normal	Normal			CORRECTED N.F.A.

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
N.F.A.	N.F.A.	N.F.A.	Normal

70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192		
RIGHT WV 15 /15 SV /15		RIGHT								Normal
LEFT WV 15 /15 SV 15 /15		LEFT N.F.A.								

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

None

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Discharge and re-enlistment

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E
X			

79. TYPED OR PRINTED NAME OF PHYSICIAN: Nicholas Lentini, M.D.

SIGNATURE: Nicholas Lentini

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62258-1

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

CHARACTER OF SEPARATION: HONORABLE

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
BAUCHAN, Louis Stanley	221-813	ENC(P)/3-1-56	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - - - - - -	- - - - - - - - - - - - - - - - - -	5	July	1956	DISCHARGED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Art. 12-3-42A(1) CG Regulations	Cheboygan, Michigan

RE-PR-37

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
27	March	12	Manistee, Michigan	Male	CAU	Brown	Gray	5'11"	194

Selective Service Data

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X	- - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - -

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG BASE SAND ISLAND HONOLULU, T.H.

12-10-54: Temporary additional duty from 6 Dec. 1954 to 10 Dec. 1954 for purpose of small arms training at U.S. Naval Rifle Range Puuloa Point Oahu, T. H. Finished with Qualifying score of "Marksman"

E.W.COLEMAN
By Direction

Has served for a period of eleven months and six days at this unit outside CONUS.

C. E. Simmons
C. E. SIMMONS, LT, USCG
Executive Officer

Rptd OCCGD9 8-5-55 FFA. Dptd OCCGD9 8-5-55 enroute CGC MACKINAW.

Earl Elder
EARL ELDER
By direction

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
15 July, 1955	CLACGD/L P16-4/MM of 4-8-55. HQ TONO NO. 40-55 of 4-4-55		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
EN1	Apr.1948	C. E. Simmons C. E. SIMMONS, LT, USCG	Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

CG BASE(ADMIN), ALAMEDA, CALIFORNIA
16 July 55: Rptd 1300, fm CG BASE, Band Is., TDFFA by CCGD9. Auth: 516103.
18 July 55: Tr 1100, to CCGD9 furas. Auth: 516103.

XXXXXXXXXXX W. J. FELTON, By direction

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
USCGC MACKINAW(WAGB-83)	2 Sept 1955	J. D. HUDGENS, CDR, USCG CO(Acting)

NAME (Last)	(First)	(Middle)	SERVICE NO.
BAUCHAN, Louis	S.	Stanley	221-813

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION
CG WPB-83394, Honolulu, T. H.

8 October 1954 - Has served 0 years 5 months 22 days outside the CONUS as of this date while attached to this unit.

R. MC CLELLAN, ENS, CO

12-27-54 RFASD4 MRD to Sandlse. (auth: Hq. dispatch (ms)
3-7-55 R FASD4 BASE SAND ISL.

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
8 October 1954	14 CGD Order No. 14-049 Auth. No. 141219 dtd 5 October 1954		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
EN1	April 1948	R. MC CLELLAN	ENS, USCG, CO, CG-83394

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CG BASE, SAND ISLAND	10-8-54	G. W. COOPER, LT, USCG, CO, ACTING

NAME (Last)	(First)	(Middle)	SERVICE NO.
BAUCHAN,	Louis	S.	221-813

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCGC KUKUI (WAK-186)

16 March 1954 - Has served 0 years 1 month 3 days outside the CONLUS as of this date while attached to this unit. Transfered administrative, to Coast Guard Base (T&A), Sand Island, Honolulu, T. H.

G. C. FLEMING

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
16 March 1954	CCGD14 Circular No. 8-53		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
EN1	April 1948	G. C. FLEMING	LCDR, USCG Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

Rptd: 1425, 3-16-54, CG BASE (T&A) Sand Island, Honolulu, T. H.
Tr: 1300, 4-16-54, to WPB - 83394, Honolulu, T. H. fasdu.

E. W. COLEMAN, LT, XO
By direction

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CG WPB-83394	4-16-54	R. MC CLELLAN, ENS, CO

NAME (Last)	(First)	(Middle)	SERVICE NO.
BAUCHAN,	Louis	S.	221-813

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCGC NEWELL (WDE-422)

CGC NEWELL (WDE-422) - 2-13-54 - Authorized Korean Service Medal and United Nations Service Medal for service aboard this vessel while on Ocean Station Victor from 29 October to 18 November 1953. Auth: COMNAVFE ltr 12-31-53

Entitled to National Defense Medal for having served on active duty after 6-26-50.

Completed four (4) months and twenty (20) days S&FSD aboard this unit.

L. W. Tibbits

L. W. TIBBITS, LCDR, USCG
COMMANDING OFFICER

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
13 February 1954	CCGD~~14~~ ltr ~~dtd~~ 1-15-54, P16-4/MM		
RATE: EN1 / DATE OF RATE: 1942	SIGNATURE: L. W. Tibbits / L. W. TIBBITS	GRADE AND TITLE: LCDR, USCG, CO	

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
USCGC KUKUI (WAK-186)	2-13-54	G. C. FLEMING, LCDR, XO, USCG

NAME (Last)	(First)	(Middle)	SERVICE NO.
BAUCHAN,	Louis	S.	221-813

ADMINISTRATIVE REMARKS

16—66780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*6-30-55	EQM	EN1	3.8	3.8	4.0	BASE, HONO., T. H.	E. W. COLEMAN, LCDR., USCG.
15 July, 1955	TRAN	EN1	3.8	3.8	4.0	CG BASE, Honolulu, TH	E. W. COLEMAN, LCDR, USCG, CO
7/18/55	TRANS	EN1	PIT	PIT	4.0	CG BASE (ADMIN), ALAMEDA	W. F. [illegible], USCG. FOR CDR, BY DIRECTION
8-5-55	TRANS	EN1	PIT	PIT	4.0	OCCGD9, Cleve., Ohio	EARL ELDER, SCLK3, Bydir.
30 Sept 1955	EQM	EN1	3.8	3.8	4.0	CGC MACKINAW (WAGB-83)	C. R. MacLEAN, Capt., CO
*30 Sept 1955	RQM	EN1	3.8	3.8	4.0	CGC MACKINAW(WAGB-83)	C. R. MacLEAN, CAPT., CO
*31 Dec 1955	EQM	EN1	3.9	3.8	4.0	CGC MACKINAW	C.R. MacLEAN, CAPT, CO
			ADAPTABILITY FOR WARRANT GRADE: 3.2				
*31 Mar 1956	EQM	ENC(P)	3.6	3.6	4.0	CGC MACKINAW	C.R. MacLean, CAPT., CO
	Det.of		ADAPTABILITY FOR WARRANT GRADE - 3.3				
19 June 56	CO	ENC(P)	3.7	3.7	4.0	CGC MACKINAW	C.R. MacLEAN, CAPT, USCG, CO
* 30 June 56	EQM	ENC(P)	3.7	3.7	4.0	CGC MACKINAW	E.S. KERR, Jr., CDR., USCG, CO
5 July 56	DISCH	ENC(P)	3.8	3.7	4.0	CGC MACKINAW	E.S. KERR, Jr., CDR., USCG, CO
5 July 56	Final Average	ENC(P)	3.69	- -	4.0	CGC MACKINAW	E.S. KERR, Jr., CDR., USCG, CO

NAME (Last) BAUCHAN, (First) Louis (Middle) S. | SERVICE NO. 221-813

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
AUG 1 8 1952	DetCO	EN1	3.6	3.6	4.0	CGC MACKINAW	D. K. DEXTER, Captain, USCG.
*SEP 3 0 1952	EQM RQM	EN1	3.6	3.6	4.0	CGC MACKINAW	A. B. ENGEL, CDR, U.S.C.G.
DEC 3 1 1952	EQM RQM	EN1	3.6	3.6	4.0	CGC MACKINAW	W.J. SMITH, CDR, USCG, CO
MAR 3 1 1953	*EQM	EN1	3.7	3.6	4.0	CGC MACKINAW	W.J. SMITH, CDR, USCG, CO
19 June 1953	TRAN	EN1	3.8	3.7	4.0	CGC MACKINAW	W.J. SMITH, CDR, USCG, CO
*6-30-53	EQM RQM	EN1	3.8	3.7	4.0	CG BASE (ADMIN) ALAMEDA	By dir. A. E. MICHAELSEN, LCDR, XO
7-28-53	TRANS	EN1	PIT	PIT	4.0	CG BASE (ADMIN) ALAMEDA	By dir. A. E. MICHAELSEN, LCDR, XO
22 Sept 1953	TRANS	EN1	PIT	PIT	4.0	BASE, (T&A) SAND ISLAND HONO., OAHU, T. H.	G. L. BATES, LT., USCG, Bydir.
SEP 3 0 1953	EQM	EN1	3.5	3.5	4.0	NEWELL (WDE-422)	L. W. TIBBITS, LCDR, CO.
SEP 3 0 1953	RQM	EN1	3.5	3.5	4.0	NEWELL (WDE-422)	L. W. TIBBITS, LCDR, CO.
12-31-53	EQM	EN1	3.6	3.6	4.0	NEWELL (WDE-422)	L. W. TIBBITS, LCDR, CO.
2-13-54	TRAN	EN1	3.6	3.6	4.0	NEWELL (WDE-422)	L. W. TIBBITS, LCDR, CO.
3-16-54	TRAN	EN1	3.7	3.7	4.0	USCGC KUKUI (WAK-186)	L. E. BRUNNER, CDR, CO
3-31-54 4-16-54	EQM TRANS	EN1	PIT	PIT	4.0	BASE (T&A) Sand Island	Bydir. E. W. COLEMAN, LT, XO.
3-31-54	RQM	EN1	3.7	3.7	4.0	BASE (T&A) Sand Island	Bydir. E. W. COLEMAN, LT, XO.
4-16-54	TRANS	EN1	PIT	PIT	4.0	BASE (T&A) Sand Island	Bydir. E. W. COLEMAN, LT, XO.
6-30-54	EQM	EN1	3.8	3.8	4.0	CG-83394, Honolulu	R. MC CLELLAN, ENS, CO
6-30-54	RQM	EN1	3.8	3.8	4.0	CG-83394, Honolulu	R. MC CLELLAN, ENS, CO
*9-30-54	EQM RQM	EN1	3.8	3.8	4.0	CG-83394, Honolulu	R. MC CLELLAN, ENS, CO
10-8-54	TRANS	EN1	3.8	3.8	4.0	CG-83394, Honolulu, T.	H. R. MC CLELLAN, ENS, CO
12-1-54	DET of CO	EN1	3.8	3.8	4.0	BASE, HONO., T. H.	E. W. COLEMAN, LCDR., USCG.
*12-31-54	EQM	EN1	3.8	3.8	4.0	BASE, HONO., T. H.	C. C. KNAPP, CAPT., USCG
* MAR 3 1 1955	EQM	EN1	3.8	3.8	4.0	BASE, HONO., T. H.	C. C. KNAPP, CAPT., USCG
8 Apr 55	Det of CO	EN1	3.8	3.8	4.0	BASE, HONO., T. H.	C. C. KNAPP, CAPT., USCG

NAME (Last) BAUCHAN (First) Louis (Middle) S. SERVICE NO. 221-813

MARKS

PAGE 6 1

Instructions

(1) Marks shall be entered in strict accordance with Section C, Chapter 8, Personnel Manual.

(2) Under "REASON" indicate whether quarterly, transfer, relief of commanding officer, discharge, etc.

(3) If more than one page is needed during an enlistment, the first page shall be numbered 1 in the block provided beside the page number and subsequent pages shall be numbered 2, 3, 4, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—66652-1

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
Reenlisted 3 July, 1950 Grp. Frankfort, Michigan		G. A. Hill CBOSN	Grp Frankfort, Michigan	7-3-50	G. A. Hill CBOSN CD
	3 July, 1950	G. A. Hill CBOSN	Point Betsie Light Station	7-3-50	G. A. Hill CBOSN CO
Point Betsie Light Station	12-24-51	L. J. Bates BOSN, OINC	CGC MACKINAW	1-8-52	A. B. Engel, CO

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		
Point Betsie Light Sta.	7-3-50		Aids to Navigation	George A. Hill GEORGE A. HILL CBOSN, USCG

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF BAUHAN, Louis S. (Full name, surname to the left) 221-813 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature
Point Betsie Light Sta. CGC MACKINAW	7-3-50 6-25-52	Aids to Navigation Rifle"A"(Q) Rifle"B"(U) Pistol"D"(U).	G. A. Hill CBOSN CO A. B. ENGEL, DR, XO

6. EFFICIENCY MARKS

Date	Rate A-N	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
Average conduct mark for last enlistment						4.0	G. A. Hill CBOSN CO
9-30-50							
12-31-50	EN1	3.6	3.6	3.6	3.6	4.0	Albert L. McMullen BMC(L) OinC
3-31-51	EN1	3.6	3.6	3.6	3.6	4.0	Albert L. McMullen BMCL OinC
6-30-51	EN1 3.8	3.6		3.6	3.6	4.0	W. Gaide CBOSN, CO.
9-30-51	EN1 3.8	3.5		3.4	3.5	4.0	Albert L. McMullen BMLC, OinC
12-24-51	EN1 3.8	3.5		3.4	3.5	4.0	A. J. Bates BOSN. OinC
3-31-52	EN1	3.6		3.5	3.5	4.0	D. H. DEXTER, Captain, USCG. CO. CGC MACKINAW
JUN 30 1952	EN1	3.6		3.6	3.5	4.0	D. H. DEXTER, Captain, USCG. CO. CGC MACKINAW
AVERAGE	X X X X						

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS
Group, Washington Isle.	6-18-45	Entitled to wear good conduct ribbon 7-3-41 to 7-2-44. Auth: PB 66-44 s/ Bernard A. Brumw
Group, Frankfort, Mich.	7-3-47	Entitled to wear American medal s/ Ludwig wedemeyer
Group, Frankfort, Mich.	7-3-47	Entitled to wear Victory medal s/ Ludwig Wedemeyer
Group, Frankfort, Mich.	7-3-50	Entitled to Good conduct medal G. A. Hill CBOSN CO

16—9676-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 6-30-55 Credit brought forward from previous record 30 DAYS

AUTHENTICATED BY: C. E. SIMMONS, LT, USCG, XO.

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
				6-30-55	30	60	BASE, SAND IS	C. E. SIMMONS, LT, USCG, XO.
							CG BASE SAND ISLAND	C. E. SIMMONS, LT, USCG - XO
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY							CG BASE (ADMIN) ALAMEDA	
NO LEAVE TAKEN AT THIS COMMAND								
19 JUL 55 (4 pt 10 tt)	5 AUG 55	4	A			56	OCCGD9, Cleve.	EARL ELDER, SCLK3, Bydir.
6 Aug 55 (2 tt)	2 Sept 55	26	A			30	MACKINAW(WAGB)	J.D. HUDGENS, CDR, CO(Act.)
				ANCR 30 June 56	30	60	CGC MACKINAW	L.J. IARSON, LT, PO, Bydir.
CR(DISCH)				5 July 56	½	60½	CGC MACKINAW	L.J. IARSON, LT, PO, Bydir.
	Elects to receive cash compensation for unused leave due on date of discharge.						(60) days	L. J. IARSON, LT, PO, Bydir.

CREDITED $ 725.40 ON CURRENT PAY RECORD, COMPENSATION FOR 60 DAYS "ACCRUED LEAVE" TO DATE OF DISCHARGE ON 7/5/56.

H. G. TRUPP, PCLK, USCG
ACO - CGC MACKINAW

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

NAME (Last) BAUCHAN (First) Louis (Middle) S.

SERVICE NO. 221-813

16—66741-1

LEAVE RECORD

PAGE 5 2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 1 July, 1952 — Credit brought forward from previous record 36 DAYS

AUTHENTICATED BY A. B. ENGEL, CDR, USCG, XO

LEAVE TAKEN (Inclusive Dates) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
30-12-52	8~~1~~-53	10	A		25	26	CGC MACKINAW	A. B. ENGEL, CDR, USCG, XO
30-5-53	13-6-53	15	A			11	CGC MACKINAW	A.B. ENGEL, CDR, USCG, XO
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY LEAVE ~~RATIONS CREDITED ARE NOT IN EXCESS~~ OF LEAVE TAKEN				ANCR 30 JUN 53	30	41	CGC MACKINAW BASE, ALAMEDA	A.B. ENGEL, CDR, USCG, XO By dir. A. E. MICHAELSEN, LCDR, XO
3 JUL 53	17 JUL 53	15	A			26	BASE, ALAMEDA	By dir. A. E. MICHAELSEN, LCDR, XO
~~NO LEAVE TAKEN SINCE DATE OF LAST LEAVE ENTRY THAT LEAVE RATIONS CREDITED ARE NOT IN EXCESS OF LEAVE TAKEN~~							CG BASE (ADMIN) ALAMEDA BASE, (T&A), S.I.	A.E. MICHAELSEN, LCDR, XO By dir.
	NO LEAVE TAKEN AT THIS COMMAND						HONO., OAHU, T.H.	G.L. BATES, LT, USCG, Bydir
	NO LV TAKEN WHILE ATTACHED THIS UNIT						NEWELL (WDE-422)	L. W. TIBBITS, LCDR, CO.
	NO LEAVE TAKEN AT THIS COMMAND						KUKUI (WAK-186)	By dir. C. C. FLEMING, LCDR, XO
18 MAR 54	2 APR 54	15	A			11	CG BASE (T&A) Sand Island	By dir. E. W. COLEMAN, LT, XO.
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY THAT ~~LEAVE RATIONS CREDITED ARE NOT IN EXCESS OF LEAVE TAKEN.~~	~~NO LEAVE TAKEN AT THIS COMMAND~~						CG BASE (T&A) Sand Island	E. W. COLEMAN, LT, XO. By dir.
				30 June 54	30	41	CG-83394	R. MC CLELLAN, ENS, CO
	NO LEAVE TAKEN AT THIS COMMAND				CG-83394, HONOLULU, T. H.			R. MC CLELLAN, ENS, USCG
10 Apr. 55	15 Apr. 55	6				35	CG BASE, Honolulu, TH	G.W. COOPER, LT, USCG - XO
22 June 55	26 June 55	5	A			30	CG BASE Sand Island	C. E. SIMMONS, LT, USCG, XO.

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE	TIME WHILE	ATTACHED THIS VESSEL		CGC MACKINAW	A.B. ENGEL, CDR, USCG, XO

NAME (Last) BAUCHAN (First) Louis (Middle) S. SERVICE NO. 221-813

LEAVE RECORD 16—66741-1 PAGE 5 1

INSTRUCTIONS

(1) To be kept current in service record in accordance with existing instructions. Forward to the Commandant(PE) with closed-out service record.

(2) LEAVE RECORD.—Enter dates, kind, and number of days leave taken upon return from leave or upon reporting to new duty station when leave has been taken enroute. The kinds of leave will be entered as follows:

A— Regular leave.
E— Emergency leave.
R— Reenlistment leave.
RT— Recruit leave.

(3) In the column headed "credited," entries shall be made only on 30 June of each year, and upon retirement, release from active duty, desertion, or separation. Credit for the previous fiscal year must always be entered prior to granting leave in current fiscal year.

(4) Prior to transfer the commanding officer shall enter and sign below the last entry "no leave taken at this command," or "no leave taken since date of last entry," and "that leave rations credited are not in excess of leave taken."

(5) TIME NOT SERVED.—Enter all periods of AWOL, SKMC, confinement awaiting trial by courts-martial which results in conviction, and confinement under sentence of a courts-martial. An asterisk will be placed before all AWOL and confinement under sentence entries to show periods during which leave does not accrue.

(6) If more than one page is needed during an enlistment, the first page will be numbered 1, in block provided for; subsequent pages shall be numbered 2, 3, 4, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—68741-1

CG-2500-C
(Rev. 4-49)

Record of BAUCHAN, Louis S. (Full name, surname to the left) — 221-813 (Service Number)

LEAVE RECORD

ACCRUDE LEAVE				LEAVE TAKEN							
Reason & Date	Cred. Ser. for leave purposes		No. of days earned	Departed		Returned		Type and reason	No. days	Bal. due	Signature and Unit
	Mos.	Days		Hour	Date	Hour	Date				
7-6-50				(Reenlistment)		no balance				0	By Dir.
ANCR 6-30-51	12	00	30							30	CBOSN, CO
BBF 7-1-51										30	CBOSN, CO.
				1600	12-24-51 (4 days PT & 1 day TT en)	2201	1-8-52	ACC-REG	10	20	A. B. ENGEL, XO
				1400	6-6-52	1130	6-21-52	REG-ADV	14	~~4~~ 6	A. B. ENGEL
ANCR 6-30-52	12	0	30							36	A. B. ENGEL, CDR
BBF 7-1-52										36	A. B. ENGEL, CDR

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From (Inclusive dates)	To	Reason	Months	Days	Signature and Unit

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
3-1-56	ENC(P)	H/L dtd 2-24-56, Section 12-3-23A,	PE-1, PI-2/MM CG Regulations		L. J. LARSON, LTJG, USCG, PO, By dir.	CGC MACKINAW

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED ☐ YES ☐ NO* *If no, give reason.

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED: 4 yrs. - Graduated

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
BAUCHAN	Louis	Stanley		221-813		EN1

Instructions

(1) Prepare in duplicate. Retain original and duplicate in service record until separated from the Coast Guard. In case of immediate reenlistment, transfer original to new service record and forward duplicate with closed-out service record to Commandant (PE). If individual does not immediately reenlist, the original copy shall be securely stapled to the individual's copy of Report of Separation from the Armed Forces of the United States (DD 214) and the individual notified that he should retain this page and present it with his discharge certificate should he desire to reenlist at any time either in the Regular Coast Guard or in the Coast Guard Reserve.

(2) Item 1—Enter, as occurring, any changes in rating and acquirement of a designator and/or mechanical skill, such as completion of propeller (aviation), carburetor (aviation), refrigeration training, etc.

(3) Item 2—School commands will complete upon graduation or disenrollment from a service school.

(4) Item 3—Complete all entries as soon as practicable after enlistment.

(5) Item 4—To be completed when an individual completes Coast Guard Institute Courses.

(6) Item 5—To be completed when an individual completes USAFI, other correspondence courses, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—66740-1

S/R

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE
BAUCHAN, Louis Stanley	221-813	EN1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*	RELATIONSHIP *(If friend, so state)*
Minnie A. Bauchan	Mother

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
Irine Lyell Bauchan	816 Maple Street, Manistee, Michigan

7. CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Dennis Brian Bauchan	816 Maple Street, Manistee, Michigan	Single	Male	10
Michael Lucian Bauchan	816 Maple Street, Manistee, Michigan	Single	Male	13

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
William C. Bauchan (84)	816 Maple Street, Manistee, Michigan

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
Minnie A. Bauchan (79)	816 Maple Street, Manistee, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Minnie A. Bauchan	Mother

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
William C. Bauchan	Father

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
NONE	*(Continue on reverse side)*	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Irene Lyell Bauchan	Wife

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

RECEIVE EACH MONTH 90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
USCGC KUKUI (WAK-186) Fleet Post Office San Francisco, California	17 Feb. 1954	Louis S. Bauchan Louis S. Bauchan

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.

2. Disposition of signed copies will be as follows:

   Army - Original - To The Adjutant General, Wash 25, D.C., *ATTN:* AGPI
   Duplicate - File in service record or field 201 file.

   Air Force - Original - To Headquarters USAF, Air Adjutant General, Wash 25, D.C.,
   Duplicate - File in service record or field 201 file.

   Navy - Original - To BuPers, Wash 25, D.C., *ATTN:* Casualty Section.
   Duplicate - *(Same as original)*
   Triplicate - File in service record or officer's qualification jacket at duty station.

   Marine Corps - Original - File in service record book *(page 15)* or in officers' qualification record.
   Duplicate - To CMC, Wash 25, D.C

   Coast Guard - Original - To Commandant *(P)*, USCG Hq., Wash 25, D.C.
   Duplicate - Place with individual service record.

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.

4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.

5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

(Continuation of Item 7)

CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS

GPO O - 50 - 895697 50 - 1349, AF

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

ENLISTMENT OF BAUCHAN, Louis S. (Full name, surname to left); 221-813 (Service number); $205.80 (Pay per month)

Accepted for enlistment at CG Group, Frankfort, Michigan; EN1 (Rating in which enlisted)

Enlisted at Frankfort Lifeboat Station, Frankfort, Michigan; 6 July, 1950 (Date of enlistment)

Transferred to Point Betsie Light Station, Frankfort, Michigan

Occupation Engineman Citizenship* N.B. If naturalized, place and date of naturalization - Certificate No. - - - - - -

Date of birth 27 March, 1912 Place of birth Manistee, Michigan

Home address Point Betsie Light Station (Street and number), Frankfort (Town), Benzie (County), Michigan (State)

Married or single Married Name and address of next of kin or legal guardian Irene L. Bauchan, Wife, (Relationship) Point Betsie Light Station, Frankfort, Michigan (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / Reserve } 9 (Years) 0 (Months) 3 (Days)

First enlisted 3 July, 1941 (Date) at Washington Island, Wisconsin (Place) and was

last discharged 5 July, 1950 (Date) from Coast Guard Group, Frankfort, Michigan (Unit)

with HONORABLE (Character) discharge as Engineman first class (Rate) No.

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 38 years 5 months.

Height 5 feet 11 inches. Weight 170 pounds.

Eyes Gray Sex Male Hair Light Brown Complexion Fair Color White

Personal characteristics marks, etc. 1-inch scar lower right jaw.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with ~~GEORGE A. HILL~~ [illegible] of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 6 years from 6 July, 1950 / during minority until 5 July, 1956 }

unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Louis Stanley Bauchan, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Louis S. Bauchan

Louis S. Bauchan
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 6 day of July, A. D. 1950

George A. Hill

GEORGE A. HILL CBOSN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commander, CG Group, Frankfort, Mich.
(Title)

Citizenship substantiated and contract perfected.

George A. Hill

GEORGE A. HILL

CBOSN, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16- 8420-2 U. S. GOVERNMENT PRINTING OFFICE

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
BAUCHAN	Louis	S.	221-813	~~EM1~~ ENC	MACKINAW

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
7-6-50	6	7-5-56	none	none	none	6-1-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
3-27-12	CAU	W 2DC	Manistee, Mich.	~~Frankfort, Mich.~~	none	Manistee, Mich.

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION
HS4	none	Coast Guard Enlisted man

22. SPECIAL SKILLS, LICENSES, ETC.: none

CODING SPACE

23. TEST SCORES: GCT UNK MA ____ EK ____ SP ____ CA ____ AR ____ READ ____ MK ____ PI ____

24. EXPERIENCE (*Months*): WITHIN CLUS: ASHORE 120 AFLOAT 5; OUTSIDE CLUS: ASHORE none AFLOAT none

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE: 9 YRS. 0 MOS. 3 DAYS
c. OTHER SERVICE: none YRS. ____ MOS. ____ DAYS
d. TOTAL NET SERVICE FOR PAY: ____ YRS. ____ MOS. ____ DAYS

28. OFF DUTY TRAINING: none

29. SERVICE SCHOOLS COMPLETED: none

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
~~EM1~~		
~~Coxswain~~	~~Perm.~~	~~6-3-41~~
~~SM 2/c~~	~~Perm.~~	~~6-3-42~~
~~SM 2/c~~	~~Perm.~~	~~10-21-42~~
~~SM 1/c~~	~~Perm.~~	~~10-27-42~~
~~Perm.~~		
ENC	PRO.	3-1-56

31. REMARKS

26. SERVICE FOR BASIC PAY: COMP. ~~16~~ 18 YRS. ~~16~~ 18

27. SERVICE FOR RETIREMENT: COMP. ~~15~~ 17 YRS. ON ~~10-30-51~~ 10-30-52

32. RPTD DIST. 8-5-55

33. RPTD UNIT 9-2-55

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
BAUCHAN	Louis	S.	221-813	ENC	MACKINAW

GPO 16—66506-1

Form CGD-35(p)
Rev. 5-51

Check off list
preparation for overseas duty

UNIT CGC MACKINAW (WAGB-83)
DATE 25 May, 1953

BAUCHAN, Louis S. | 221-813 | ENI
(FULL NAME: SURNAME TO THE LEFT) | (SERVICE NO.) | (RATING)

AUTHORITY FOR TRANSFER CGCGD/L dtd 12 May, 1953, TA:097544 & CGCGD/D 192052

DISTRICT TO WHICH TRANSFERED 14th District

AUTHORIZATION NUMBER 097544 SCHEDULED DETACHING DATE 19 June 1953

PART 1 (To be completed by unit to which permanently attached)

L. D. CARD YES (DEFENSE DEPT. ISSUE, YES, NO) I.D. TAGS YES (YES OR NO)

COMPLETE SEA BAG YES (YES OR NO) STENCILED YES (YES OR NO)

NOTE: See article 7-50 Uniform regulation. List discrepancies on reverse side

RECORD ENTRIES COMPLETE YES (SERVICE) YES (PAY) YES (HEALTH)

(Show any discrepancies on the reverse side of)

DEPARTED FOR FURTHER PROCESSING AT USPHS Hospital, Chicago, Ill. 25 May, 1953
(UNIT) (DATE)

NUMBER OF COPIES OF ORDERS TO MAN _____ (20 COPIES IF DEPENDENTS & HOUSEHOLD EFFECTS TRANSFERED. OTHERWISE 10 COPIES REQUIRED.)

W. J. SMITH, CDR, USCG, CO
(SIGNATURE OF COMMANDING OFFICER OR OinC

PART 2 (To be completed by final processing unit) UNIT _____

DATE _____

PHYSICALLY EXAMINED AND FOUND (QUALIFIED)
(NOT QUALIFIED) _____
(DATE AND PLACE)

HEALTH RECORD ENTRY INDICATING PHYSICAL QUALIFICATIONS _____
(YES OR NO)

DENTAL EXAMINATION (QUALIFIED)
(NOT QUALIFIED) _____
(DATE AND PLACE)

PROPHYLACTIC IMMUNIZATION _____
(SMALLPOX DATE) (TETNUS DATE) (TYPHOID DATE)

(YELLOW FEVER) (REQUIRED FOR ASIA. SOUTH AMERICA & S.W. PACIFIC) (TYPHUS FEVER) (REQ FOR EUROPE, ASIA EGYPT, NEAR EAST S.W. AFRICA & S. AMERICA) (CHOLERA) (REQ FOR AFRICA PACIFIC, EXCL. AUSTRAL, & NEW ZEALAND)

DEPARTED IN COMPLIANCE WITH ORDERS _____ EDA _____

DISPOSITION OF RECORDS _____
(DELIVERED TO MAN, FOR ARDED, ECT

_____
(COMMANDING OFFICER, PROCESSING UNIT)

Form CGD-35(p)
Rev. 5-51

Check off list
preparation for overseas duty

UNIT CGC MACKINAW (WAGB-83)
DATE 25 May, 1953

BAUCHAN, Louis S. | 221-813 | ENI
(FULL NAME: SURNAME TO THE LEFT) | (SERVICE NO.) | (RATING)

AUTHORITY FOR TRANSFER 09CGD/L dtd 12 May, 1953, TA:097544 & 09CGD/D 192205Z

DISTRICT TO WHICH TRANSFERED 14th District

AUTHORIZATION NUMBER 097544 SCHEDULED DETACHING DATE 19 June 1953

PART 1 (To be completed by unit to which permanently attached)

L. D. CARD YES (DEFENSE DEPT. ISSUE, YES, NO) I.D. TAGS YES (YES OR NO)

COMPLETE SEA BAG YES (YES OR NO) STENCILED YES (YES OR NO)

NOTE: See article 7-50 Uniform regulation. List discrepancies on reverse side

RECORD ENTRIES COMPLETE YES (SERVICE) YES (PAY) YES (HEALTH)

(Show any discrepancies on the reverse side of)

DEPARTED FOR FURTHER PROCESSING AT USPHS Hospital, Chicago, Ill. (UNIT) 25 May, 1953 (DATE)

NUMBER OF COPIES OF ORDERS TO MAN _____ (20 COPIES IF DEPENDENTS & HOUSEHOLD EFFECTS TRANSFERED. OTHERWISE 10 COPIES REQUIRED.)

W. J. SMITH, CDR, USCG, CO
(SIGNATURE OF COMMANDING OFFICER OR OinC

PART 2 (To be completed by final processing unit) UNIT _____

DATE _____

PHYSICALLY EXAMINED AND FOUND (QUALIFIED)
(NOT QUALIFIED) _____ (DATE AND PLACE)

HEALTH RECORD ENTRY INDICATING PHYSICAL QUALIFICATIONS _____ (YES OR NO)

DENTAL EXAMINATION (QUALIFIED)
(NOT QUALIFIED) _____ (DATE AND PLACE)

PROPHYLACTIC IMMUNIZATION _____
(SMALLPOX DATE) (TETNUS DATE) (TYPHOID DATE)

_____ _____ _____ _____
(YELLOW FEVER) (REQUIRED FOR ASIA, SOUTH AMERICA & S.W. PACIFIC) (TYPHUS FEVER) (REQ FOR EUROPE, ASIA EGYPT, NEAR EAST S.W. AFRICA & S. AMERICA) PACIFIC, EXCL. AUSTRAL, & NEW ZEALAND) (CHOLERA) (REQ FOR AFRICA

DEPARTED IN COMPLIANCE WITH ORDERS _____ EDA _____

DISPOSITION OF RECORDS _____
(DELIVERED TO MAN, FORWARDED, ECT

_____
(COMMANDING OFFICER, PROCESSING UNIT)

Form 2500-C
TREASURY DEPARTMENT
U.S. Coast Guard
Revised 1938

PE-C
61

One- I.D. Card
Two- Dog Tags

Service Record

CODED NOV 15

BAUCHAN
(Surname)

Louis Stanley	221-813	NB
(Christian names)	(Service No.)	(Citizenship)
Coxwain	3 July, 1941	THREE
(Enlisted as)	(Date)	(Term of years)
WASHINGTON ISLAND STATION (St. Martin Island Light Station)	Washington Island, Wis.	
(Ship or station)	(Place)	

16—9677

CERTIFIED FOR MUSTERING-OUT PAY.....

INSTRUCTIONS

ARTICLE 3.—Marks to be assigned upon discharge, even though the period is less than one month.

ARTICLE 6.—In addition to recording the award of a good-conduct medal, honorable discharge button, or other medal or decoration, record should be made of special commendations by Headquarters or the performance of duty of an exceptionally excellent character.

ARTICLE 7.—Record should especially be made of special qualifications of an enlisted man not required in his rating, which will serve as a guide for advancement and the utilization of the man on special duty to best advantage.

ARTICLE 8.—Record details to duty drawing extra compensation, such as messmen, mail clerk, etc., and to special duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction in radio, etc. (Will include inter-unit transfers.)

ARTICLE 10.—It is most important that an accurate record be kept of all periods during which a man is not in a pay status, in order that Article 16 may be executed correctly. An accurate record shall be kept of all absences on account of:

(1) Absence without leave (including overleave and desertion).

(2) Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

(3) Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

Abbreviations may be used in the "Remarks" column to indicate nature of absence, as follows:

A. W. O. L.—Absence without leave (including overleave and desertion).

A. O. M. (absent, own misconduct).—Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

Conf.—Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

ARTICLE 13.—On desertion this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 14.—On retirement this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 16.—The entries under Article 10 will be considered when compiling Article 16.

ARTICLE 17.—This certificate will be executed on discharge or death.

No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

As far as possible, all entries on Service Record should be made on the typewriter.

U. S. GOVERNMENT PRINTING OFFICE 16—9677

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
AND/OR
WORLD WAR II VICTORY MEDAL

INSTRUCTIONS

Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
BAUCHAN,	Louis	Stanley

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
221-813	MoMM1c, USCG	CG GROUP FRANKFORT, MICHIGAN

HOME ADDRESS (Give Number, Street, City, Zone No., and State)
Point Betsie Light Station, Frankfort, Michigan

INDICATE STATUS BY CHECK MARK

- [X] Active duty USCG, USCGR, or USPHS
- [ ] Officer – (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)

Louis S. Bauchan
Louis S. Bauchan
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S. CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)

Louis S. Bauchan
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

3-285

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN Louis S.	221-813	EN1
MAJOR UNIT NAME POINT BETSIE Light ~~Frankfort LB Station~~ STATION	MINOR UNIT NAME	LOCATION Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT 09-185	MINOR UNIT ITEM No.	DATE 2 April, 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~RANK~~ (RATING) FROM Mo.M.M.1/c TO EN1 EFFECTIVE 0000 2 April, 1948

DUTY CODE NO. 29-D AUTH: P.B. 36-47

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

Louis Wedemeyer
LUDWIG WEDEMEYER (Commanding)
Bos'n USCG

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

FILE
E. P. H.

73
783

17 July, 1947

To: BAUCHAN, Louis S. (221-813) MoMMlc.

Subj: Good Conduct Medal; issuance of

1. Handed you herewith is a Good Conduct Medal in recognition of your three year period of continuous active duty in the United States Coast Guard ~~(Reserve)~~ from 7-3-41 to 7-2-44 You are to be congratulated for your excellent service during the above period.

2. You are authorized to have engraved on the back of your Good Conduct Medal the following information: **CG Group, Washington Island, Wisconsin, 3 July, 1941 to 2 July, 1944.**

W. E. LONG
By direction

CC: HQ

FILE
E. P. H.

CG-73

17 July, 1947

To: BAUCHAN, Louis S. (221-813) MoMMlc.

Via:

Subj: Good Conduct Bar; forwarding of

1. It is a pleasure to award you the inclosed Good Conduct Bar for your three year period of continuous active duty in the United States Coast Guard from 7-3-44 to 7-2-47 . You are congratulated for your excellent service during this period.

2. You are authorized to have engraved on the face of your Good Conduct Bar the following information: CG Group, Frankfort, Mich. Authority is also granted to engrave the additional information on the back of your Good Conduct Bar: 3 July, 1944 to 2 July, 1947

W. E. LONG
By direction

Incls:
1.(1) Good Conduct Bar
2. One Receipt Card

REPORT OF CHANGE IN PERSONN...
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1c, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG, GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-185)	(09-183)	3 July, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0900, 3 July, 1947, - Effective this time and date, reenlisted for three (3) years in the regular establishment as MoMM1c.

Entitled to MOP Lump Sum, did not serve outside the continental limits of the United States.

Entitled to reenlistment allowance, for service shown on Statement of Creditable Service (Form 2511A).

Completed 6 yrs., 0 mos., and 0 days creditable service.

DUTY CODE NO.
29-D

AUTH:
Chg. #49 Regs.
F&SC 34-45
Art. 235(1) P&SL

LUDWIG WEDEMEYER, Bos'n, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
	CODED NO. 10

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1c, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-185)	(09-183)	2 July, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

2400. 2 July, 1947, - Effective this time and date, discharged from active Coast Guard service, having completed six (6) years active service, in accordance with Personnel Bulletin No. 59-42.

DUTY CODE NO.
29-D

AUTH:
P.B. # 59-42

LUDWIG WEDEMEYER, Bos'n, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding
	CODED NO. 10

MACHINE ACCOUNTING
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-185)	(09-183)	2 July, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

SERVICE RECORD COPY

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

2400. 2 July, 1947. - Effective this time and date, discharged from active Coast Guard service, having completed six (6) years active service, in accordance with Personnel Bulletin No. ~~59-42~~ 103-44.

PAFE: Washington Island, Wisconsin
POD: Frankfort, Michigan

Entitled to T.A. at the rate of $0.05 per mile from POD to PAFE.

Total creditable service: 6 yrs., 0 mo., and 0 days.

Art. 589 CG Regs.

DUTY CODE NO.
29-D

AUTH: ~~P.B. 59-42~~
P.B. 103-44
Art. 139(2) P&SI

~~LUDWIG WEDDIGEN, Bos'n, USCG~~
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NAVCG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-5) ~~OFFICERS~~ 20 June, 1947
REFER TO FILE: CG-73

To: Commander, 9th Coast Guard District (pmp)

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 20 June, 1947
of BAUCHAN, Louis Stanley (221-813) MoMM1c, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
7-3-41		NONE		NONE		NONE	
Enl. Ext. 3 Yrs from 7-3-44							
Now serving							

U. S. COAST GUARD
MAIL SECTION
MAILED JUN 23 1947

	Yr.	Mo.	Days
Coast Guard Service	5	11	18
Navy service			
Total	5	11	18

Completed 3 years on 2 July, 1944

J. J. SCOTT
By direction

16—36636-1 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-1
P.A.M.B.A.S.

NAVCG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE: (PE-PR-5) OFFICERS XXXXXX 20 June, 1947
CG-73

To:
Commander, 9th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 20 June, 1947 of

BAUCHAN, Louis Stanley (221-813) MoMMlc, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
7-3-41 Enl. Ext. 3 Yrs from 7-3-44 Now serving		NONE		NONE		NONE	

	Yr.	Mo.	Days
Coast Guard Service			
Navy service	5	11	18
Total	5	11	18

Completed 3 years on 2 July, 1944

J. J. SCOTT
By direction

GOVERNMENT PRINTING OFFICE

NAVCG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT
REFER TO FILE: (PE-PR-5) OFFICERS XXXXX 20 June, 1947
CG-73

To:
Commander, 9th Const Guard District (pmp)

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 20 June, 1947
of
HAUCHAN, Louis Stanley (221-815) MoMMlc, USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
7-3-41		NONE		NONE		NONE	
Enl. Ext. 3 Yrs from 7-3-44							
Now serving							

	Yr.	Mo.	Days
Coast Guard Service			
Navy service	5	11	18
Total	5	11	18

Completed 3 years on 2 July, 1944

J. J. SCOTT
By direction

GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

3-11

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT (pmp)
CLEVELAND 15, OHIO

REFER TO FILE: 73

U.S. COAST GUARD HDQTRS.
MAIL & FILES SECTION
RECEIVED JUN 16 1947 (8)

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

11 June, 1947

From: Commander, 9th Coast Guard District (pmp)
To: The Commandant (PE)

Subj: Statements of Creditable Service; request for

It is requested that a Statement of Creditable Service be furnished in the case of the below listed men in compliance with Personnel Bulletin No. 59-42:

ABELLO, Diosdado R. (206-236) Stlc — ans 6-19-47
AHO, Walter (100-133) CMoMM(L) — ans 6-19-47
ANDERSEN, Klaus S. (221-819) CMlc — ans 6-20-47
BAILIFF, Melvin B. (232-825) EMlc(Tel) — ans 6-10-47
BAUCHAN, Louis S. (221-813) MoMMlc
BLOMBERG, Ole R. (101-030) CMoMM. — ans 6-19-47

I. C. McLean

I. C. McLEAN
By direction

(pmp)

73

11 June, 1947

From: Commander, 9th Coast Guard District (pmp)
To: The Commandant (PE)

Subj: Statements of Creditable Service; request for

It is requested that a Statement of Creditable Service be furnished in the case of the below listed men in compliance with Personnel Bulletin No. 59-42:

ABELLO, Diosdado R. (206-236) Stlc
AHO, Walter (100-133) CMoMM(L)
ANDERSEN, Klaus S. (221-819) CMlc
BAILIFF, Melvin B. (232-825) EMlc(Tel)
BAUCHAN, Louis S. (221-813) MoMMlc
BLOMBERG, Ole R. (101-030) CMoMM.

I. C. McLEAN
By direction

FRANKFORT, MICHIGAN

COMMANDING OFFICER
CG-73
701

6 June, 1947

From: Commanding Officer, CG Group, Frankfort, Michigan
To: Commander, 9th Coast Guard District

Subj: BAUCHAN, Louis S.(221-513) MoMM1c, discharge certificate and re-enlistment, REGULAR ESTABLISHMENT, information on.

Incl: (A) Form 2525B, physical examination record.

1. Subject named man's enlistment expires at Midnight, 2 July, 1947. His original place of acceptance for enlistment was 3 July, 1941, at Washington Island, Wisconsin, (STE) for a period of three years. He extended the aforementioned enlistment on 3 July, 1944, at Washington Island, Wisconsin, for a period of three years.

2. In view of the fact that subject named man has served for a continuous period of six (6) years in a special temporary status, he will be entitled to re-enlist in the regular establishment. Therefore, Inclosure (A) is herewith submitted for your further transmittal to Headquarters for authorization to effect such enlistment in the regular establishment.

LUDWIG WEDEMEYER

SERVICE RECORD COPY

NCG-2522

H&S

FOLLOW INSTRUMENTS ON BACK

BAUCHAN, Louis S.	221-813	Mo.M.M.1/c(L) Gr.	Point Betsie Light Sta. FRANKFORT, Michigan
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*~~REGULAR~~
*SPECIAL
TEMPORARY
*~~RESERVE~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Elberta, Michigan, Date 3 June, 19 47

To: Commanding Officer Group FRANKFORT, Michigan
(Coast Guard unit)

Frankfort, Michigan
(Address)

FILE
T. Lee

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
complete physical examination		6-3-47	
for purpose of re-enlistment in REGULAR establishment.			

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Fit for duty in the REGULAR establishment.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No~~} Absent without permission? {*~~Yes~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

Frank J. LaRue. M.D.
Frank J. LaRue M.D.

A.A.S. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____

_____ *U. S. Public Health Service.*

* Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27153–1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) 221-813 (Service number) No.M.M.1/c (L) (Rank or rating) Point Betsie Light Sta GROUP FRANKFORT, Mich. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
~~*EMERGENCY~~
~~*RESERVE~~
(Enlistment status) Place Frankfort, Michigan, Date 3 June, 19 47.

To: Dr. Frank J. LaRue A.A.S. USPHS,

Elberta, Michigan

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to C.O. CG Group FRANKFORT, Michigan

Louis S. Bauchan (Signature of patient)

LUDWIG MEDEMEYER Boa'n U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Elberta, Michigan, Date 3 June, 1947

I CERTIFY that I have examined the above-named person and find him suffering from physical examination for purpose of entering REGULAR ESTABLISHMENT after 6 years on special temporary enlistment. (Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {~~*Yes~~ / ~~*No~~} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {~~*Yes~~ / ~~*No~~} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {~~*Yes~~ / ~~*No~~} If "yes," did the initial symptoms appear less or more than one year ago? {~~*Less~~. / ~~*More~~.} Treatment will require approximately 0 days absence from duty. He was admitted to {~~*inpatient~~ / *outpatient} treatment at my office at Elberta, Michigan {*hospital / *office} on 3 June, 1947

Frank J. LaRue. M. D.

Frank J. LaRue M.D.

A.A.S. U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27156–1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | Mo.M.M.1/c(L) (Rank or rating) | Point Betsie Light Sta. Gr. FRANKFORT, Michigan (Unit)

FINAL MEDICAL CERTIFICATE

*~~REGULAR~~ *SPECIAL *TEMPORARY *~~RESERVE~~ (Enlistment status)

Place Elberta, Michigan, Date 3 June, 19 47

To: Commanding Officer Group FRANKFORT, Michigan
(Coast Guard unit)

Frankfort, Michigan
(Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION: FROM	TO
complete physical examination for purpose of re-enlistment in REGULAR establishment.			

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Fit for duty in the REGULAR establishment.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes~~ / *No.}

Frank J. LaRue M.D.
Frank J. LaRue M.D.

A.A.S. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

—27156-1 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONN
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

Washington 09

No.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-185)	(09-187)	1 April, 1947

TIME 1700
DATE 1 April, 1947

REPORTED FROM: CG Group, Two Rivers, Wisconsin
FOR Assignment to permanent duty.

DUTY CODE NO. 29-D AUTH: District Travel Order No. 092390.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

Ludwig Wedemeyer
LUDWIG WEDEMEYER, (Commanding) Bos'n, U.S.C.G.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
132		09	2	

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
	272	354	

RECORDS	
Posting	Coding
PEA-E 71	NO. 2

MACHINE ACCOUNTING
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

BAUCHAN, Louis S. (221-813) MoMMMc, USCG
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

(Pt. Betsie Light Station)
CG GROUP FRANKFORT Frankfort, Michigan 1 April, 1947
(Unit) (Place) (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

1700, 1 April, 1947. - Effective this time and date, reported from CG Group, Two Rivers, Wisconsin, for assignment to permanent duty at Pt. Betsie Light Station in accordance with District Travel Order No. 092390.

Quarters assigned and Subsistence Allowance of $ 1.20 per day granted at above time and date.

AUTHORITY:

District Travel Order
No. 092390.

LUDWIG WEDEMEYER, (Commanding) Bos'n, U.S.C.G.

Commanding Officer
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

..... (Date)

..... (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE. 1943 O 534889

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-185)	(09-187)	1 April, 1947

TIME 1700
DATE 1 April, 1947

REPORTED FROM: CG Group, Two Rivers, Wisconsin
FOR Assignment to permanent duty.

DUTY CODE NO. 29-D AUTH: District Travel Order No. 092390.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

LUDWIG WEDEMEYER, *(Commanding)* Bos'n, U.S.C.G.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

SERVICE RECORD

RECORD OF BAUCHAN, Louis Stanley 221-813
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
x x x x x x x x x x x x x x x x x x x x x x x x x			WASH IS STA	7/3/41	Algot O Johnson.
CG Group Wash. Is. Wis.	12-17-45	Bernard A. Caramouche	CG Grp Wash Is Wis	3-27-46	Algot O Johnson CGM
CG Grp. Wash. Is. Wis	12/2/46	Algot O Johnson CGM	CG Group, Two Rivers, Wis.	12-3-46	Thomas Daly CO.
CG Grp. Two Rivers	3-27-47	Thomas Daly. Com.	CG Group Two Rivers Wis	4-1-47	Thomas Daly CO.
			Transmitted to	12-17-45	H. Pierce Lt.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Wash. Isl. Sta.	M.M.2c(Pro.)fr.Cox.	2-7-42	Algot O. Johnson, C.B.M. Algot O. Johnson
Wash. Isl. Sta.	M.M.2c.(Pro)toMo.M.M.2c.(Pro)	10-21-42	Algot O. Johnson C.B.M.
Wash. Is. Station	Mo.M.M.1c.(Pro)	10-27-42	Algot O Johnson

16—9676

RECORD OF BAUCHAN, Louis Stanley 221-813

(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Rate	Proficiency in rating	Conduct	Seaman-ship	Sobriety	Mech. Abil.	Ability as leader of men	Health	Adaptability for rating or change to higher rating	Assignment to Special Duties	Average Conduct	Signature
								Spec. Qualif.				
9-30-41	Cox.	3.5		3.4		3.3	3.2	Lighthouse Keeper			4.0	Elgot O. Johnson
12-31-41	Cox	3.5		3.1		3.3	3.2	Lighthouse Keeper			4.0	Elgot O. Johnson
3-31-42	MM2c.	3.5		3.5		3.5	3.5	Lighthouse Keeper			4.0	Elgot O. Johnson
6-30-42	MM2	3.5		3.5		3.5					4.0	Elgot O. Johnson
9-30-42	M.M.2c.	3.5		3.5		3.5	3.5	Lighthouse Keeper			4.0	Elgot O. Johnson
12-31-42	Mo.M.M.	1c. 3.5		3.5		3.5	3.5	Light house Keeper			4.0	Elgot O. Johnson
4-1-43	MoM.M.	1c 3.5		3.5		3.5	3.5	Lighthouse Keeper			4.0	Elgot O. Johnson.
6/30/43	Mo.M.M.	1c. 3.5		3.5		3.5	3.5	Lighthouse Keeper			4.0	Elgot O. Johnson.
9/30/43	Mo.M.M.	1c. 3.5		3.5		3.5	3.5	Lighthouse Keeper			4.0	Elgot O. Johnson.
12-31-43	MoMM1c	3.5		3.5		3.5	3.4	Lighthouse Keeper			4.0	Raymond Olson
3-31-44	MOMM1c	3.5		3.5		3.5	3.4	Lighthouse Keeper			4.0	J. W. Nyman
6-30-44	MOMM1c	3.5		3.5		3.5	3.4	Lighthouse Keeper			4.0	W. W. McConnell
9-30-44	MoMM1c	3.5		3.5		3.5	3.4	Washington Isl. Sta.			4.0	L. F. Hebert
12-31-44	MOMM1c	3.5		3.5		3.5	3.4	WASHINGTON ISL. GROUP			4.0	L. F. Hebert, Lt.(jg)
3-31-45	MoMM1c	3.5		3.5		3.5	3.4	Wash. Isl. Grp.			4.0	L. F. Hebert
6-30-45	MoMM1c	3.5		3.5		3.5	3.4	WASHINGTON ISL. GROUP			4.0	Edward A. Bromwell CBM
12-17-45	MOMM1c	3.5		3.5		3.5	3.4	Washington Isl. Group			4.0	Edward A. Bromwell CBM
3-31-46	NoMM1c	Less than 1 month						Washington Is. Group			4.0	Edward A. Bromwell CBM
6-30-46	MoMM1c	3.6		3.5		3.7	3.5	Washington Is., Group			4.0	Robert C. Gordon, QinC
9-30-46	MoMM1c	3.6				3.7	3.5	Wash Island C.G. Group			4.0	Marvin D. Jones, Jr. Lt. (jg) USCG
12/3/46	MoMM1c	3.6				3.7	3.6	Wash Is. C.G. Grp			4.0	Robert C. Gordon QinC
12/31/46		Less than one month									4.0	Thomas Daly, Bosn
3/27/47	MoMM1c	3.7		3.7		3.7	3.7				4.0	Thomas Daly Bos'n.
6-30-47	MoMM1c	3.7		3.7		3.7	3.7	Aids to Navigation - -			4.0	Bos'n
Average												

Upon receipt of enlistment record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF BAUCHAN, Louis Stanley (Full name, surname to the left) 221-813 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
CG Group, Wash. Is., Wis.	6/18/45	Entitled to wear Good Conduct Ribbon 7/3/41 to 7/2/44 Auth: PB No. 86-44.	Quigley O. Brunson CO.
CG Grp., Frankfort	7-2-47	Has not served outside the continental limits of the United States or in Alaska.	I.C. McLEAN, Lt(jg), USCG By direction, CCSCGD
Grp., Frankfort	7-2-47	Awarded Good Conduct Medal and Bar for the period from 7-3-41 to 7-2-47	I.C. McLEAN, Lt(jg), USCG, Bydir.,
Grp., Frankfort	7-2-47	Issued Honorable Discharge Button	I.C. McLEAN, Lt(jg), USCG, Bydir.

16—9676

RECORD OF BAUCHAN, Louis Stanley 221-813
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
WASHINGTON ISLAND STA	5/17/43	RADIOBEACONS & LIGHTHOUSES &Small Boats	Algot O. Johnson.

8. DETAILS
(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
WASHINGTON ISLAND STA	7/3/41	5/9/43	LIGHTHOUSE KEEPER AT ST.MARTIN L.S.	Algot O. Johnson.
WASHINGTON ISLAND STATION	5/9/43		LIGHTHOUSE KEEPER AT POVERTY IS L.S.	Algot O. Johnson.
St. Martin Island Lt.Sta.	4-1-44	12-2-44	Light Station	L. F. Hebert
Plum Island LB Sta.	12-2-44	3/27/45	LB Sta.	Bernard A. Bromwell CO.
St. Martin Island Lt. Sta.	3/27/45	7-8-45	Light Station	Bernard A. Bromwell CO.
Sturgeon Bay Canal LB Sta.	7-8-45	7-14-45	Small Arms Practice	Bernard A. Bromwell CO.
St. Martin Island LT.Sta.	7-14-45	12/3/46	Light Station	Bernard A. Bromwell CO.
" " " "	5-24-46	5-31-46	(C) Leave	Richard C. Hatcher COBM
" " " "	6-22-46	6-29-46	(C) Leave	Richard C. Hatcher COBM
" " " "	8-16-46	8-23-46	(C) Leave	Richard C. Hatcher COBM
" " " "	9-19-46	9-26-46	(C) Leave	Richard C. Hatcher COBM
" " " "	10-17-46	10-24-46	(C) Leave	Richard C. Hatcher COBM
CG Grp.Two Rivers	12-3-46	3-27-47	General duty.	Thomas Daly Bos'n

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF BAUCHAN, Louis S. MoMMlc

Full name, surname to the left

ex 221-813

Service number

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FRO WHICH LEAVE DOES NOT ACCRUE				CO'S SIGNATURE
REASON	DATE	NO DAYS	FROM	TO	REASON	NO DAYS	ADV. LV.		FROM	TO	REASON	NO. DAYS	
LC	9/1/46	121											Robert C. Ashdon Robert C. Ashdon, CBM OinC
[illegible]88	9/1/46												Thomas Daly Thomas Daly, Bos'n
AN. CR	6-30-47	25	12-7-46	2-6-47	Leave	60 ✓		25					
BBF	7-1-47												
CR(Dis)	7-2-47	26											

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

221-813 (File or service No.) | BAUCHAN, (Surname) | Louis (First name) | S. (Initial) | MoMM1c, U.S.C.G. (Rank or rating and branch of service)

2 July, 1947 (Date discharged or released from active duty) | U.S. Coast Guard Group, Frankfort, Mich. (Activity from which discharged) | 60 days or more (Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* No

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

LUDWIG [illegible], Box'n, USCG
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? No (Enter Yes or No)

Louis S. Bauchan
Louis S. Bauchan (Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

Point Betsie Light Station (Number) (Street)

Frankfort, (City) Michigan (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

PAID $200.00 LUMP SUM MOP (ALNAV 360-45)

Paid $100.00 on 717 (Public voucher) 59127 (Check number) JUL 16 1947 (Date)

A. T. PRICE, Ch. Pay Clerk, USCG
(Type name and symbol No. of disbursing officer making initial payment)

Alt. ASS't Disbursing Officer
For: PAUL D. BANNING, CDO, 18-483

16—80089-2

TRIPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF BAUCHAN, Louis Stanley (Full name, surname to the left) 221-813 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment: and 3 year extension thereof terminating 2 July,1947

6 (Years) 0 (Months) 0 (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 148.50

The within-named man has been furnished travel allowance amounting to $ 5.40

at the rate of 05 cents per mile from Frankfort,Mich. to Washington Is. Wis.

_____ and paid $ none in full to date of discharge. Name of

pay officer A. T. PRICE, Ch. Pay Clerk, USCG.
Alt. Ass't. Disburging Officer

Address subsequent to discharge will be:

% U.S.C.G. Point Betsie Light Station Street,

Frankfort City, Michigan State.

HAS SIGNIFIED INTENTION {To / ~~Not~~} REENLIST NEXT DAY.

Certified to be correct upon termination of service 2 July, 1947

LUDWIG WEDEMEYER
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

2668

BRUCHAN Louis S. 221-813 MoMMlc.

CG Grp.Two Rivers
(Two Rivers Lt. & LB Station) Two Rivers, Wis. 27 March, 1947

0030 - 27 March, 1947 - Transferred to Point Betsie Light Station for assignment to permanent duty, having completed temporary winter duty at this unit from Group Washington Island.

No leave granted enroute.

Granted four (4) days proceed and one (1) day travel time enroute.

Subsistence allowance of $1.20 per day terminates this date.

Comdr.9CGD L/3-21-47 (CG-73-701-531) (pmp)
T/O #092390.

Thomas Daly, Bos'n USCG
CO.

S/R

2599

BAUCHAN, Louis S.	221-813	MoMMlc.
CG Grp.Two Rivers	Two Rivers Lt. & LB Station	Two Rivers, Wis.
09-279	09-279	27 March, 1947

Point Betsie Light Station.

0030
27 March, 1947 Assignment to permanent duty having completed temporary winter duty at this unit from Grp. Washington Island.

Comdr.9CGD L/ 3-21-47 (CG-73-701-531) (pmp) T/O #092390.

No leave enroute.

Granted four (4) days proceed and one (1) day travel time enroute.

Thomas Daly, Bos'n USCG.

LP

(pmp)
CG-73-701-531

TRAVEL ORDER NO. 092390

21 March, 1947

FACILITY CD
MAR 27 1947

From: Commander, 9th CG District
To: BAUCHAN, Louis S. (221-813)MoMMlc.

Via: Commanding Officer, CG Group, Two Rivers, Wisc.

Subj: Orders; travel; amendment to

1. Upon receipt hereof Commander, 9th CG District letter of 27 November, 1947, file CG-73-531 is hereby amended in that upon completion of your temporary winter duty, you will proceed to Frankfort, Mich., so as to report not later than 1 April, 1947, to the Commanding Officer, CG Group, Frankfort, Mich., for assignment to duty at the Point Betsie Light Station.

2. Travel necessary to the execution of this order is required by the public interests, and is authorized chargeable against Commander, 9th CG District Travel Symbol 09-20. Allowances as prescribed in Art. 219(5) PaSI are applicable in this case.

3. This order constitutes a permanent change of station from your last permanent station to Frankfort, Mich.

4. By copy hereof the CinC, CG Group, Washington Island, Wisc., is directed to drop you from the rolls and forward completed service record to the CO, CG Group, Frankfort, Mich., for administrative purposes upon being advised the date and time of detachment by the CO, CG Group, Two Rivers, Wisc.

5. You are hereby granted 4 days proceed time and 1 days travel time enroute.

J. J. HUTSON, Jr.
By direction

cc:
CG Group Frankfort
CG Group Wash. Is.
Pay
File

Make rec file
gadet for the
rivers
RW

2-99

BAUCHAN, Louis S.	221-813	MoMM1c.
CG Grp.Two Rivers	Two Rivers Lt. & LB Station	Two Rivers, Wis.
09-279	09-279	6 February,1947

0900
6 February, 1947

60 days leave of absence
Resumption of temporary winter duty.

Ind-2 F-2519 12-3-46.

Thomas Daly, Bos'n USCG.

2668

BAUCHAN Louis S. 221-813 MoMM1c.

CG Grp.Two Rivers
(Two Rivers Lt.& LB Sta.) Two Rivers, Wisconsin. 6 February, 1947

0900 - 6 February, 1947 - Reported from 60 days leave of absence for resumption of temporary winter duty.

No change in pay status.

Ind-2 F-2519 12-3-46.

Thomas Daly, Bos'n USCG

CO.

721 N. Rowe St.
Ludington, Mich.

File: 73-701-531

17 January, 1947

From: BAUCHAN, Louis S. (221-813) MoMM1/c USCG
To: Commander; 9th. Coast Guard Dist. (pmp)

Via: Commanding Officer; CG Group, Two Rivers, Wis.

Subj: Transfer; request for.

1. In accordance with Comdr. 9th. Coast Guard Dist. letter (oan) 8 July, 1946 it is requested that I be transfered to Coast Guard Group, Ludington, Mich. for permenant assignment to duty at Ludington Light Sta.; inasmuch as in my eleven years of service all has been on Cutters, Crib lights, and the past nine (9) years on St. Martin's Island; it is understood that at the present time there is a vacancy at Ludington as the man assigned there as keeper is now on temporary duty as instructor at the Aid's to Navagation school, Detroit, Mich.

2. I am married and have two (2) Children; one (1) going to school, therefor it's not been possible to have my family with me in my past assignments, consequently the only time that I have with my family is while Im on leave.

3. A year ago I submitted this same request which was granted, but before it took effect I was sent on temporary duty to Menominee, Mich. and upon completion of said duty subject transfer was cancelled and I was sent back to St. Martin's Island. Inasmuch as my past record is clean and my duties have been efficiently and faithfully carried out to the best of my ability; and it would be greatly appreciated if the above request would be given consideration.

Louis S. Bauchan, MoMM 1/c
Louis S. Bauchan

Ind-1
CG Grp. Two Rivers
18 January, 1947

1. Forwarded.

Thomas Daly.

File

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

BAUCHAN, Louis S. (Name—Surname to left) [illegible] (Rank or rating 31 Aug. 1946) [illegible] (Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 121 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) Mrs. Louis Bauchan (Name of dependent) Wife (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) _____ (Name of dependent) _____ (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Louis S. Bauchan
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at _____
this _____ day of _____

(SEAL)

_____
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451–1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

Robert G. Ahlers, CDR USCG (Signature of Commanding Officer) — CG Grp. Wash. Is., Wis. (Unit)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

$141.75	- - - - - - - -	- - - - - - - - - -
(Monthly pay (base and longevity))	(Officer monthly rental allowance)	(Officer daily subsistence allowance)

J. D. SIMPSON, Pay Clerk, USCG
(Signature of authorized certifying officer)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451-1

RECEIVED
JAN - 9 1947

RECEIVED
DEC 19 1946

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. _____
PAY No. _____

REPORT OF CHANGE IN PAY STATUS

BAUCHAN,	Louis	S.	221-813	MoMMlc.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group Two Rivers (Two Rivers Lt. & LB Sta.)	Two Rivers, Wis.	7 December, 1946
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

1800 - 7 December, 1946 - Departed on (60) days accrued leave of absence.

AUTHORITY: P-2519 Ind-2 12/3/46

Thomas Daly, Bos'n USCG
(Commanding)

CO.
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

_____ (Date)

_____ (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 13

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Grp. Two Rivers,	Two Rivers, Lt. & LB Station	Two Rivers, Wis.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
09-279	09-279	7 December, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1800 - 7 December, 1946 - Departed on (60) days accrued leave of absence.

7X

DUTY CODE NO.
AUTH: F-2519 Ind-2 12/3/46

Thomas Daly, Bos'n USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting

Punched _____

Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUGHAN, Louis S.	221-813	MoMMlc.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Grpoup, Two Rivers	Two Rivers Lt. & LB Station	Two Rivers, Wis.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
09-279	09-279	3 December, 1946

TIME 1930 REPORTED FROM: CG Group, Washington, Island.
DATE 3 December, 1946 FOR Assignment to temporary winter duty.

DUTY CODE NO. AUTH: Comdr.9CGD L/11-27-46 (73-531)

TIME TRANSFERRED TO:
DATE FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

No leave enroute.

DUTY CODE NO. AUTH: Thomas Daly, Bos'n USCG.
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 8.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC HOLLYHOCK		Manitowoc, Wisc.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
	3	December, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1845
DATE 3 December, 1946

TRANSFERRED TO Coast Guard Lifeboat Station, Two Rivers, Wisconsin.
FOR assignment temporary winter duty.

AUTH: C9^GD/L 10-30-46.File:601-626(an) TravOrd./091626.

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

Subsistence and Quarters furnished from 0950-2 December, 1646 to 1845 3 December, 1946

DUTY CODE NO. AUTH:

A.B.JACOBSKI, Ch. Bos'n.
Executive Officer (*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

BAUGHAN,	Louis	S.	221-813	MoMMlc.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group, Two Rivers (Two Rivers Lt.& LB Station)	Two Rivers, Wisconsin.	3 December, 1946
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

1930 - 3 December, 1946 - Reported from CG Group Washington Island for assignment to temporary winter duty at this unit.

No leave enroute.

Entitled to subsistence allowance of $1.20 per day, effective this date.

AUTHORITY:
Comdr. 9CGD L/11-27-46 (73-531)

Thomas Daly, Bos'n USCG
(Commanding)

Commanding Officer.
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date)

(Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 1.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC HOLLYHOCK		St.Martin Is.Mich.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
		2 December,1946

TIME 0950
DATE 2 December,1946

REPORTED FROM: Coast Guard Light Station, St. Martin Island, Mich.
FOR temporary duty and transportation to Coast Guard Lifeboat Station, Two Rivers, Wisconsin.

DUTY CODE NO. 76. AUTH: C9CGD/L 10-30-46.File:601-626(an)TravOrd.#091626

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

Subsistence and Quarters furnished effective 0950-2 December, 1946.

DUTY CODE NO. AUTH: A. B. JACOBSKI, Ch. Bos'n.
Executive Officer (*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 5-38

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Group	St. Martin's Island Light Station	Washington Is., Wisconsin.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
09-319		2 December, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1200
DATE 12/2/46

TRANSFERRED TO Two Rivers L/B Station via CGC Holyhock
FOR assign. temp. duty dureing closed navigation season
No.leave granted enroute.

AUTH: Cmdr. 9th CG Dist./L-11/27/46,(CG73-531).

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

Service record

DUTY CODE NO.

AUTH:

Robert C. Ashdon
Robert C. Ashdon, CBM; USinC
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NCG 2519
(Revised Nov. 1939)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Depart 1800 - 7 Dec.
Return 0900 - 6 Feb.

CG Group
Unit St. Martin's Island Light Station

Date 25 November, 1946

From: BAUCHAN, Louis S.(221-813) MoMM1c
To: Commander, 9th CG District
Via: OinC; CG Group, Washington Island, Wisconsin

Subject: Leave of absence.

1. I request (60) days' leave of absence to depart on or about 1 December, 1946

2. My reason for the above request is Accrued leave, to be near my family.

MY ADDRESS WHILE ON LEAVE WILL BE: 712 N. Rowe Street, Ludington, Michigan

[a]3. I have had -0- days' leave of absence during my current enlistment—during the current fiscal year.

Louis S. Bauchan, MoMM1c
(Signature)

CG Group
Washington Isl, Wis.
25 November, 1946

1st Endorsement

[a]Leave account certified correct.
Forwarded, approved.
[b]Forwarded, disapproved ////////// //////////

Robert C. Ashdon, CBM; OinC
Commanding—Executive Officer.

Com., 9th CGD (pmp)
Cleveland, Ohio

2d Endorsement 3 Dec., 1946

[a]Forwarded, approved.
Returned, granted.
~~Returned, not granted.~~ REPORT TO CG GROUP, WASHINGTON IS, WIS
[b]~~Forwarded, disapproved.~~ 6 Feb.
~~PRIOR TO 0900, 31 JAN., 1947~~

F. H. SCHONEWOLF, Bosn, USCG
By direction
District Commander—Commanding.

3d Endorsement

Coast Guard Headquarters,
Washington, D. C., (Date) ----------

[a]1. Returned, granted.
2. Returned, not granted ----------

---

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

Commandant.

[OVER]

16—8556-1

INSTRUCTIONS

Leave of absence will be granted in accordance with regulations.

When action by Headquarters is required upon an application for leave, this form will be submitted to Headquarters in triplicate.

This form will be used in all cases where leave of absence is granted to commissioned and warrant officers and enlisted men.

In cases where leave of absence is granted to a commissioned or warrant officer without reference to Headquarters, copy of this form will be forwarded to Headquarters immediately.

The following will be completed and forwarded to Headquarters in all cases where extension of leave of absence is granted to commissioned or warrant officers.

This form will not be used for requesting sick leave.

EXTENSION OF LEAVE OF ABSENCE

(Name)

(Rank or rating)

has this date ---, 19---, been granted --- days' extension of leave of absence, the same to take effect upon expiration of leave of absence indicated on the reverse side of this form.

(Name)

U. S. C. G.

District Commander—Commanding.

NOTE.—In reporting extensions of leave of absence, due care will be exercised to see that both sides of form are completed.

U. S. GOVERNMENT PRINTING OFFICE 16—8556-1

BAUCHAN Louis S. 221-813 MoMM 1/c.

CG. Group
St. Martin Island Light Station Washington Island, Wis. 14 November,1946

0900; 14 November,1946- Departedon 6 days authorized compensatory leave.

Cmdr. 9th CG. Dist.
Ind;2,F,2519, 10/22/46.

Marvin J. Jepsen BM 1/c.

OinC. Acting

15-25

BAUCHAN	Louis	S.	221-813	MoMM1/c

CG Group
St. Martin's Island L/S. Washington Island, Wis. 17 October,1946

0800; 17 October,1946 - Departed this unit on (6) day's authorized compensatory leave.

Cmdr. 9th CG Dist.Ind-2,
F 2519; 9-23-46

Robert C. Ashdon, CBM

Officer in Charge

BAUCHAN Louis S. 221-813 WoMM1/c

CG Group
St. Martin's Is.,Light Station Washington Island, Wis. 19 September,1946

0800; 19 September,1946 - Departed on (6) day's authorized compensatory leave.

Cmdr. 9th CG Dist. Ind-2,
F2519; 8-13-46

Robert C. Ashdon, CBM

Offider in Charge

BAUCHAN, Louis S. 222-813 ~~S2/c~~ MoMM2c

CG Group St. Martin's Island Light Station Washington Is., Wisconsin

09-267 16 August,1946

0800; 16 August,1946 - Departed on (6) day's authorized compensatory leave.

Robert C. Ashdon, BM1/c; OinC;

DCGO/Ind-2,F2519; 7-16-46

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 15-13

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1/c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Group	St. Martin's Island, Light Station	Washington Is., Wisconsin
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
09-267		22 June, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)
0800, 22 June, 1946 - Departed on (6) day's authorized compensatory leave.

DUTY CODE NO.
AUTH: DCGO/Clev.Ind-2,F2519, 6-18-46

Robert C. Ashdon, CBM; OinC.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 2-13

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1/c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Group	St. Martin's Island Light Station	Washington Is., Wisconsin
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
19-267		6-1-46

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

1100, 1 June, 1946 - Reported from 6 day's authorized compensatory leave prior to expiration of same.

DUTY CODE NO.

AUTH: DCGO/Ind-2; F 2519; 5-18-46 Robert C. Ashdon, CBM; OinC.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 4-32

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1/c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group	St. Martins Light Station	Washington Is. Wisconsin.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
19-267		3 May, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1100, 3 May, 1946 - Reported from (15) fifteen days authorized annual leave of absence prior to the expiration thereof.

Subsistence allowances of $1.20 per day commences above time and date.

DUTY CODE NO.
AUTH: DCGO/Clev.Ind-2,P2519; 4-15-46
Robert C. Ashdon, CBM; OinC.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 30-26

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1/c
MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group	St. Martins Isl. Light Station	Washington Isl. Wisconson
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
19-267		4-18-46

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

0800, 18 April, 1946 - Departed on fifteen (15) days authorized annual leave of Absence.

DUTY CODE NO.

AUTH: DCGO/Cleve. Ind-2 F 2519

Robert C. Ashdon, CHM
Officer in Charge.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

APR 9 1946

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
B A U C H A N Louie S.	221-813	MoMMle.,USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Menominee Pierhead RageFnt LtSta		Menominee,Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
19-256		5 April, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Temporary duty made permanent - 0830, 17 December, 1946. (Td fm Washington Island Grp)
Subs @ $2.25 per diem comm 0830 12/17 FO
Ctrs @ $1.25 per diem comm 0830 12/17 FO

0900, 26 March, 1946 - Tr to Washington Island Group, Washington Island, Wisc.
Subs @ $2.25 per diem term 0900 XX 3/26
Ctrs @ $1.25 per diem term 0900 XX 3/26
No leave enroute.

cc: Washington Island Group,

DUTY CODE NO. 18-D

AUTH: M. BARTHOLOMEW, Lieut.Comdr., USCGR (W)
By direction (*Commanding*)
Jas

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 2-26

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHON, Louis,S	221-813	MoMM1/c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Group	St. Martin Light Station	Wash. Isl. Wisc.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
19-267		4-1-46

TIME 1300
DATE 4-1-46

REPORTED FROM: Plum Island L/B Station, Wisconsin
FOR Assignment perm. duty as OinC, St. Martin Light Station

DUTY CODE NO.

AUTH: DCGO/Cleve/D 191947, March, 1946

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: Robert C. Ashdon, CBM
Officer in Charge (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

1-26

No. 2nd

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BEUCHON, Louis S.	221-815	MoMM1/c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Group	Plum Island L/B Station	Wash. Isl. Wisc.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
19-264		1 April, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1100

DATE 4-1-46

TRANSFERRED TO: St. Martins Light Station in connection with Aids to Navigation.

FOR No leave granted enroute.

AUTH: ECCO/Cleve/D 191947, March, 1946

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: Robert C. Ashdon, CBM

(Commanding) Officer in Charge

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 20

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMM1/c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group	Plum Island L/B Station	Wash. Isl. Wisc.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
19-264		3-28-46

TIME 1900
DATE 3-28-46
DUTY CODE NO. 133

REPORTED FROM: Menominee Pierhead Range Front Light Sta. Michigan.
FOR Assignment perment duty in connections with aids to Navigation at St. Martins Island Lt. Station. No leave granted enroute.
AUTH: DCGO/Cleve/D 191947, March, 1946

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: Robert C. Ashdon, CBM
(Commanding) Officer in Charge

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

PERSONNEL DEMOBILIZATION SURVEY

TOTAL: 51 POINTS

This form is to be typed and submitted in duplicate for every enlisted person under your command, male and Spar.

UNIT CG Group, Wash. Isl., Wisconsin DATE 27 August, 1945

1. BAUCHAN (Last Name) Louis (First Name) Stanley (Middle Name)

221-813 (Service Number) MoMMlc (Rate) 27 March, 1912 (Date of Birth)

Place from which ordered to active duty St. Martin Island Light Station

2. SIMPLIFIED POINT FORMULA — POINTS

Age to nearest birthday [33] divided by 2 - - - - - - - - - - 16½

Number of months of active duty since 1 September, 1939 [49] divided by 2 - - - - - - - 24½

Points for dependency (If eligible enter 10 points) - - - - 10

TOTAL POINTS 51

3. RESERVE PERSONNEL ONLY

a. Date of enlistment

b. Date called to active duty

4. REGULAR PERSONNEL ONLY

a. Date of current enlistment 3 July, 1941

b. Date of voluntary extension (if any) 3 July, 1944

If extended, give number of years for which extended 3 years

c. Date of involuntary extension (if any) - - -

5. CHECK BELOW IF ANY OF THE FOLLOWING MEDALS WERE AWARDED SINCE 1 SEPTEMBER, 1939

- [ ] Medal of Honor
- [ ] Navy Cross
- [ ] Silver Star
- [ ] OSS (Army) Distinguished Service
- [ ] Legion of Merit (If for combat)
- [ ] Distinguished Flying Cross (If for combat)

(OVER)

6. MONTHS OF DUTY OUTSIDE CONTINENTAL LIMITS OF U.S. (OTHER THAN GREAT LAKES)

a. Total months of such duty served None

b. Give dates from and to _____

7. NATURE OF DEPENDENCY CLAIM FOR DISCHARGE POINTS

a. Is dependency claimed on the basis of current authorization for payment of money allowances for dependency, or money allowances in lieu of quarters for dependents? . . . . . Yes

If yes, give relationship of dependent, i.e., wife, mother, child, etc. List only one Wife

or

b. Is dependency claimed on the basis of having a wife serving in the armed forces of any of the United Nations? . . . . _____

If yes, give branch of service, rank or rate, present station and date of marriage _____

_____

8. INFORMATION CONCERNING HOSPITALIZATION OR DISCIPLINARY ACTION

a. Is person undergoing hospitalization _____

If so, state probable date of discharge _____

b. Is disciplinary action pending or is person under probation as a result of disciplinary action _____

If so, state nature and probable date of termination _____

_____

9. REMARKS

_____

_____

_____

_____

_____

_____

Commanding Officer or Officer in Charge
BERNARD A. BRUSWELL, USCG
xxxxxxxxxxxxxxxxx

1. BAUCHAN, Louis Stanley

2. 221-813

3. MoMMlc

4. 3 July, 1941

5. 3 July, 1941

6. 3 July, 1944 - 3 years

7. - - - - -

8. None

9. Good Conduct Ribbon

10. Irene L. Bauchan - Wife
Dennis B. Bauchan - Son
Michael L. Bauchan - Son

11. Date of FA application not known. Nothing in the service record.

12. Fifty (50) months

13. 27 March, 1912

9 45 - 8
12 - 3
33 5

45 - 8
41 - 7
4 .

49

EDUCATIONAL AND SPECIAL QUALIFICATIONS.

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

BAUCHAN, Louis Stanley	221-813	Coxwain
(NAME)	(SERVICE NUMBER)	(RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: 8th 10 yrs. Yes 8th
(Number of years attended, graduated) (Grade)

(b) High school: 4 yrs. Yes Graduated
(Number of years attended, grade completed or graduated

(c) College: None
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )
Electrician (general)	( )	Engineer, steam	( )
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

No

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as weill indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Use reverse side of this form when necessary.

Louis Stanley Bauchan
(SIGNATURE)

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
B A U C H A N, Louis S.	221-813	MoM 1c, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Menominee Pierhead RgeFnt Light Station		Menominee, Michigan
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
19-256		29 January, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0830, 17 December, 1945 - Reported for assignment to temporary duty from Group, Washington Island, Wisconsin.

DUTY CODE NO.
18-D

AUTH:
DCGO, Cleve/L 12/11/45
(73-531) (pra)

M. Bartholomew
M. BARTHOLOMEW Lt.Comdr., USCGR(W)
By direction (Commanding)
as

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

1 Ltr qms

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
Bauchan, Louis S.	221-813	MoMM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Menominee Pierhead Range Sta.		Menominee, Mich.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-256	4 January 1946

TIME 2000
DATE 12-17-45
REPORTED FROM: Plum Island Lifeboat Sta.
FOR Temporary duty

DUTY CODE NO. 133 AUTH: DCGO/L pra. 11, Dec. 73-531

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

On completion of temporary duty subject man is to continue to ~~L~~ Ludington LB Station North Breakwater front, for permanent duty.

DUTY CODE NO. 133 AUTH: DCGO/L pra. 11, Dec. 73-531

J. L. Bunker
J. L. Bunker
(Commanding) Keeper(Act.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

NO POSTING REQUIRED PEA 1-10

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

File

REPORT OF CHANGE IN PERSONNEL

Bauchan	Louis	S.	221-813	MoMM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group 19-263	Washington Island, Wisconsin	December 17, 1945
(Major unit)	(Unit Item No. or vessel's assigned district) (Place)	(Date)

Plum Island Lifeboat Station
(Minor unit)

Bauchan, Louis S. 221-813 MoMM1c having held this rate on 31 July 1943 and in accord with Alcoast 143-45 is qualified to hold pmanent rating of MoMM1c.

EXAMINED PEA...

DUTY CODE No.: 133
AUTHORITY: DCGOCLeve9ND Alcoast 143-45

Bernard A. Bromwell CBM
Bernard A. Bromwell CBM
(Commanding)

Officer in charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
49	

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

REPORT O[illegible]NGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
Bauchan, Louis S.	221-813	MoMM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Group	Washin Plum Island LB Station	Wash.Isl.Wis.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
19-264	W	January 2, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 12-17-45

TRANSFERRED TO: Memominee Light Station, Memominee, Mich.
FOR Temporary duty.

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

On completion of tempory duty subject man is to continue to Ludington LB Station North Break Water, fromt, for permenent duty.

133

DUTY CODE NO.

DCGO/L pra.11,Dec. 73-531

AUTH:

Bernard A. Bromwell CBM
(Commanding)
Officer in charge

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING

Punched _____

Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NAVCG-10003 (6-45)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

Address Reply To
THE COMMANDANT (FA-CP)
Refer To File: CG-521

27 September, 1945

To: DCGO, Cleveland, 9ND (fpd)

Via:

Subj: BAUCHAN, Louis S. (221-813), MoMMlc;
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June, 1945
(b) Letter dated 19 September, 1945 (fpd CG-521)

The following credits and /or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl.

By direction

Credits: Description of Item	1945 From	1945 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
None pertinent								

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
Pub. Qtrs. @.90 per day--occupied 5/10/45	46.80	55162	CR

U.S. COAST GUARD
MAIL SECTION (4)
MAILED SEP 28 1945

OTHER PERTINENT INFORMATION OR REMARKS:
F/2705 occupies Gov't Qtrs. 5/10/45 C St. Martin Isl. LS: 55162

Closed 30 June, 1945 SDA 55162

WW

11524

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT (fpd)
REFER TO FILE: CG-521

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

SEP 21 1945

19 September, 1945

To: The Commandant (FA-CP)

Subj: BAUCHAN, Louis S. (221-813) MoMM1c; Pay record verification:

It is requested that the following information be furnished from the pay record of the above named man for the period 1 January - 30 June, 1945:

(a) Public Quarter checkages, entire period

O. D. DIEL
By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

Hdqrs

39

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	(221-813)	Mo.M.M.1c. USCG.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Group	St. Martin Island Light Sta.	Washington Island, Wis.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-264	16 July, 1945.

TIME 1900
DATE 14 July, 1945

REPORTED FROM: temporary duty at rifle range at Sturgeon Bay Canal
FOR Lifeboat Station, Sturgeon Bay, Wisconsin.
further transfer to St. Martins Island for resumption of regular duty.

DUTY CODE NO. 133

AUTH: DCGO Cle9ND DistCirLet No.77-45 4/21/45

TIME 1930
DATE 14 July, 1945

TRANSFERRED TO: St. Martin Island
FOR resumption of regular duty.

AUTH: DCGO Cle9ND/L-3/1/45 (601-603-626)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. _____ AUTH: _____

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-E-22

DUTY CODE NO. 133

AUTH: DCGO Cle9ND DistCirLet No.77-45 (227-671)

Bernard A. Bromwell CBM

Bernard A. Bromwell, CBM, USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

No. 43

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MOMM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group	Sturgeon Bay Canal LB Station	Sturgeon Bay, Wis.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
19-248		7-14-45

TIME 1745
DATE 8 July, 1945

REPORTED FROM: Group, Washington Is.,Wis.
FOR temporary duty on rifle range

DUTY CODE NO. 29 AUTH:

TIME 1200
DATE 14 July, 1945

TRANSFERRED TO: Group, Washington Is.,Wis.
FOR Temp. duty expires, depart for regular duty

AUTH: Dist.Cir.Ltr.77-45 & Group, Washington Is.,Wis./L-7-8-45 783-531

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

NO POSTING REQUIRED PCA-E-22

M.G. McCUNE, Lieut, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Hdqrs

No.20

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	(221-815)	Mo.M.M.1c. USCG.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Group	St. Martin Light Station	Washington Island, Wis.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-264	13 July, 1945.

TIME 1425
DATE 8 July, 1945.

REPORTED FROM: St. Martin Light Station
FOR further assignment to temporary duty at rifle range Sturgeon Bay Canal Lifeboat Station, Sturgeon Bay, Wisconsin.

DUTY CODE NO. 133

AUTH: DCGO Cle9ND DistCirLet No.77-45 4/21/45 (227-671)

TIME 1430
DATE 8 July, 1945.

TRANSFERRED TO: Sturgeon Bay Canal Lifeboat Station, Sturgeon Bay, Wisconsin.
FOR temporary duty at rifle range.

AUTH: DCGO Cle9ND DistCirLet No.77-45 4/21/45 (227-671).

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. _____ AUTH: _____

OTHER CHANGES (SPECIFY)

Bernard A. Bromwell Bm

DUTY CODE NO. 133

AUTH: DCGO Cle9ND DistCirLet. No.77-45 4/21/45 (227-671)

Bernard A. Bromwell, CBM, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

4 146

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

Hdqrs

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MOMM1c, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	~~Plum Island LB Station~~ St. Martin Lt. Sta.	Washington Island, Wis.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-264	27 March, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

0730 - this date, departed Plum Island LB Station for St. Martin Island Light Station for assignment to duty.

1030 - this date, reported to St. Martin Island Light Station from Plum Island Lifeboat Station for assignment to duty.

Inter-unit transfer.

L. F. Hebert

DUTY CODE NO. 133

AUTH: DCGOCleve/L 3-10-45 (601-603-626)

L. F. HEBERT, Lieut. (jg) USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
211	2	19	2	30
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NAVCG 2699
U. S. COAST GUARD
(Rev. June 1943)

Hodges

120

REPORT OF CHANGE IN PERSONNEL

BAUCHAN	Louis	S.	221-813	MOMM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG GROUP	19-264	Washington Island, Wis.	2 Dec., 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Plum Island LB Sta.
(Minor unit)

1800 - this date, departed St. Martin Island Light Sta. (19-267) in transfer to Plum Island LB Sta. (19-264).

1930 - this date, reported to Plum Island LB Sta. (19-264) for assignment to permanent duty from St. Martin Island Light Sta. (19-267).

Inter-unit transfer.

DUTY CODE No.: 133-4
AUTHORITY:
CleveDist/D 011520 Nov., 1944

L. F. Hebert
L. F. HEBERT, Lieut. (jg), USCG
(Commanding)
Commanding Officer
(Title)

EXAMINED PEA-E-22

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

Rate	R T	Pay Grade	District	Foreign Domestic	Duty
211		2	19	2	29
II	III	XIV	XVII	XX	XXI

OFFICER PERSONNEL

District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

RECORDS

Posting	Coding
DrcJ.	

MACHINE ACCOUNTING

Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

Form N. C. G. No. 2668
Form approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. _____
PAY No. _____

REPORT OF CHANGE IN PAY STATUS

B A U C H A N	Louis	S.	221-813	MoMMlc
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

St. Martin Island Light Station WASHINGTON ISLAND STATION (09-175)	Washington Island, Wis.	3 July, 1944
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

3 July, 1944 - Voluntarily agreed to extend enlistment this date for a period of three (3) years and addtional extension thereof for the duration of the war and a period not to exceed six (6) months thereafter if greater than the three year period of extension.

Not entitled to clothing bounty.

Entitled to $150.00 reenlistment allowance.

PAFE: Washington Island, Wisconsin.)
) No mileage allowance payable.
PEOE: Washington Island, Wisconsin.)

AUTHORITY: 29
Art. 271 (5) P&SI
Alcoast No. 83 (1941)
Personnel Bulletin 55-43

R. J. LeClair
R. J. LE CLAIR, Boatswain
(Commanding)

Commanding Officer
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

_____ (Date)

_____ (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—32065-1

N. C. G. No. 2668
Form approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. _____
PAY No. _____

REPORT OF CHANGE IN PAY STATUS

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
B A U C H A N	Louis	S.	221-813	MOMM1c

St. Martin Island Light Station
WASHINGTON ISLAND STATION (09-175) Washington Island, Wisconsin 3 July, 194

(Unit) (Place) (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

ENLISTED - - - - - - - - - - - - - - - - - - three (3) - - - - - - - - - - - - 7-3-41
A.W.L. - None
SICK, Misc. - None
N.P.D.I. - None
Extended enlistment (voluntary) for a period of three (3) years and additional extension for the duration of the war and a period not to exceed six (6) months thereafter if greater than the three (3) year period.

Completed - - - - - - - - - - - - - - - - - three (3) years - - - - - - - - - 7-2-44
Entitled to addtional 5% longevity pay as of - - - - - - - - - - - - - - - - 7-3-44

AUTHORITY: 29
Personnel Bulletin No. 59-42.
Finance Circular No. 74-42.

R. J. LeClair

R. J. LE CLAIR, Boatswain
(Commanding)

Commanding Officer
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

_____ (Date)

_____ (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—32065-1

N. C. G.-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

WASHINGTON ISLAND STATION
Washington Island, Wisconsin
(Unit)

BAUCHAN, Louis Stanley — 3 July, 1944
(Name in full—surname to the left) (Date)

221-813 — MOMM1c
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	7	3
Enlistment extended (for 3 years from)	1944	7	3
Date of discharge (and such other extension as may be necessary due to war — Character of discharge)			

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (NONE days)	0	0	0
Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

R. J. LeClair
R. J. LE CLAIR

Date 3 July, 1944 (Rank) Boatswain, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 3 July, 1944 — WASHINGTON ISLAND STATION, Washington Island, Wisconsin
(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)
a period of three (3) years from this date. as MOMM1c and additional extension for the duration of the war and the period not to exceed six (6) months thereafter if greater than the three (3) year period of extension.

R. J. LeClair
R. J. LE CLAIR

(Rank) Boatswain, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

SMALL ARMS RECORD - - CLEVELAND, NINTH NAVAL DISTRICT DATE 7/14/45

NAME Bauchan, L.S. SERVICE NUMBER 221-813 RATE ~~SM~~ MoMMlc

SUBJECT	ARMS	X	MARKS
	12 Ga. SHOT GUN (AUTOMATIC)		
	.22 Cal. PISTOL, REVOLVER		
	.22 Cal. RIFLE		
SAFETY RULES,	.38 Cal. REVOLVER		
SAFE HANDLING	.45 Cal. SUB-MACHINE GUN	X	3.5
OF WEAPONS	.45 Cal. PISTOL	X	
	.30 Cal. RIFLE, Model 1903	X	
	.22 Cal. PISTOL, REVOLVER		
	.22 Cal. RIFLE		
NOMENCLATURE, CARE	.38 Cal. REVOLVER		
AND MAINTENANCE,	.45 Cal. PISTOL	X	3.5
CLEANING	.45 Cal. SUB-MACHINE GUN	X	
	.30 Cal. RIFLE, Model 1903	X	
	12 Ga. SHOT GUN (AUTOMATIC)		
	.22 Cal. PISTOL		
	.22 Cal. RIFLE		
FIRING INSTRUCTIONS,	.38 Cal. REVOLVER		
RANGE PROCEDURE	.45 Cal. PISTOL	X	3.5
	.45 Cal. SUB-MACHINE GUN	X	
	.30 Cal. RIFLE, Model 1903	X	
	12 Ga. SHOT GUN (AUTOMATIC)		

TO BE AFFIXED TO SERVICEMAN'S RECORD

FIRING RECORD

WEAPON	RANGE	TARGET	COURSE OF FIRE	SCORE	DATE	REMARKS
.22 Cal. PISTOL	50 feet	L	L			
.22 Cal. RIFLE	50 feet	Small Bore A	K			
.~~30~~ 45 Cal. REVOLVER	25 & 50 Yards	B	Course ~~F~~ D Table XIII XIV & XV	181	7/13/45	U
.30 Cal. RIFLE	200 Yards	A	Course A Table III IV & V	123	7/11/45	U
.30 Cal. RIFLE	200 & 500 Yards	A & B	Course B Table III IV & V	196	"	U

Charles Trojers

(Signature of C.O. or Instructor)

UNITED STATES COAST GUARD
CLEVELAND, OHIO

Date 23 SEPTEMBER, 1946

TO: Officer in Charge
St. Martins Lt. Sta.

Inclosures, marked (x), in the case of the following personnel are transmitted Herewith:

BAUCHAN, Louis S. (221-513)

_____	Service Record	_____	Insurance Record
_____	Statemeht of service for longevity(form 2511)	_____	HL Dated _____
		_____	HL Dated _____
_____	Statement of service for enlistment allowances(Form 2511A)	_____	Form 2519
_____	Continuous service certificate No. _____	XXXXXX	Form 2719
_____	Health Record (Form2525)		
_____	Designation of beneficiary for Death Gratuity (Form 2529)		

UNIT CG Group, Washington, S., Wis.
27 September, 1946

Above listed papers received.

Robert C. Ashdon, CBM; USinC.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

Bauchman, Irwin L. | 221-913 | Cook | ____
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Green Bay, Wis., Date March 3, 19 42

To: _____
(Coast Guard unit)

_____
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Dental caries	0255	Jan. 28	March 3
Apical abscess of upper right 1st molar		Jan. 28	March 3

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

_____

_____

_____

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

A. J. McCarey
A. J. McCarey, M.D.
A. A. Surg.
_____ U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for
(Diagnosis)

_____ since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

2—663 U. S. GOVERNMENT PRINTING OFFICE

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) 221-813 (Service number) Coz. (Rank or rating) WASHINGTON ISLAND STATION (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Washington Island, Wisconsin, Date 28 January, 1942, 19

To: Dr. W.A. Sneeberger, A.A.S.U.S.P.H.S.
Ephriam, Wisconsin.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to WASHINGTON ISLAND STATION,

Louis S. Bauchan
(Signature of patient)

Washington Island, Wisconsin

Algot O. Johnson, Commanding Officer, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Green Bay, Wis., Date January 1942, 19 42

I CERTIFY that I have examined the above-named person and find him suffering from Dental Caries 0255 Apical abscess of upper right 1st molar
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at {*hospital / *office} on Jan. 1942

A. W. McCarey, A.A.Surg.
U. S. Public Health Service.

*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. Form 2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Washington Island Station (St. Martin Island Light Station) (Unit) — Washington Island, Wisconsin (Place)

18 February 1942 (Date)

FROM: Bauchan, Louis S. 221-813 M.M.2c. (Pro) St. Martin Island Light Station

TO: COMMANDANT (via Senior Coast Guard Officer, Chicago, 9th Naval District.

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
Irene L. Bauchan	Washington Island, Wisconsin
Dennis B. Bauchan (Full name of child; if none, so state)	Washington Island, Wisconsin (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Mrs. William Bauchan	Mother	816 Maple St. Manistee, Mich.

Due to old age; partially dependent
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

25 day of February 1942

Louis S. Bauchan
Louis S. Bauchan
(Signature)

M. M. 2c.
(Rank or rating)

Joseph E Jungworth
(Signature)

Notary Public
(Rank or title)

Comm. Expire Jan. 21, 1946

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Washington Island Station (St. Martin Island Light Station) (Unit) — Washington Island, Wisconsin (Place)

18 February, 1942 (Date)

FROM: Bauchan, Louis S. (221-813) M.M.2c.(Pro.) St.Martin Island Light Station

To: COMMANDANT (via ~~Senior Coast Guard Officer, Chicago, 9th Naval District.~~

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene L. Bauchan (Full name of wife; if not married, so state)	Washington Island, Wisconsin (Address of wife)
~~Dennis B. Bauchan~~ (Full name of child; if none, so state)	~~Washington Island, Wisconsin~~ (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative)	Mother (Relationship)	816 Maple St. Manistee, Mich. (Address of relative)

Due to old age; partially dependent (State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 25 day of February, 1942

Joseph E. Jungwirth (Signature)

Notary Public (Rank or title)

Comm. Expire Jan. 28, 1946

Louis S. Bauchan (Signature)

M.M.2c (Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

N. C. G.-2529
(Rev. 9-2-41)

U. S. COAST GUARD
RECD MAR 7 1942

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Washington Island Station
(St. Martin Island Light Station)
(Unit)

Washington Island, Wisconsin
(Place)

18 February, 1942
(Date)

FROM: Bauchan, Louis S. (221-813) M.M.2c.(Pro.) St.Martin Island Light Station

To: COMMANDANT (via Senior Coast Guard Officer, Chicago, 9th Naval District.

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene L. Bauchan (Full name of wife; if not married, so state)	Washington Island, Wisconsin (Address of wife)
Dennis B. Bauchan (Full name of child; if none, so state)	Washington Island, Wisconsin (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative)	Mother (Relationship)	816 Maple St. Manistee, Mich. (Address of relative)

Due to old age; partially dependent
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

25 day of February, 1942

Joseph E. Jungkowitch
(Signature)

Notary Public
(Rank or title)

Louis S. Bauchan
Louis S. Bauchan
(Signature)

M.M.2c
(Rank or rating)

Comm. Expire Jan. 21, 1946

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD (7)
RECD JAN 5 1942

REPORT OF CHANGE IN PERSONNEL

BAUCHAN	Louis	S.	221-813	Cox.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

WASHINGTON ISLAND STATION
(Plum Island Lifeboat Station) Washington Island, Wis., 17 December, 1941.
(Unit) (Place) (Date)

1600 this date - arrived and reported for duty upon the closing of the St. Martins Island Light Station.

AUTHORITY: Senior Coast Guard Officer, letter dated 27 November, 1941, (CP-75).

Algot O. Johnson.
Algot O. Johnson, C.B.M.,
(Commanding)

Commanding Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			FILED JAN 14

U. S. GOVERNMENT PRINTING OFFICE 0

Address reply to
Commander, Chicago District
and refer to file No. P-73

OFFICE OF THE COMMANDER
CHICAGO DIVISION

U. S. COAST GUARD (3)
RECD SEP 15 1941

73
701

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

CHICAGO, ILLINOIS

11 September, 1941.

From: Commander, Chicago District.
To: Commandant.

Subject: Louis S. Bauchan (221-813) Cox; correct service number.

Reference: (a) Headquarters letter, 8 September, 1941 (PR5-73-701).

1. In accordance with reference (a), Headquarters is informed that the service number of subject man, (221-813), is correct. At the time former civilian lighthouse personnel were inducted a typographical error was made in the case of Wallace Hall, B.M.1c, in connection with issuance of service number in his case. The correct number assigned to Wallace Hall, B.M.1c. was (221-863).

2. It is requested that Headquarters records in the case of Wallace Hall be corrected in accordance with the above. All records at this office and his former station, Manistee Station, have been corrected accordingly.

N.S. Fulford,
By direction.

PR5-73
701

pef

8 September, 1941.

From: Commandant.
To: Commander, Chicago District.

Subject: BAUCHAN, Louis S. (221-813) Cox. - correct service number.

Reference: (a) Enlistment contract dated 3 July, 1941, with supporting papers.

1. Reference (a) shows that Louis S. Bauchan has been assigned service numbbr 221-813. The records at Headquarters show this number has been assigned to Wallace Hall, boatswain's mate, first class, who was retired from Manistee Station, 1 September, 1941. It is requested that Headquarters be advised of the correct service numbers of these men.

F. E. ALLISON,
By direction.

PR5-73
701

pef

8 September, 1941.

From: Commandant.
To: Commander, Chicago District.

Subject: BAUCHAN, Louis S. (221-813) Cox. - correct service number.

Reference: (a) Enlistment contract dated 3 July, 1941, with supporting papers.

1. Reference (a) shows that Louis S. Bauchan has been assigned service numbbr 221-813. The records at Headquarters show this number has been assigned to Wallace Hall, boatswain's mate, first class, who was retired from Manistee Station, 1 September, 1941. It is requested that Headquarters be advised of the correct service numbers of these men.

F. E. ALLISON,
By direction.

MAILED
SEP 9 1941
MAIL DESK

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (18)
REC'D AUG 21 1941
WASHINGTON ISLAND STATION

BAUCHAN, Louis Stanley — (Name, surname first)
221-813 Corrected 221-813 — (Service number)
Coxwain (St. Martin Island Light Sta — (Rank or rating) (Unit)

*~~REGULAR~~
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Sturgeon Bay, Wisconsin, Date 1941 AUG 19 AM 8 16, 1941.

To: Commanding Officer, Washington Island Station
(Coast Guard unit)

Washington Island, Wisconsin — (Address)
Health Record Returned Aug. 14, 1941.

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION — FROM	TO
Typhoid inoculation Small-pox vaccination		July 25,	Aug. 14,

U. S. COAST GUARD
REC'D AUG 2[illegible] 19[illegible]
MEDICAL SECTION

OFFICE
OCT - 1 1941
INSPECTOR IN CHIEF

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*~~Yes.~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

J. C. Huff M.D.
A.A. Surgeon — *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at ____ for (Diagnosis) since ____, 19__, has been transferred this date ____, 19__, to the U. S. Marine Hospital at ____ for further treatment.

____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—668

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

2—663 U. S. GOVERNMENT PRINTING OFFICE

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (17)

WASHINGTON ISLAND STATION

BAUCHAN, Louis Stanley 221-813 Coxwain (St.Martin Island Light Sta.)
(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

~~REGULAR~~
*SPECIAL
TEMPORARY
(Enlistment status)

Place Washington Island, Wisconsin, Date 28 July, 1941.

To: A. A. Surgeon, USPHS Health Record Forwarded 28 July 1941.
Sturgeon Bay, Wisconsin

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U.S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the Vaccination and inoculation
RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Washington Island Station

Louis Stanley Bauchan Philip A. Carlson
(Signature of patient)

C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Sturgeon Bay, Wis., Date July 28, 1941.

I CERTIFY that I have examined the above-named person and find him suffering from
Small-pox vaccination, Typhoid inoculation
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*~~Less.~~ / *~~More.~~} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at {*~~hospital~~ / *office} on July 28, 1941.

J. A. Huff M.D
A.A.Surgeon U. S. Public Health Service.

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*Having been informed that I am suffering from
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. Form 2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

WASHINGTON ISLAND STATION (St. Martin Island Light Station) (Unit) — Washington Island, Wisconsin (Place)

3 July, 1941. (Date)

FROM: BAUCHAN, Louis Stanley (221-813 Coxwain - WASHINGTON ISLAND STATION.

TO: COMMANDANT (via Commander, Chicago District)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene Lyell Bauchan (Full name of wife; if not married, so state)	40 Franklin St., Pontiac, Michigan (Address of wife)
Dennis Brian Bauchan (Full name of child; if none, so state)	do (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Minnie Bauchan (Full name of relative)	Mother (Relationship)	816 Maple St., Manistee, Michigan (Address of relative)

Partially dependent due to old age. (State briefly wherein dependency exists)

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

William Bauchan (Full name of relative)	Father (Relationship)	816 Maple St., Manistee, Michigan (Address of relative)

Partially dependent due to old age. (State briefly wherein dependency exists)

WITNESSED BY: Philip A. Carlson
Philip A. Carlson

C.B.M.
Rank

SIGNED: Louis Stanley Bauchan
Louis Stanley Bauchan

Coxwain
Rank or Rating

2—10348 U. S. GOVERNMENT PRINTING OFFICE

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

BAUCHAN, Louis S. (Name—Surname to left) | MoMM1/c (Rank or rating 31 Aug. 1946) | 221-813 (Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 121 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) | Mrs. Louis Bauchan, (Name of dependent) | Wife (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) | _____ (Name of dependent) | _____ (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Louis S. Bauchan
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at _____
this _____ **day of** _____

(SEAL)

_____
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

Robert C. Ashdon, CBM; OinC (*Signature of Commanding Officer*) CG Grp. Wash. Is., Wis. (*Unit*)

---

5. (Following to be completed by the authorized certifying officer having custody of claimant's pay records:)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(*Monthly pay (base and longevity)*) (*Officer monthly rental allowance*) (*Officer daily subsistence allowance*)

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BAUCHAN	Louis	S.	221-883	Coxwain
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

WASHINGTON ISLAND STATION (St. Martin Island Light Station)	Washington Island, Wis.	3 July, 1941.
(Unit)	(Place)	(Date)

U. S. COAST GUARD (9)
REC'D JUL 11 1941

2000 this date, originally enlisted for 3 years. (Inducted from L.H. Service).
Entitled to clothing bounty.
Not entitled to enlistment allowance.
Place of acceptance for enlistment: Washington Island, Wisconsin.

AUTHORITY:

H/L 19 Apr. 1941, 1941 (P-75-700).

Philip A. Carlson
Philip A. Carlson, CBM
(Commanding)

Enlisting Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10935

EDUCATIONAL AND SPECIAL QUALIFICATIONS.

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

BAUCHAN, Louis Stanley	221-813	Coxwain
(NAME)	(SERVICE NUMBER)	(RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: ~~8th~~ 10 yrs. Yes 8th
(Number of years attended, graduated) (Grade)

(b) High school: 4 yrs. Yes Graduated
(Number of years attended, grade completed or graduated

(c) College: None
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )
Electrician (general)	( )	Engineer, steam	( )
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

No

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as weill indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Use reverse side of this form when necessary.

Louis Stanley Bauchan
(SIGNATURE)

SS-77

DEPARTMENT OF COMMERCE

WASHINGTON ISLAND STATION
(Bureau or Office)

3 July, 1941.

To Commander, Chicago District

Chicago District

SIR:

I hereby tender my resignation from the position indicated below effective at the close of 2 July, 1941.

Position: 2nd Assistant Keeper

Grade and salary: $1200.00

Division:

Station: St. Martin Island Light Station

Reason for resigning: Enlisting in U. S. Coast Guard

Louis Stanley Bauchan
(Signature)

Is above person unqualifiedly recommended for further Government employment? Yes

Recommend above resignation be accepted {~~with~~ / without} prejudice.

Superior's remarks:

N.S. Fulford, Lieut. Comdr.,
By direction
(Signature of superior)

(Title)

Leave record during current calendar year:

Annual 0; sick 0; without pay 0

Sick leave taken during last year of employment 0

Number of occasions when such sick leave was taken 0

N.S. Fulford, Lieut. Comdr.
By direction.
(Leave Clerk)

U. S. GOVERNMENT PRINTING OFFICE: 1931 11—10557

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

PE-PR-67

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

ENLISTMENT OF BAUCHAN, Louis S. (Full name, surname to left); 221-813 (Service number); $205.80 (Pay per month)

Accepted for enlistment at CG Group, Frankfort, Michigan; ENl (Rating in which enlisted)

Enlisted at Frankfort Lifeboat Station, Frankfort, Michigan; 6 July, 1950 (Date of enlistment)

Transferred to Point Betsie Light Station, Frankfort, Michigan

Occupation Engineman Citizenship* N.B. If naturalized, place and date of naturalization - Certificate No. - - - - - -

Date of birth 27 March, 1912 Place of birth Manistee, Michigan

Home address Point Betsie Light Station (Street and number), Frankfort (Town), Benzie (County), Michigan (State)

Married or single Married Name and address of next of kin or legal guardian Irene L. Bauchan, Wife, (Relationship) Point Betsie Light Station, Frankfort, Michigan (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / ~~Reserve~~ } 9 (Years) 0 (Months) 3 (Days)

First enlisted 3 July, 1941 (Date) at Washington Island, Wisconsin (Place) and was

last discharged 5 July, 1950 (Date) from Coast Guard Group, Frankfort, Michigan (Unit

with HONORABLE (Character) discharge as Engineman first class (Rate) No.

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 38 years 5 months.

Height 5 feet 11 inches. Weight 170 pounds.

Eyes Gray Sex Male Hair Light Brown Complexion Fair Color White

Personal characteristics marks, etc. 1-inch scar lower right jaw.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with GEORGE A. HILL CBOSN of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 6 years from 6 July, 1950 / during minority until 5 July, 1956 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Louis Stanley Bauchan, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Louis S. Bauchan
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 6 day of July, A. D. 1950

George A. Hill
GEORGE A. HILL CBOSN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commander, CG Group, Frankfort, Mich.
(Title)

Citizenship substantiated and contract perfected.

George A. Hill
GEORGE A. HILL

CBOSN, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16- 8420-2 U. S. GOVERNMENT PRINTING OFFICE

N. C. G.-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Point Betsie Light Station, Frankfort, Michigan
(Unit)

BAUCHAN, Louis S.
(Name in full—surname to the left)

5 July, 1950
(Date)

221-813
(Service number)

EN1, USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1947	7	3
Enlistment extended (for 3 ~~years~~ days from)	1950	7	2
Date of discharge (HONORABLE) (Character of discharge)	1950	7	5

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	3	0	3

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (-0- days)			
Creditable time served during last enlistment period	3	0	3

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

GEORGE A. HILL

Date 5 July, 1950, ~~19~~xx

(Rank) CBOSN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 6 July, 1950, 19xx

CG Group Office, Frankfort, Michigan
(Unit and place)

I CERTIFY that the above-named man Reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX years from this date.

GEORGE A. HILL

(Rank) CBOSN, U. S. C. G.
Commanding officer.

16—20908-1

REPORT OF CHANGE IN PERSONI

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. _____

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	EN1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP, FRANKFORT, MICHIGAN	Point Betsie Light Station	Frankfort, Michigan

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
09-185	09-183	6 July, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

SEE REVERSE SIDE OF THIS FORM:

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

_____
(*Commanding.*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

6 July, 1950 - - - - Reenlisted in the U.S. Coast Guard, Regular enlistment for aperiod of SIX years in the rating of EN1.

PAFE: Frankfort, Michigan

Entitled to reenlistment allowance of $ 360.00.

AUTHORITY:
Art.556, REGS, PC 20-48
Art. 235, P&SI

George A. Hill
GEORGE A. HILL CBOSN, USCG
Commander, CG Group, Frankfort, Michigan

REPORT OF CHANGE IN PERSON

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. _____

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	EN1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP, FRANKFORT, MICHIGAN	Point Betsie Light Station - -	Frankfort, Michigan
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
09-185	09-183	5 July, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

SEE REVERSE SIDE OF THIS FORM:

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

_____
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

5 July, 1950 - - - Discharged from US Coast Guard, Regular enlistment, in the rating of EN1 with HONORABLE discharge form No. 2510 by reason of expiration of full THREE year term of enlistment; to reenlist the following date.

PAFE: Frankfort, Michigan
POD: Frankfort, Michigan
Not entitled to any milage tate, Not entitled to MOP due to previous payment.

Elected to reveive cash comensation for 30 days unused leave due on discharge.

TOTAL CREDITABLE SERVICE 14 years 8 months 4 days.

AUTHORITY:
Art. 589(1) CG REGS, CC-31-47
Art. 138, P&SI 172-45

George A. Hill
GEORGE A. HILL CBOSN, USCG
Commanding Officer, CG Group, Frankfort, Mich.

CERTIFICATE OF APPLICANT FOR APPOINTMENT

ENLISTMENT OR REENLISTMENT

IN THE COAST GUARD OR COAST GUARD RESERVE

1. "I have read the attached list of organizations, associations, movements, groups, and combinations of persons, and of those listed I am or have been a member of; am or have been employed by; have attended or been present at formal or informal meetings or gatherings of; have attended, been present at, or engaged in, organizational or social activities of or sponsored by; have sold, given away, or distributed written, printed, or otherwise recorded matter published by; or have in any other manner been identified or associated with; the following:

None (None) (If answer is not "none" detailed account as indicated below, must be attached on a separate sheet of paper)

(For each name stated, set forth a detailed account of nature and extent of association with and activities in connection with the organization, association, movement, group, or combination indicated, including dates, places, precise description of credentials now or formerly held, and, to the greatest extent recollected, names and addresses of others similarly associated or acting. Attach as many extra sheets as necessary for this purpose. If Federal constitutional privilege is claimed as respects the connection with any of the names set forth, the applicant may state either, "Federal constitutional privilege is claimed, "or" Federal constitutional privilege is claimed as to None" (describing the specific portions of association or activities as to which the claim is made).

2. "I have further read or had explained to me, and fully understand the matter copied above, constituting a descripiton of present or past conduct or association deemed by the Commandant of the Coast Guard to constitute sufficient grounds for rejecting applicants for membership in the Coast Guard. I have engaged in conduct or associations of or similar to the nature of those set forth only to the following extent:

(Attach additional sheets as necessary to a full detailed statement. If Federal constitutional privilege is claimed, state such claim, as described above.

None (None)

OVER

3. "I understand that false representation concerning, or failure fully to disclose (in the absence of an express claim of privilege), any detail of association with, or activities in connection with, any of the organizations, associations, movements, groups or combinations listed on the attached sheet which I have initialed, or any detail of present or past conduct or associations of or similar to the character of those copies above shall constitute grounds for bringing me to trial before a general court-martial with possible consequest convictions and imprisonment, or for subsequently separating me from the Coast Guard under conditions other than honorabel with or without any precedent court-martial procedure. I further understand that even though I am not accepted for enlistment or appointment in the Coast Guard, I may be subject to civil prosecution for false certification in any of the foregoing respects. Fully appreciating the foregoing. I hereby certify that the statements above constitute a correct and full disclosure (to the extent that privilege has not been expressly claimed) of all my present and past connections of any nature with any one of more of the groups named on the attached list, and of any and all conduct or associations of or similar to the character of those set forth in paragraph 2 of reference (a), copied above, in which I am mow engaging or have at any time engaged.

"Given under my hand this 3 day July, 19 52.

"Louis L Bauchman"

CONSOLIDATED LIST OF ORGANIZATIONS PREVIOUSLY DESIGNATED
AS WITHIN EXECUTIVE ORDER NO. 9835 BY LETTERS OF
24 NOVEMBER 1947, 27 MAY 1948, AND 21 APRIL 1949
ACCORDING TO THE CLASSIFICATIONS OF SECTION
3, PART III OF THE EXECUTIVE ORDER

TOTALITARIAN

Black Dragon Society
Central Japanese Association (Beikoku Chuo Nipponjin Kai)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Heimusha Kai (Japanese Residing in America Military Conscripts Association)
Hinode Kai (Imperial Japanese Reservists)
Hinomaru Kai (Rising Sun Flag Society - a group of Japanese War Veterans)
Hokubei Zaigo Shoke Dan (North American Reserve Officers Associations)
Japanese Association of America
Japanese Overseas Central Society (Kaiga Dobo Chuo Kai)
Jzpanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (Recruiting Organization)
Jikyoku Iin Kai (Association of U. S. Citizen of Japanese ancestry who have returned to America after studing in Japan)
Nanka Teikoku Gunyudan (Imperial Military Friends Group of Southern California War Veterans)
Nichibei Kagyo Kaisha (The Great Fujii Theatre)
Northwest Japanese Association
Peach Movement of Ethiopia
Sakura Kai (Patriotic Society, or Cherry Association - composed of veterans of Russo-Japanese War)
Shinto Temples
Sokkoku Kai (Fatherland Society)
Suiko Sha (Reserve Officers Association of Los Angeles)

FASCIST

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Partiots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German National (Reichsdeutsche Vereinigung)
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
Citizens Protective League

Contents Noted _____
(To be initialed by applicant)
2/23/50

Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U.S.A., Inc. (Associazione Nazionale Conbattenti Italiani, Federazione degli Stati Uniti d'America)
Friends of the New Germany (Freunde des Neuen Deutschlands)
German-American Bund (Amerikadeutscher Volksbund)
German-American Republican League
German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
Kyffhaeuser, also known as Kyffhaeus League (Kyffhaeuser Bund), Kyffhaueser Fellowshio (Kyffhaeuser-Kameradschaft)
Lictor Society (Italian Black Shirts)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

COMMUNIST

Abraham Lincoln Brigade
Abraham Linclon School, Chicago, Illiocis
Action Committee To Free Spain Now
American League Against War and Fascism
American Association for Reconstructions in Yugoslavia, Inc.
American Committee for European Workers' Relief
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Committee for Protection of Foreign Born
American Council for a Democratic Greece
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (Of San Francisco)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth for Democracy
Armenian Progressive League of America
California Labor School, Inc., 216 Market Street, San Francisco, California
Central Council of American Women of Croatian Descent, aka Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder

Contents Noted L.L.B.
(To be initialed by Applicant)

2/23/50

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station
GROUP, FRANKFORT, MICHIGAN
(Unit)

Frankfort, Michigan
(Place)

1 July, 1950
(Date)

FROM: BAUCHAN, Louis Stanley (221-813) EN1

To: COMMANDANT (via Commander, Group, Frankfort, Michigan

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene L. Bauchan (Full name of wife; if not married, so state)	721 North Rowe Street, Ludington, Mich. (Address of wife)
Dennis S. Bauchan age 9 years (Full name of child; if none, so state)	same as above (Address of child)
Michael L. Bauchan age 5 years (Full name of child; if none, so state)	same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative)	Mother (Relationship)	816 Maple Street, Manistee, Michigan (Address of relative)

Due to age she partially dependent upon me
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

1st day of JULY, 1950

George A. Hill
GEORGE A. HILL CBOSN, USCG
(Signature)

Commander, CG Group, Frankfort, Michigan
(Rank or title)

Louis S. Bauchan
Louis S. Bauchan
(Signature)

EN1, USCG
(Rank or rating)

16—25758-1

Citizens Committee for Harry Bridges
Citizens Committee of the Upper West Side (New York City)
Civil Rights Congress and its affiliates
Comite Coordingdor Pro Republica Espanola
Committee to Aid the Fighting South
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Arkansas
Communist Party, U.S.A.
Communist Political Association
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council of Afraicn Affairs
Council for Pan-American Democracy
Dennis Defense Committee
Detroit Youth Assembly
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
International Labor Defense
International Workers Order, including People's Radio Foundation, Inc.
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Labor Research Association, Inc.
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
People's Educational Association
People's Institute of Applied Religion
People's Radio Foundation, Inc.
Philadelphia School of Social Science and Art

Contents Noted L.L.B.
(To be initialed by applicant)

2/23/50

Photo League (New York City)
Progressive German-Americans, aka Progressive German-Americans of Chicago
Proletrian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Massachusetts
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington
Serbian Vidovdan Council
Slevenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Southern Negro Youth Congress
Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America
United Spanish Aid Committee
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, New Jersey
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, Uncluding Socialist Youth League
Young Communist League

SUBVERSIVE

Communist Party, U.S.A.
Communist Political Association
German-American Bund
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States".

American Christian Nationalist Party

Contents Noted _____
(To be initialed by applicant)

2/23/50

Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorportated
Protestant War Veterans of the United States
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means".

Communist Party, U.S.A.
Communist Political Association
Industrial Workers of the World
Nationalist Party of Puerto Rico
Socialist Workers Party
Workers Party**
Young Communist League

**Name change to "Independent Socialist League" announced by organization in April, 1949. Similar designation under the new name, "Independent Socialist League," announced by Attorney General under date of 26 September, 1949.

Contents Noted _____
(To be initialed by applicant)

2/23/50

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station GROUP, FRANKFORT, MICHIGAN (Unit) — Frankfort, Michigan (Place)

1 July, 1950 (Date)

FROM: BAUCHAN, Louis Stanley (221-813) EN1

To: COMMANDANT (via Commander, Group, Frankfort, Michigan)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

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Michael L. Bauchan age 5 years (Full name of child; if none, so state)	same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative)	Mother (Relationship)	816 Maple Street, Manistee, Michigan (Address of relative)

Due to age she partially dependent upon me
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of JULY, 1950

George A. Hill
GEORGE A. HILL CBOSN, USCG
(Signature)

Commander, CG Group, Frankfort, Michigan
(Rank or title)

Louis S. Bauchan
Louis S. Bauchan
(Signature)

EN1, USCG
(Rank or rating)

16—25758-1

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised 1938

PE-PR-37

Service Record

BAUCHAN
(Surname)

Louis Stanley	221-813	NB
(Christian names)	(Service No.)	(Citizenship)

Mo.M.M.1/c	3 July, 1947	THREE
(Enlisted as)	(Date)	(Term of years)

GROUP FRANKFORT, Michigan	Frankfort, Michigan
(Ship or station)	(Place)

16—9677

NOT ELIGIBLE FOR
MUSTERING OUT PAY

INSTRUCTIONS

ARTICLE 3.—Marks to be assigned upon discharge, even though the period is less than one month.

ARTICLE 6.—In addition to recording the award of a good-conduct medal, honorable discharge button, or other medal or decoration, record should be made of special commendations by Headquarters or the performance of duty of an exceptionally excellent character.

ARTICLE 7.—Record should especially be made of special qualifications of an enlisted man not required in his rating, which will serve as a guide for advancement and the utilization of the man on special duty to best advantage.

ARTICLE 8.—Record details to duty drawing extra compensation, such as messmen, mail clerk, etc., and to special duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction in radio, etc. (Will include inter-unit transfers.)

ARTICLE 10.—It is most important that an accurate record be kept of all periods during which a man is not in a pay status, in order that Article 16 may be executed correctly. An accurate record shall be kept of all absences on account of:

(1) Absence without leave (including overleave and desertion).

(2) Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

(3) Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

Abbreviations may be used in the "Remarks" column to indicate nature of absence, as follows:

A. W. O. L.—Absence without leave (including overleave and desertion).

A. O. M. (absent, own misconduct).—Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

Conf.—Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

ARTICLE 13.—On desertion this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 14.—On retirement this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 16.—The entries under Article 10 will be considered when compiling Article 16.

ARTICLE 17.—This certificate will be executed on discharge or death.

No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

As far as possible, all entries on Service Record should be made on the typewriter.

U. S. GOVERNMENT PRINTING OFFICE 16—9677

TER...ON OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (11-47)

Name: BAUCHAN, Louis S.	Service No.: 221-813	Rating: EN1
Unit: Point Betsie Light Station	Location: Frankfort, Mich.	Date reported:
FINAL AVERAGE EFFICIENCY MARKS: 3.8	Proficiency in rating: 3.8	Conduct: 4.0

PE-PR-37

Deductible time while attached: [XXX] None [ ] Entered in absence from duty article of record

Disposition of identification credentials: [ ] Surrendered [XXX] Not Surrendered (Explanation below)

STATEMENTS OF DISCHARGEE

Explanation of non-surrender of identification credentials

To reenlist following date of discharge

Place to which travel allowance is elected

Not entitled to TA

Receipt of the following is acknowledged

- [ ] Honorable Discharge Button
- [ ] Honorable Service Button
- [ ] Honorable Service Emblems
- [ ] Satisfactory Service Card No.
- [ ] Information relative to rights and benefits as a veteran

Address subsequent to discharge

Signature of dischargee

Louis S. Bauchan EN1, USCG

Remarks

Has signified intent to reenlist on the day following discharge.

DISCHARGE (to quarters)

Date	Type of discharge
7-2-50	HONORABLE

Reason: Expiration of three(3) year enlistment

Authority: Art. 589(1) USCG REGULATIONS

MUSTERING OUT PAY

[ ] Entitled [XXX] Not Entitled

Amount paid	Voucher No.	Check No.
- - - -	- - - - - - - - - -	- - - - - -

TRAVEL ALLOWANCE AND PAY

Paid TA from	To
Not entitled	- - - - - - - - - -

Total TA	Total TA & pay (in full to date of discharge)
- - - - - -	$649.72

Check No.	Name of pay officer
	J.D. SIMPSON PLCK, USCG

CREDITABLE SERVICE THIS ENLISTMENT

Years	Months	Days
3	0	0 3 (mil)

REENLISTMENT RECOMMENDATION

[XX] Recommended [ ] Not Recommended

Certified to be correct upon termination of service

George A. Hill
GEORGE A. HILL CBOSN, USCG
COMMANDING OFFICER

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE

DEPARTMENT: US COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME: BAUCHAN, Louis Stanley
2. SERVICE NUMBER: 221-813
3. GRADE—RATE—RANK AND DATE OF APPOINTMENT: EM1 - 4/48
4. COMPONENT AND BRANCH OR CLASS: USCG
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: 5 — RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER:
6. EFFECTIVE DATE OF SEPARATION: DAY — MONTH: July — YEAR: 50
7. TYPE OF SEPARATION: Dischagged
8. REASON AND AUTHORITY FOR SEPARATION: Art. 589(1), CG REGS
9. PLACE OF SEPARATION: CG Group, Frankfort, Michigan
10. DATE OF BIRTH — DAY: 27 — MONTH: 3 — YEAR: 12
11. PLACE OF BIRTH (*City and State*): Manistee, Michigan
12. DESCRIPTION — SEX: Male — RACE: White — COLOR HAIR: Lt. brown — COLOR EYES: Grey — HEIGHT: 5'11" — WEIGHT: 170

SELECTIVE SERVICE DATA

13. REGISTERED — YES: X — NO: — SELECTIVE SERVICE NUMBER:
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (*City, County, State*):
15. INDUCTED — DAY: — MONTH: — YEAR:
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT — YES: — NO: X — COMPONENT AND BRANCH OR CLASS:
COGNIZANT DISTRICT OR AREA COMMAND:

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: X ENLISTED ☐ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY
18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: MoMM1c
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE — DAY: 3 — MONTH: 7 — YEAR: 47 — PLACE (*City and State*): Frankfort, Michigan
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (*St., R.F.D., County, City and State*): Point Betsie Lt. Sta. Benzie, Frankfort, Mich.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	9	0	3
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	0
23. OTHER SERVICE (*Act of 16 June 1942 as amended*) COMPLETED FOR PAY PURPOSES	5	8	1
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	14	8	4

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY — DAY — MONTH — YEAR — AMOUNT: NONE
26. FOREIGN AND/OR SEA SERVICE — YEARS — MONTHS — DAYS: NONE
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Entitled to Coast Guard Good Conduct Medal
28. MOST SIGNIFICANT DUTY ASSIGNMENT: Frankfort Lifeboat Station Frankfort, Michigan
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (*Place and date, if known*): NONE
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED: NONE — DATES (*From-To*) — MAJOR COURSE
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

ALL ENTERIES APPLY TO CURRENT PERIOD OF SERVICE (*unless otherwise indicated*)

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (*amount and premium due each month*) — N. S. L. I.: X — U. S. G. L. I.:
33. MONTH ALLOTMENT DISCONTINUED: No.
34. MONTH NEXT PREMIUM DUE: August, 1950
35. TOTAL PAYMENT UPON SEPARATION: $288.72
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: None
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER:

AUTHENTICATION

38. REMARKS (*Continue on reverse*): Has signified intent to reenlist on the day following Discharge.
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: George A. Hill
NAME, GRADE AND TITLE (*Typed*): GEORGE A. HILL CBOSN, USCG
Cdr, CG Group, Frankfort, Mich

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (*Specify type*) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: — CLAIM NUMBER:
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM — TO: None
42. MAIN CIVILIAN OCCUPATION:
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: Has been in the U.S. Coast Guard and Lighthouse Service for 14 years
44. UNITED STATES CITIZEN — YES: X — NO:
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (*Years successfully completed*) — GRAMMAR: 8 — HIGH SCHOOL: 4 — COLLEGE: — DEGREE(S): None — MAJOR COURSE OR FIELD: General course
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (*St., R.F.D., County, City and State*): Point Betsie Light Station. Frankfort, Mich.
48. SIGNATURE OF PERSON BEING SEPARATED: Louis S. Bauchan
Louis S. Bauchan

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (*ARMY & AIR FORCE: ATTACH TO SERVICE RECORD. NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK. COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.*)

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION	
BAUCHAN, Louis S.			4 July, 1950 Frankfort, Michigan	
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION	
3-27-12	38	221-813	For discharge and reenlistment	
7. SERVICE, DEPARTMENT, OR AGENCY	8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION	
Treasury Department US Coast Guard	Coast Guard	Group, Frankfort, Mich	Engineman 1st class	
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)		
Male	white	Point Betsie Light Station Benzie County, Frankfort, Michigan		
14. PLACE OF BIRTH		15. OTHER DATA		
Manistee, Michigan				

16. RATING OR SPECIALTY: Engineman 1st class (*Time in this capacity*) TOTAL: LAST 6 MONTHS:

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ✓
72 INS.	188 LBS.	✓					

21. LYMPH GLANDS AND LYMPHATICS — N. S. A. ✓

22. HEAD, FACE, AND NECK—N. S. A. ✓

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ✓

24. EARS—A. CANALS, EXT. EARS—N. S. A. ✓

B. DRUMS—NO PERFORATION ✓ N. S. A. ✓

C. HEARING (*Whispered and spoken voice at 15 ft.*)

RIGHT WV 15/15: SV 15/15

LEFT WV 15/15: SV 15/15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ✓ LEFT EYE—N. S. A. ✓

B. PUPILS—EQUAL ✓ NORMAL TO ACCOMMODATION ✓ TO LIGHT ✓

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ✓

D. DISTANT VISION

RIGHT 20/ 20 CORR. TO 20/ BY

LEFT 20/ 20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE

S. C CX

S. C CX

F. NEAR VISION—(*At 14 inches*)

CORR. TO BY

CORR. TO BY

G. COLOR VISION—N. S. A. X TEST USED

H. HETEROPHORIA (*Specify distance*) ESO EXO R. H. L. H. PRISM DIVERGENCE Not made PRISM CONVERGENCE

Not made

I. RED LENS—N. S. A. ✓

J. FIELD OF VISION—RIGHT—N. S. A. ✓ LEFT—N. S. A. ✓

K. DEPTH PERCEPTION TEST USED Not made SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ✓ LEFT—N. S. A. ✓

M. ACCOMMODATION—RIGHT 0 LEFT 0

N. NIGHT VISION TEST USED Not made SCORE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 UL

LR 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 LL

_____ MALOCCLUSION—N. S. A. ☐

_____ PERIODONTOCLASIA—N. S. A. ☐

_____ GINGIVITIS—N. S. A. ☐

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE 70 B. P.: S. 124 D. 66

STANDING (*3 min.*): PULSE 72 B. P.: S. 130 D. 66

RECUMBENT: PULSE 70 B. P.: S. 130 D. 66

SITTING: PULSE AFTER EXERCISE 108 : 2 MIN. AFTER 76

28. LUNGS—N. S. A. ✓ CHEST—N. S. A. ☐ (*Include breasts for females*)

29. CHEST—N. S. A. ☐ X-RAY NOT DONE ✓

30. HEART—N. S. A. ✓

31. EKG—N. S. A. ☐ NOT DONE ✓

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ✓

B. VARICOSE VEINS—NONE ✓

33. ABDOMEN AND VISCERA—N. S. A. ☐ A. LIVER—N. S. A. ☒ B. SPLEEN—N. S. A. ☐ C. MASSES—NONE ☒

34. HERNIA. *(If present describe location, size, shape, reducibility)* *(Complete or incomplete)*
NONE ☒

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. ☒

36. VENEREAL DISEASE
NONE ☒

37. ENDOCRINE SYSTEM
N. S. A. ☒

38. G-U SYSTEM N. S. A. ☒ *(Include prostate exam. if indicated)* PELVIC—N. S. A. ☐ VAGINAL DONE ☐ OR RECTAL DONE ☒

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. ☒ B. FEET—N. S. A. ☒

C. GAIT—N. S. A. ☒

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. *(Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.)* B. PSYCHIATRIC AND PERSONALITY. *(Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)*

A. NEUROLOGICAL—N. S. A. ☒ B. PSYCHIATRIC—N. S. A. ☒ C. PSYCHOLOGICAL TESTING — TEST USED — SCORE — D. PERSONALITY DEVIATION YES ☐ NO ☐ *(If answer is yes, explain and cite recommendations under Item No. 42)*

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*
Kahn Neg

B. URINALYSIS	ALBUMIN	SUGAR
SP. GR. 1024	Neg.	Neg.
MICROSCOPIC		
Neg.		

C. BLOOD TYPE AND CLASSIFICATION USED

D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

None.

43. FURTHER SPECIALIST'S EXAMINATION INDICATED ☐ YES ☒ NO. IF YES, SPECIFY
EXAMINEE (IS) OR ~~(IS NOT)~~ *(Strike out one)* QUALIFIED FOR Engine Man.
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN Jack R Thacker MD	NAME TYPED OR PRINTED
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR PHYSICIAN *(Indicate which)*	NAME TYPED OR PRINTED
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / COAST GUARD RESERVE }

ENLISTMENT OF BAUCHAN, Louis S. (Full name, surname to left); 221-813 (Service number); $ 148.50 (Pay per month)

Accepted for enlistment at Coast Guard Group, Frankfort, Michigan; MoMMlc (Rating in which enlisted)

Enlisted at Frankfort Light & Lifeboat Station, Frankfort, Mich.; 3 July, 1947 (Date of enlistment)

Transferred to Point Betsie Light Station, Frankfort, Michigan

Occupation Coastguardsman Citizenship* NB If naturalized, place and date of naturalization _____ Certificate No. _____

Date of birth 27 March, 1912 Place of birth Manistee, Michigan

Home address Point Betsie Light Station (Street and number), Frankfort (Town), Benzie (County), Michigan (State)

Married or single Married Name and address of next of kin or legal guardian Irene L. Bauchan, Wife (Relationship), Point Betsie Light Station, Frankfort, Michigan (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / Reserve } 6 (Years) 0 (Months) 0 (Days)

First enlisted 3 July, 1941 (Date) at Washington Island, Wisconsin (Place) and was last discharged 2 July, 1947 (Date) from Coast Guard Group, Frankfort, Michigan (Unit) with an honorable (Character) discharge as MoMMlc (Rate) No. _____

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 35 years 3 months.

Height 5 feet 11 inches. Weight 151 pounds.

Eyes Gray Sex Male Hair Light Brown Complexion Fair Color White

Personal characteristics _____ marks, etc. 1-inch scar lower right jaw.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with LUDWIG WEDEMEYER, Bos'n of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE years from 3 July, 1947 / during minority until 2 July, 1950 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Louis Stanley Bauchan, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Louis S. Bauchan

Louis S. Bauchan
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 3rd day of July, A. D. 19 47

LUDWIG WEDEMEYER, Bos'n, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer
(Title)

Citizenship substantiated and contract perfected.

LUDWIG WEDEMEYER, Bos'n, USCG

Boatswain, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ____ by reason of

under authority of ____

(Signature of man)

(Signature of commanding officer)

16—8420-2

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
Re-enlisted 3 Grp.Frankfort,Mich	July, 1948 2-1-48	CO CO	Gr.Frankfort,Mich Pt.Betsie Lt Sta	7-3-47 2-1-48	LUDWIG WEDEMEYER CO CO

Discharged on 2 July, 1950 Reenlisted within 24 hours for SIX years B. A. Hill CBOSN

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Pt. Betsie Light Sta	MoMM1/c to EN1	4-2-48	Auth. P.B. 36-47 CO

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
Pt. Betsie Light Sta.	7-3-47		Aids Navigation	LUDWIG WEDEMEYER CO

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature	
Pt.Betsie Light Sta.	7-3-47	Aids to Navigation	LUDWIG WEDEMEYER	CO

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature	
3 July,1947	Mo.M.M1.c	LESS THAN A MONTH	--			4.0	LUDWIG WEDEMEYER	CO
30 Sept.1947	MoMM1/c	3.6	--	3.7	3.6	4.0	LUDWIG WEDEMEYER	CO
31 Dec.1948	MoMM1/c	3.6	--	3.7	3.6	4.0		CO
1 Febru/48	MoMM1/c	3.6	---	3.7	3.6	4.0		CO
31 March '48	MoMM1/c	3.7	---	3.7	3.6	4.0		CO
39 June, 1948	EN1	3.7	---	3.7	366	4.0		CO
30 Sept. 1948	EN1	3,7	---	3.7	3.6	4.0		CO
31 Dec. 1948	EN1	3.8	---	3.8	3.7	4.0		BOSN Grp.Frankfort
31 March, 1949	EN1	3.8	---	3.8	3.7	4.0		BOSN " "
30 June, 1949	EN1	3.8	---	3.8	3.7	4.0		BOSN " "
30 Sept. 1949	EN1	3.8	---	3.8	3.7	4.0		CBOSN " "
31 Dec. 1949	EN1	3.8	---	3.8	3.7	4.0		CBOSN " "
31 March,1950	EN1	3.8	---	3.8	3.7	4.0		CBOSN " "
27 May, 1950	EN1	3.8	---	3.8	3.7	4.0		CBOSN " "
30 June, 1950	EN1	3.8	---	3.8	3.7	4.0	G. A. Hill	CBOSN " " CO
HONORABLE DISCHARGE --- 7-2-50 -- Reenlisted within 24 hours							G. A. Hill	CBOSN CO
AVERAGE	X X X X							

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS
Group Washington Is.	6-18-45	Entitled to wear Good Conduct Ribbon 7-3-41 to 7-2-44. Auth. PB 66-44 /s/ Bernard A Brumw.
Group Frankfort, Mich.	7-3-47	Entitled to wear American Campaign mdeal CO
Group Frankfort, Mich.	7-3-47	Entitled to wear Voctory Medal CO

16—9676-2

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
Grp.Frankfort	7-2-47	Has not served outside the continental limits of the United States or in Alaska.	LUDWIG WEDEMEYER, Bos'n, USCG
Grp.FRANKFORT	7-2-47	Awarded Good Conduct Medal for the period from 7-3-41 to 7-2-47.	LUDWIG WEDEMEYER, Bos'n, USCG
Grp.FRANKFORT	7-2-47	Issued Honorable Discharge Button.	LUDWIG WEDEMEYER, Bos'n, USCG
Grp.FRANKFORT	8-9-47	Issued American Defense Service Medal and World War II Victory Medal.	LUDWIG WEDEMEYER, Bos'n, USCG
Grp.FRANKFORT	9-11-47	Issued Presidential Testimonial of Appreciation.	LUDWIG WEDEMEYER, Bos'n, USCG

2—13678

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
Group Frankfort,Mich.	7-3-47	Aids to Navigation	LUDWIG WEDEMEYER, BOCO

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
Pt. Betsie Light Sta.	7-3-47		Aids to Navig.	LUDWIG WEDEMEYER, CO

U. S. GOVERNMENT PRINTING OFFICE 2—13378

RECORD OF (BAUCHAN, Louis S. 221-813)
(Full name, surname to the left) (Service No.)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	CO'S SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV LV.	NO. DAYS	
~~To~~ BBF	7-~~1~~-47 Rev.	25	Accrued from previous enlistment					25	CO
			7-12-47	7-~~20~~-47	REG	10		15	CO
~~BBF~~	~~7-22-47~~	~~15~~							CO
			12-~~29~~-47	12-~~30~~-47	REG	10		05	CO
ANCR	6-30-48	30						35	CO
BBF	7-1-48	35						35	CO
			7-~~14~~-48	7-28-48	REG	15		20	CO
			12-25-48	1-3-49	REG	10		10	CO
ANCR	6-30-49	30						40	BOSN
BBF	7-1-~~49~~	40						40	BOSN
			8-12-49	~~8-21-49~~ 30	REG	~~20~~ 19		~~21~~ 20	BOSN
			6-10-50	6-30-50	REG	20		1	CBOSN
ANCR(S)	6-30-50	30						31	A.O'D.WISE,CSCLK,
BBF	7-1-50	31						32	A.O'D.WISE,CSCLK, Bydir.
CR(Dis)	7-5-50	1							A.O'D.WISE,CSCLK, Bydir.

ELECTED TO RECEIVE CASH COMPENZATION FOR UNUSED LEAVE DUE ON DISCHARGE:

CREDITED $ 289.72 ON CURRENT PAY RECORD, COMPENSATION FOR 32 DAYS "ACCRUED LEAVE" TO DATE OF DISCHARGE ON 7-5-50

H.S.

R. D. SIMPSON, Pay Clerk, USCG
Auth. Cert. Officer, 9th CG Dist.
1700 Keith Bldg. Cleveland, Ohio

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO'S SIGNATURE AND UNIT

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date		Number of days	Balance		Signature of executive officer or officer in charge
	Departed	Returned		Annual	Reenlist	
SEE EXTRA MEMOGRAPHED SHEET ATTACHED						LUDWIG WEDEMEYER CO

2—13678

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) (Service No.) 221-813

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
Grp. Frankfort, Mich	NO DEDUCTIBLE TIME	WHILE ATTACHED TO THIS UNIT			CO

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

12. ON DISCHARGE

Date ....., 193 Place ..... Serial No. .....

Kind of discharge ..... Authority for .....

Discharged on account of .....

Is ..... recommended for reenlistment. Rating best qualified to fill .....
(If "not", so state)

13. ON DESERTION

....., 193 ....
(Date) (Unit) (Place)

2—13678

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

_____ (Years) _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { TO / NOT TO } REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19____

_____
Commanding Officer—Officer in Charge.

BAUCHAN, Louis S. 221-813 EN1

GROUP, FRANKFORT, MICHIGAN Point Betsie Light Station Frankfort, Michigan

09-185 09-183 5 July, 1950

SEE REVERSE SIDE OF THIS FORM:

6 July, 1950 - - - - Reenlisted in the U.S. Coast Guard, Regular enlistment for aperiod of SIX years in the rating of EN1.

PAFE: Frankfort, Michigan

Entitled to reenlistment allowance of $ 360.00.

AUTHORITY:
Art.556, REGS, PC 20-48
Art. 235, P&SI

GEORGE A. HILL CBOSN, USCG
Commander, OG Group, Frankfort, Michigan

BAUCHAN, Louis W. c | 221-813 | EN1

GROUP, FRANKFORT, MICHIGAN | Point Betsie Light Station | Frankfort, Michigan

09-185 | 09-183 | 1 July, 1950

0845
1 July, 1950 | AL(ACC)-20
Resumption of regular duty

CC-31-47

RETURN RECORD COPY

GEORGE A. HILL CBOSN, USCG

BAUCHAN, Louis S. 221-813 EN1

GROUP, FRANKFORT, MICHIGAN Point Betsie Light Station Frankfort, Michigan

09-185 09-183 10 June, 1950

0900
10 June, 1950 Departed on AL(ACC)-20

Auth: CC-31-47

Alfonse M. Lewy BMC(L)
Acting

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			Gr.Frankfort,Mich	7-3-47	LUDWIG WEDEMEYER

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		
t. Betsie Light Sta.	7-3-47		Aids Navigation	LUDWIG WEDEMEYER CO

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature	
Betsie Light Sta.	7-3-47	Aids to Navigation	LUDWIG WEDEMEYER	CO

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature	
3 July,1947	Mo.M.M1.c	LESS THAN	A MONTH	- -		4.0	LUDWIG WEDEMEYER	CO
AVERAGE	X X X X							

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS
roup Washington Is.	6-18-45	Entitled to wear Good Conduct Ribbon 7-3-41 to 7-2-44. Auth. PB 66-44 /s/ Bernard A Brun
oup Frankfort, Mich.	7-3-47	Entitled to wear American Campaign Medal
up Frankfort, Mich.	7-3-47	Entitled to wear Voctory Medal

16—9676-2

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
Grp, Frankfort	7-2-47	Has not served outside the continental limits of the United States or in Alaska. I.C.McLEAN, Lt(jg), USCG, Bydir.	I.C. McLean
Grp, Frankfort	7-2-47	Awarded Good Conduct Medal for the period from 7-3-41 to 7-2-47 I.C.McLEAN, Lt(jg), USCG, Bydir.	I.C. McLean
Grp, Frankfort	7-2-47	Issued Honorable Discharge Button. I.C.McLEAN, Lt(jg), USCG, Bydir.	
Grp, Frankfort	8-9-47	Issued American Defense Service Medal and World War II Victory Medal. LUDWIG WEDEMEYER, Bos'n, USCG	Ludwig Wedemeyer

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
Group Frankfort,Mich.	7-3-47	Aids to Navigation	LUDWIG WEDEMEYER

8. DETAILS

(Will include inter-unit transfers)

Unit	Date		Duty	Signature
	From—	To—		
Pt. Betsie Light Sta.	7-3-47		Aids to Navig.	LUDWIG WEDEMEYER CO

U. S. GOVERNMENT PRINTING OFFICE 2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
	SEE EXTRA MEMOGRAPHED SHEET ATTACHED					LUDWIG WEDEMEYER

2—13678

RECORD OF BAUCHAN, Louis S. 221-813
(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

Date _____, 193___ Place _____ Serial No. _____

Kind of discharge _____ Authority for _____

Discharged on account of _____

Is _____ recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE _____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF BAUCHAN, Louis S. (Full name, surname to the left) 221-813 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

_____ (Years) _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { To / Not to } REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19_____

_____

Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF (B[illegible]HAN, Louis [illegible]) 221-813
(Full name, surname to the left) (Service No.)

L E A V E R E C O R D

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	CO'S SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV LV.	NO. DAYS	
Prev.Enl.	7-3-47	25	- - - - -	- - - - -	- - - - -	- -	- -	25	[signature] CO

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO'S SIGNATURE AND UNIT

BAUCHAN, Louis S.	221-813	EN1
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Michigan
09-185	09~~2~~183	12 August, 1949

1000
11 August departed on TEN (10) days leave of absence (AL-10-REG-ACC)

Fred Wendel Jr., BMC(L)

BAUCHAN Louis S. 221-813 EN1

CG GROUP FRANKFORT Point Betsie Light Station Frankfort, Michigan

09-185 09-183 1 September, 1949

0855
1 September

TWENTY (20) days authorized leave of absence (AL-20-REG-ACC)
resumption of regular duty

CC 31-47

Fred Wendel Jr., BMC(L)
Acting

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	EM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Michigan
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
09-185	09-183	27 December, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1200
24 December, 1948 departed on ten (10) days leave of absence (REG-ACC)

DUTY CODE NO. 29-D
AUTH: ComCir 31-47

LUDWIG WEDEMEYER BOSN USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN Louis S.	221-813	EN1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
09-185	09-183	4 January, 1949

TIME 0845
DATE 4 January, 1949

REPORTED FROM: ten days leave of absence (A1-10-ACC-REG)
FOR resumption of duty

DUTY CODE NO. 29-D AUTH: Comdt.Cir 31-47

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

LUDWIG WEDEMEYER BOSN USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

BAUCHAN	Louis	S.	221-813	EN1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP FRANKFORT, Mich. Point Betsie Light Station	Frankfort, Michigan	4 January, 1949
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

0845
4 January, 1949 returned from 10 days leave of absence (A1-10-ACC-RBG) for resumption of duty.

Entitled to leave ration allowance of $ 1.05 per day for the period 0001 25 December, 1948 to 2400 3 January, 1949

AUTHORITY: Comdt.Cir. 31-47
Art. 222 (1) P&SI

(Commanding)
LUDWIG [illegible]EYER

BOSN
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	EN1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Point Betsie Light Station		Frankfort, Michigan
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
09-183		29 July, 1948

TIME 0855
DATE 29 July, 1948

REPORTED FROM: fifteen (15) days leave of absence(REG)
FOR resumption of duty

DUTY CODE NO. 29-D AUTH ComCir 31-47

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: Marshall J. Beasley, BMC
(Commanding) (Temp)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

BAUCHAN	Louis	S.	221-813	EM1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Point Betsie Light Station	Frankfort, Michigan	29 July, 1948
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

0855
29 July, 1948 reported this unit from fifteen (15) days leave of absence (REG).

AUTHORITY: ComCir 31-47

Marshall J. Beasley, BMC
(Commanding)

(Temp)
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) .....

(Pay officer) .....

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	EN1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Point Betsie Light Station	Point Betsie Light Station	Frankfort, Michigan

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
09-183	09-183	13 July, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1130
13 July, 1948 departed on ten (10) days authorized leave of absence (A1-10-ACC-REG)

DUTY CODE NO. 29-D AUTH: Comdt/Cir.31-47

LUDWIG WEDEMEYER (Commanding) Bos'n USCG

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
PAY No. .....

REPORT OF CHANGE IN PAY STATUS

BAUCHAN	Louis	S.	221-813	EN1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Pt. Betsie Light Station	Frankfort, Michigan	2 April, 1948
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

0000
2 April, 1948 changed in rating from Mo.M.M.3/c to EN1

AUTHORITY: P.B. 36-47

LUDWIG [illegible] (Commanding)

Boa'n USCG
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN Louis S.	221-813	EM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Frankfort LB Station		Frankfort, Mich.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
09-185		2 April, 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM XXXXX Mo.M.M.1/c TO EM1 EFFECTIVE 0000 2 April, 1948

DUTY CODE NO. 29-D

AUTH: P.L. 36-47

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

LUDWIG WEDEMEYER
(Commanding)
Bos'n USCG

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Group Frankfort, Michigan	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
09-185	09-183	31 December, 1947

TIME 0855
DATE 31 December, 1947

REPORTED FROM: TEN days leave of absence (recreation)
FOR Resumption of duty.

DUTY CODE NO. AUTH: Comdt. Cir/L. 31-47

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

LUDWIG WEDEMEYER (Commanding)
Bos'n USCG

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONN
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group Frankfort, Michigan	Point Betsie Light Station	Frankfort, Michigan

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
09-185	09-183	20 December, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0800 20 December, 1947 departed on TEN (10) days REGULAR leave of absence.

DUTY CODE NO.
AUTH: Comdt.Cir/L.31-47

LUDWIG WEDEMEYER (Disbursing) Bos'n USCG

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-185)	(09-183)	22 July, 1947

TIME 1200
DATE 22 July, 1947

REPORTED FROM: TEN DAYS' ANNUAL LEAVE OF ABSENCE.
FOR resumption of regular duties.

DUTY CODE NO. 29-D AUTH: Art.1938(1), CG Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: LUDWIG WEDEMEYER, Bos'n, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-817	Mk2c, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-165)	(09-183)	11 July, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1200, 11 July, 1947. - Effective this time and date, departed on TEN (10) DAYS' ANNUAL LEAVE, in accordance with Art. 1938(1) CG Regs.

SERVICE RECORD COPY

DUTY CODE NO.
AUTH:

29-D Art. 1936(1) CG Regs. LUDWIG WEIMEYER, Boat'n, USCG (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BUCHAN, Louis S.	221-813	MoMMlc, USCG
MAJOR COMMAND CG CGCUT FRANKFORT	MINOR UNIT NAME Point Betsie Light Station	STATION Frankfort, Mich.

TIME (09-185) REPORTED FROM: (09-183) DATE 3 July, 1947

DATE FOR

DUTY CODE NO. AUTH:

TIME TRANSFERRED TO:

DATE FOR

SERVICE RECORD COPY

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

0900, 3 July, 1947. - Effective this time and date, reenlisted for three (3) years in the regular establishment as MoMMlc.

Entitled to MCP Lump Sum, did not serve outside the continental limits of the United States.

Entitled to reenlistment allowance, for service shown on Statement of Creditable Service (Form 2511A).

Completed 6 yrs., 0 mos., and 0 days creditable service.

DUTY CODE NO. AUTH:

29-D Chg. #49 Regs. LUDWIG WEDEMEYER, Lieutenant, USCG
F&SC 34-45
Art. 235(17) F&SC

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NAVCG-9782

Record of Discharges by Reason of Physical (or Mental) Disability

(As shown in service records examined by _____ during week ending _____)

Name	Service No.	Rating	Date of Discharge	Unit from which discharged	Diagnosis

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
PAY No. .....

REPORT OF CHANGE IN PAY STATUS

BAUCHAN,	Louis	S.	221-813	MoMMic, USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG GROUP FRANKFORT	Frankfort, Michigan	3 July, 1947
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

SERVICE RECORD COPY

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

0900, 3 July, 1947, - Effective this time and date, reenlisted for three (3) years in the regular establishment as MoMMic.

Entitled to MCP Lump Sum, did not serve outside the continental limits of the United States.

Entitled to reenlistment allowance, for service shown on Statement of Creditable Service (Form 2511A).
Completed 6 yrs., 0 mos., and 0 days creditable service.

AUTHORITY:

Chg. #49 Regs.
PASC 34-45
Art. 235(1) PASM

LUDWIG WEDEMEYER, Ros'n, USCG
(Commanding)

Commanding Officer
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) .....

(Pay officer) .....

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	MoMMlc, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
(09-185)	(09-183)	2 July, 1947

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME

DATE

TRANSFERRED TO:

FOR

SERVICE RECORD COPY

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

Completed a six (6) year period of creditable U.S. Coast Guard service on 2 July, 1947, and will be credited with increased pay as per attached certified copies of Statement of Creditable Service and the following statement.

Completed three (3) years _____ 7/2/44
AWL, SKMC, NPDI, _____ None
Discharged _____ 7/2/44
Reenlisted _____ 7/3/44
AWL, SKMC, NPDI, _____ None
Completed six (6) years _____ 7/2/47
Now serving

DUTY CODE NO.

AUTH:

29-D P.B. 59-42 LUDWIG WEDEMEYER, *(Commanding)* Bos'n, USCG

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
PAY No. .....

REPORT OF CHANGE IN PAY STATUS

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
BAUCHAN,	Louis	S.	221-813	MoMMlc, USCG

(Point Betsie Light Station)
CG GROUP FRANKFORT (Unit) | Frankfort, Michigan (Place) | 2 July, 1947 (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

SERVICE RECORD COPY

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Completed a six (6) year period of enlistment of creditable U.S. Coast Guard service on 2 July, 1947, and will be credited with increased pay as per attached certified copies of Statement of Creditable Service and the following statement.

Completed three (3) years	7/2/44
AWL, SKNC, NPDI,	None
Discharged	7/2/44
Reenlisted	7/3/44
AWL, SKNC, NPDI,	None
Completed six (6) years	7/2/47

Now serving

AUTHORITY:
P.B. 59-42

LUDWIG WEDEMEYER, Bos'n, USCG
(Commanding)

Commanding Officer
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) .....

(Pay officer) .....

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813)	MoM 1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
District Office		Cleveland, Ohio

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
09-001		2 July, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Completed a six (6) year period of creditable US.Coast Guard service on 2 July, 1947 and will be credited with increased pay as per the attached certified copies of Statement of Creditable Service and the following statement of service.

Completed three (3) years - 7-2-44
AWL,SKMC,NPDI - None
Completed six (6) years -7-2-47
Now serving.

DUTY CODE NO. 18-D
AUTH: P.B. 59-42.

I. C. McLEAN, Lt(jg), USCG, By direction
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

Service Record

U.S.C.G. WASHINGTON ISLAND STATION
(Unit)
Washington Island, Wisconsin
(Place)
3 July, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Louis Stanley Bauchan (Name of Applicant) 221-813 (Service No.) MOMM1c (Rating), having, on 3 July, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years and such other extensions as may be necessary due to war from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is expiration of enlistment.

Tip of right forefinger

Louis Stanley Bauchan
(Signature of applicant)

Voluntarily agreed and subscribed to before me this 3rd day of July, A.D., 1944

R. J. LE CLAIR, Boatswain, USCG
(Signature of Commanding Officer)

U.S.C.G. _____
(Unit) (Place) (Date)

APPROVED _____
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. _____
(Date)

_____ Physically qualified for extension.

_____
(Chief Medical Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.
WASHINGTON ISLAND STATION, Washington Island, Wis.
3 July, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration said term of enlistment.

R. J. LE CLAIR, Boatswain, USCG
(Chief, Enlisted Personnel Section)
Commanding Officer

Returned. The application for extension is disapproved.

_____
(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station (Unit) — Frankfort, Michigan (Place)

3 July, 1947 (Date)

FROM: BAUCHAN, Louis S. (221-813) MoMM1c, USCG

TO: COMMANDANT (via Comma nder, 9th CG District)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene L. Bauchan (Full name of wife; if not married, so state)	Frankfort, Michigan (Address of wife)
Dennis B. Bauchan (Full name of ch if none, so state)	Frankfort, Michigan (Address of child) CODED NO. 1
Michael L. Bauchan (Full name of child; if none, so state)	Frankfort, Michigan (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative) — Mother (Relationship) — 816 Maple Street, Manistee, Mich. (Address of relative)

Due to old age, partially dependent. (State briefly wherein dependency exists)

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

(Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

3 rd day of July, 1947

Louis S. Bauchan (Signature)

MoMM1c, USCG (Rank or rating)

LUDWIG WEDEMEYER, Bos'n, USCG (Signature)

Boatswain, USCG (Rank or title)

16—25758-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station (Unit) Frankfort, Michigan (Place)

3 July, 1947 (Date)

FROM: BAUCHAN, Louis S. (221-813) MoMMlc, USCG

To: COMMANDANT (via Commander, 9th CG District)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene L. Bauchan (Full name of wife; if not married, so state)	Frankfort, Michigan (Address of wife)
Dennis B. Bauchan (Full name of child; if none, so state)	Frankfort, Michigan (Address of child)
Michael L. Bauchan (Full name of child; if none, so state)	Frankfort, Michigan (Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative)	Mother (Relationship)	516 Maple Street, Manistee, Mich. (Address of relative)

Due to old age, partially dependent. (State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this

3 rd day of July, 19 47

LUDWIG WEDEMEYER, Bos'n, USCG (Signature)

Boatswain, USCG (Rank or title)

Louis S. Bauchan (Signature)

MoMMlc, USCG (Rank or rating)

16—25758-1

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

FILE M.J.S.

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: Louis; Middle: Stanley; Last name: Bauchan

2. HOME ADDRESS: Number — Street or rural route: 816 Maple Street; County, city, town, or post office: Manistee; State: Michigan

3. I WAS BORN AT — City, town, or post office: Manistee; State: Michigan; Day of month: 27; Month: March; Year: 1912; Age nearest birthday: 31

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 3 July, 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating.: Mo. M. M. 1c (Pro); Organization, regiment, station, ship, etc.: WASHINGTON ISLAND STATION

6. SERIAL NUMBER: 221-813

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none."): none

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $_____

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $_____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL: Irene Lyell Bauchan	Wife	$5,000	816 Maple Street, Manistee, Mich
CONTINGENT: Dennis Brian Bauchan	Son	5,000	816 Maple Street, Manistee, Mich

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Irene Lyell Bauchan (Full name) — 816 Maple Street, Manistee, Michigan (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of August, 19 43, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $3.60 on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$3.60	$_____	$_____	$_____	$_____

SIGNED AT Povery Island, Fayette, Mich. ON THE 15 DAY OF July 19 43

WITNESSED BY AND INFORMATION AS TO SERVICE CERTIFIED BY:
Algot O. Johnson. CBM USCG
Algot O. Johnson, CBM USCG
(Rank and organization. See reverse side, paragraph 4.)

Louis S. Bauchan
Louis S. Bauchan
(Applicant sign here. Do not print signature)

NOTE. Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $_____ Premium: Mo. $_____ Qr. $_____ S. A. $_____ A. $_____

Beneficiary _____

Action taken _____ Reviewer _____

Examiner _____ Policy issued _____

Certificate issued _____

16—30586-1

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE

FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	$0. 63	25	$0. 67	35	$0. 76	45	$0. 99	55	$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than 6 months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of $5.51 for each $1,000 of insurance.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each $1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;
(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;
(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;
(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above, and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

U. S. GOVERNMENT PRINTING OFFICE O 16—30586-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

PRE-ENLISTMENT

CODED NOV 1941

PE-4
61

UNITED STATES { COAST GUARD / COAST GUARD RESERVE }

ENLISTMENT OF BAUCHAN, Louis S. (Full name, surname to left); 221-813 (Service number); $ 148.50 (Pay per month)

Accepted for enlistment at Coast Guard Group, Frankfort, Michigan; MoMM1c (Rating in which enlisted)

Enlisted at Frankfort Light & Lifeboat Station, Frankfort, Mich.; 3 July, 1947 (Date of enlistment)

Transferred to Point Betsie Light Station, Frankfort, Michigan

Occupation Coastguardsman Citizenship * NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 27 March, 1912 Place of birth Manistee, Michigan

Home address Point Betsie Light Station (Street and number), Frankfort (Town), Benzie (County), Michigan (State)

Married or single Married Name and address of next of kin or legal guardian Irene L. Bauchan, Wife (Relationship), Point Betsie Light Station, Frankfort, Michigan (Address)

Continuous Service Certificate None (Number) Previous service { Coast Guard / Reserve } 6 (Years) 0 (Months) 0 (Days)

First enlisted 3 July, 1941 (Date) at Washington Island, Wisconsin (Place) and was last discharged 2 July, 1947 (Date) from Coast Guard Group, Frankfort, Michigan (Unit)

with an honorable (Character) discharge as MoMM1c (Rate) No. ____

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 35 years 3 months.

Height 5 feet 11 inches. Weight 151 pounds.

Eyes Gray Sex Male Hair Light Brown Complexion Fair Color White

Personal characteristics ____ marks, etc. 1-inch scar lower right jaw.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with LUDWIG WEDEMEYER, Bos'n of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { THREE years from 3 July, 1947 / during minority until 2 July, 1950 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Louis Stanley Bauchan, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Louis S. Bauchan

Louis S. Bauchan
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 3rd day of July, A. D. 1947

LUDWIG WEDEMEYER, Bos'n, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer
(Title)

Citizenship substantiated and contract perfected.

LUDWIG WEDEMEYER, Bos'n, USCG

Boatswain, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

NO. 10

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U.S.C.G. WASHINGTON ISLAND STATION
(Unit)
Washington Island, Wisconsin
(Place)
3 July, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Louis Stanley Bauchan (Name of Applicant), 221-813 (Service No.), MOMM1c (Rating), having, on 3 July, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years, and such other extensions as may be necessary due to war from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is expiration of enlistment.



Tip of right forefinger

Louis Stanley Bauchan
(Signature of applicant)
Louis Stanley Bauchan

Voluntarily agreed and subscribed to before me this 3rd day of July, A.D., 19 44

R. J. LE CLAIR
R. J. LE CLAIR, Boatswain, USCG
(Signature of Commanding Officer)

U.S.C.G. _____
(Unit) (Place) (Date)

APPROVED _____
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. _____
(Date)

_____ Physically qualified for extension.

_____
(Chief Medical Officer)

U.S.C.G. HEADQUARTERS, Washington, D.C.
WASHINGTON ISLAND STATION, Washington Island, Wis.
3 July, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration said term of enlistment.

R. J. LE CLAIR
R. J. LE CLAIR, Boatswain, USCG
(Chief, Enlisted Personnel Section)

Commanding Officer

Returned. The application for extension is disapproved.

_____
(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

TRANSCRIPT OF EFFICIENCY MARKS

RECORD OF: BAUCHAN, Louis S. (221-813) MOMM1c, USCG.

DATE	RATING	PROFICIENCY IN RATING	SEAMANSHIP	MECHANICAL ABILITY	ABILITY AS LEADER MEN	CONDUCT
9-30-41	COX	3.5	3.4	3.3	3.2	4.0
12-31-41	COX	3.5	3.1	3.3	3.2	4.0
3-31-42	MM2c	3.5	3.5	3.5	3.5	4.0
6-30-42	MM2c	3.5	3.5	3.5		4.0
9-30-42	MM2c	3.5	3.5	3.5	3.5	4.0
12-31-42	MOMM1c	3.5	3.5	3.5	3.5	4.0
4-1- 43	MOMM1c	3.5	3.5	3.5	3.5	4.0
6-30-43	MOMM1c	3.5	3.5	3.5	3.5	4.0
9-30-43	MOMM1c	3.5	3.5	3.5	3.5	4.0
12-31-43	MOMM1c	3.5	3.5	3.5	3.4	4.0
3-31-44	MOMM1c	3.5	3.5	3.5	3.4	4.0

CERTIFIED TO BE A TRUE COPY

Kenneth J. Quinn

Kenneth J. Quinn, Y2c, USCGR

U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

MALLOCH	Earl		221-885	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

WASHINGTON ISLAND STATION	09-175	Washington Island, Wis.	3 July, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Manistique Light Station
(Minor unit)

1 July, 1944 - Voluntarily agreed to extend enlistment this date for a period of three (3) years and additional extension thereof for the duration of the war and a period not to exceed six (6) months thereafter if greater than the three (3) year period of extension.

Not entitled to clothing bounty.

Entitled to $150.00 reenlistment allowance.

Previous service: U. S. Army - 0 yrs. 11 mo. 27 da.
Coast Guard- 3 yrs.
Total - 3 years, 11 months, 27 days.

PAFE: Manistique, Michigan

PEOE: Washington Island, Wisconsin

29
DUTY CODE No.:
AUTHORITY: Entitled to mileage of $0.05 per mile.

Art. 271 (5) P&SI
Alcoast No. 83 (1941)
Personnel Bulletin 55-43

R. J. LE CLAIR, Boatswain
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U.S.C.G. WASHINGTON ISLAND STATION
(Unit)
Washington Island, Wisconsin
(Place)
3 July, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Earl Malloch (Name of Applicant), 221-885 (Service No.), PM1c (Rating), having, on 1 July, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years and such other extensions as may be necessary due to war from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is expiration of enlistment

Earl Malloch
(Signature of applicant)
Earl Malloch

Tip of right forefinger

Voluntarily agreed and subscribed to before me this 3rd day of July, A.D., 1944

R. J. LE CLAIR, Boatswain, USCG
(Signature of Commanding Officer)

U.S.C.G. _____
(Unit) (Place) (Date)

APPROVED _____
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. _____
(Date)

_____ Physically qualified for extension.

_____
(Chief Medical Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.
WASHINGTON ISLAND STATION, Washington Island, Wis.
3 July, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration said term of enlistment.

R. J. LE CLAIR, Boatswain, USCG
Commanding Officer

Returned. The application for extension is disapproved.

_____
(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

TRANSCRIPT OF EFFICIENCY MARKS

DATE	RATING	PROFICIENCY IN RATING	SEAMANSHIP	MECHANICAL ABILITY	ABILITY AS LEADER MEN	CONDUCT
9-30-41	BM2c	3.5	3.8	3.0	3.0	4.0
12-31-41	BM2c	3.5	3.5	3.5	3.5	4.0
3-31-42	BM2c	3.5	3.5	3.5	3.5	4.0
6-30-42	BM2c	3.5	3.5	3.5	3.5	4.0
9-30-42	BM1c	3.5	3.5	3.5	3.5	4.0
12-31-42	BM1c	3.5	3.5	3.5	3.5	4.0
4-1-43	BM1c	3.5	3.5	3.5	3.5	4.0
6-30-43	BM1c	3.5	3.5	3.5	3.5	4.0
9-30-43	BM1c	3.5	3.5	3.5	3.5	4.0
12-31-43	BM1c	3.5	3.5	3.5	3.5	4.0
3-31-44	BM1c	3.5	3.5	3.5	3.5	4.0

RECORD OF: MALLOCH, Earl (221-885) BM1c, USCG

CERTIFIED TO BE A TRUE COPY

Kenneth J. Quinn

Kenneth J. Quinn, Y2c, USCGR

Form No. 2525 B
TREASURY DEPARTMENT
U.S. Coast Guard

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name BAUCHAN, Louis S. Service Number
(Surname first)

Age: Years 29 Months 2 Color White

For: Special Temporary
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Coxwain

Place Sturgeon Bay, Wis. Date 2 June, 1941

Personal Medical History Tonsillectomy, 1939

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ L.E. 20/

Color blind? no Test used chart

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

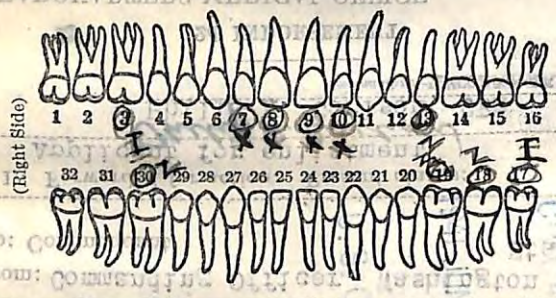
Eyes, eyelids, and reflexes normal

Ears: Right normal Left
(Condition of drum, discharge, etc.)

Head, face, and neck negative

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums healthy Temperature normal

Height 71 inches. Weight (stripped) 151 Lbs. Obesity

Skin clear

Lymph. glands normal

Chest: Inspiration 37 Expiration 34

Heart and blood vessels negative

Blood pressure: Systolic 125 Diastolic 80

Pulse before exercise 70, after exercise 102, after 2 min. 70

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin no Sugar no Shreds none

Microscopical exam. (if indicated) epithelia Sp. Gr.

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 6-4-41 Result negative

2—16141

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name BAUCHAN, Louis S. Service Number 221-813
(Surname first)

Age: Years 35 Months 3 Color white

For: re-enlistment Regular Establishment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Mo.M.M.1/c (1)

Place Frankfort, Mich. Date 3 June, 1947

Personal Medical History Tonsillectomy, 1939

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ L.E. 20/

Color blind? No Test used Book

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

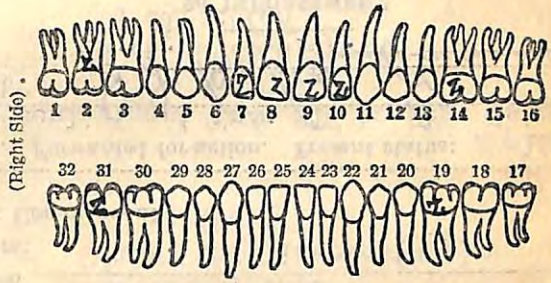
Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums Normal Temperature 98.5°

Height 71½ inches. Weight (stripped) 164 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 34½

Heart and blood vessels Normal

Blood pressure: Systolic 140 Diastolic 85

Pulse before exercise 71, after exercise 85, after 2 min. 73

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin No Sugar No Shreds No

Microscopical exam. (if indicated) epithelia Sp. Gr. 1020

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 1942 Result Negative

16—27070-1

REMARKS: Consideration should be given to 5 yrs. of service in L.H. and 3 yrs. in marines.

CERTIFICATE

We / I } certify that { ~~We~~ / I } have personally made this physical examination and find that Louis S. Bauchan

He is physically qualified for enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

P. L. Stuart
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

9 June, 1941
(Date)

Place Washington Island, Wisconsin

From: Commanding Officer, Washington Island Station.

To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment.

Philip A. Carlson, CBM
Commanding ~~Officer, U.S. Coast Guard~~

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

JUN 13 1941
(Date)

The findings of the certificate are not approved

STE only

By direction of the Medical Director:

By direction of the Surgeon General:

H. MEHLMAN,
CHIEF PHARMACIST.
Medical Director, U.S. Public Health Service.

STE.
COX

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

19 June, 1941
(Date)

From: Commandant.

To: Commander, Chicago District.

1. Enl. Auth. S.T.E. Cox.

Insert this copy in health record.

By direction,

S. P. MEHLMAN, By direction

U.S. GOVERNMENT PRINTING OFFICE 2—10141

6-21

REMARKS: Served five years in former L.H. Service and 3 years in U.S.M.C.

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that

He is physically qualified for Reenlistment Regular Establishment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

Dr. Frank J. LaRue
M. O. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

10 June, 1947
(Date)

Place Cleveland, Ohio

From: Comdr. 9th C.G. District (pmp)

To: Commandant. (PO)

1. Forwarded for action. Present status: Applicant for reenlistment from STE to Reg. Establishment.

J. J. Hutson, Jr.
J. J. HUTSON, JR.
Commandant—Dist. Comdr.-Of. in Chg.
By direction

14-1-9

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

6-13-47
(Date)

The findings of the certificate are ~~not~~ approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

JUN 16 1947
(Date)

From: Commandant.

To: C9CGD

1. REENLISTMENT AUTHORIZED; REGULAR ESTAB.

Insert this copy in health record.

By direction,

W. C. CAPRON, Comdr., USCG
Chief, Personnel Section.
Chief, Enlisted Personnel Div.

7-3-41
Ltr 9 OK
Jhn

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

MB

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

B A U C H A N	Louis	S.	221-813	MOMM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

WASHINGTON ISLAND STATION	09-175	Washington Island, Wis.	3 July, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

St. Martin Island Light Station
(Minor unit)

3 July, 1944 - Voluntarily agreed to extend enlistment this date for a period of three (3)years and additional extension thereof for the duration of the war and a period not to exceed six (6) months thereafter if greater than the three (3) year period of extension.

Not entitled to clothing bounty.

Entitled to $150.00 reenlistment allowance.

PAFE: Washington Island, Wisconsin)
) No mileage allowance payable
PEOE: Washington Island, Wisconsin)

DUTY CODE No.: 29
AUTHORITY:
Art. 271 (5) P&SI
Alcoast No. 83 (1941)
Personnel Bulletin 55-43

R. J. LE CLAIR, Boatswain
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel

Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel

District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records

Posting	Coding

Machine Accounting

Punched

Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1932

B&P

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

ENLISTMENT [a] of BAUCHAN, Louis Stanley 221-813 as Coxwain
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station WASHINGTON ISLAND STATION, District, Chicago
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Washington Island, Wisconsin
(Place)

1. I, Louis Stanley Bauchan, this 3rd day of July, 1941, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Manistee, Michigan, on 27 March, 1912 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - - - - - - - - Certificate number - - - -

If intentions declared, place and date of declaration -

Occupation or trade 2nd Asst. Light keeper Home address 816 Maple St., Manistee, Michigan

Full name and address of the following: Irene Lyell Bauchan, 40 Franklin St., Pontiac, Michigan
(Wife, if any) do

Dennis Brian Bauchan, Son, age 9 months,
(Children under 21 years of age. Specify ages of children)

Minnie Bauchan, 816 Maple Street, Manistee, Michigan Widowed? No
(Mother, if living)

William Bauchan, do
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein No
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on ....., 19....., from Cutter Station
(Strike out one)

with ..... discharge, herewith submitted, serial No. .....
(Kind of discharge)

9. I agree to and with the United States of America, represented by Philip A. Carlson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Philip A. Carlson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Louis Stanley Bauchan who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—3476 U. S. GOVERNMENT PRINTING OFFICE: 1932

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Louis Stanley Bauchan

Louis Stanley Bauchan
(Signature of enlisted person)

UNITED STATES OF AMERICA,

Philip A. Carlson

By Philip A. Carlson, C.B.M.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Philip A. Carlson

Philip A. Carlson,

C.B.M., *U. S. C. G., Enlisting Officer.*

~~Signature of Enlisting Officer~~

11. OATH OF ALLEGIANCE

I, Louis Stanley Bauchan, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Louis Stanley Bauchan

Louis Stanley Bauchan
(Signature of enlisted person)

Subscribed and sworn to before me this 3rd day of July, A. D. 19 41.

Roger N. Gunnerson
Notary Public. Elbert County
My Commission Expires June 6, 1942
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 29 years 3 months. Height 5 feet 11 inches. Weight 151 pounds. Eyes Gray

Hair Light brown Complexion Fair Color White Married Yes

Distinguishing marks 1-inch scar lower right jaw.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

2—3476

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

WASHINGTON ISLAND STATION (St. Martin Island Light Station) (Unit) — Washington Island, Wisconsin (Place)

3 July, 1941. (Date)

FROM: BAUCHAN, Louis Stanley (221-813 Coxwain - WASHINGTON ISLAND STATION.

TO: COMMANDANT (via Commander, Chicago District)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene Lyell Bauchan (Full name of wife; if not married, so state)	40 Franklin St., Pontiac, Michigan (Address of wife)
Dennis Brian Bauchan (Full name of child; if none, so state)	do (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Minnie Bauchan (Full name of relative)	Mother (Relationship)	816 Maple St., Manistee, Michigan (Address of relative)

Partially dependent due to old age. (State briefly wherein dependency exists)

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

William Bauchan (Full name of relative)	Father (Relationship)	816 Maple St., Manistee, Michigan (Address of relative)

Partially dependent due to old age. (State briefly wherein dependency exists)

WITNESSED BY: Philip A. Carlson
Philip A. Carlson

SIGNED: Louis Stanley Bauchan
Louis Stanley Bauchan

Rank C.B.M. — *Rank or Rating* Coxwain

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired Coxwain

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

Washington Island, Wisconsin
(Place)

3 July, 19 41.
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 29 years 3 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Louis Stanley Bauchan

Date of birth 27 March, 1912

Place of birth Manistee, Michigan Citizenship NB

Home address Manistee, Michigan

Are you married? Yes Number and relationship of persons dependent on you for support? Wife, 1 son.

Are you prepared to support your dependents on service pay? Yes

Are your parents living? Yes Are your parents dependent on you for support? Partially

Name and address of next of kin Irene Lyell Bauchan, 40 Franklin St. Pontiac, Michigan

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
Department of Commerce			1937	1941	2nd Asst. Keeper

Do you drink intoxicating liquors? If so, to what extent? None

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

(OVER)

2—13413

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

8th Grade Graduate - Diploma received

12th Grade Graduate - Diploma received.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No.

If so, state which No

Are you now or have you been a member of the National Guard? No

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? - Where? -

Were you accepted or rejected? - If rejected, state why -

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

Louis Stanley Bauchan

(Sign your full name here) Louis Stanley Bauchan

Accepted or rejected Accepted Cause of rejection -

Date 3 July, 1941.

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

Philip A. Carlson

Philip A. Carlson, CBM

U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

3 July, 1941

Louis Stanley Bauchan has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully, and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply, so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Philip A. Carlson

Philip A. Carlson, CBM
Recruiting Officer.

1. How long have you known the applicant Four Years
2. What is his general reputation in the community Very Good
3. Is he industrious Yes
4. Is he trustworthy Yes
5. Is he married Yes
6. What are his usual habits as regards to sticking to his job Very dependable
7. Is he addicted to the use of intoxicating liquors or other habit-forming drugs No
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution No
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member None
10. Are you related to the applicant No

David P. Kincaide.

David P. Kincaide
(Signature)

Washington Island
(Street or Box Number)

Wisconsin
(City) (State)

Only one furnished at this time.

Chi. Dist.

Form 2500B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1932

SPECIAL TEMPORARY ENLISTMENT CONTRACT

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

ENLISTMENT [a] of BAUCHAN, Louis Stanley as Coxwain
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station WASHINGTON ISLAND STATION, Chicago District, Washington Island, Wisconsin
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Washington Island, Wisconsin
(Place)

1. I, Louis Stanley Bauchan, this 3rd day of July, 19 41, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Manistee, Michigan, on 27 March, 1912 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - - - - - - - - Certificate number - - - -

If intentions declared, place and date of declaration -

Occupation or trade 2nd Asst. Light keeper Home address 816 Maple St., Manistee, Michigan

Full name and address of the following: Irene Lyell Bauchan, 40 Franklin St., Pontiac, Michigan (Wife, if any)

Dennis Brian Bauchan, Son, age 9 months, do
(Children under 21 years of age. Specify ages of children)

Minnie Bauchan, 816 Maple Street, Manistee, Michigan Widowed? No
(Mother, if living)

William Bauchan, do
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein No
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on ....., 19....., from Cutter Station
(Strike out one)

with ..... discharge, herewith submitted, serial No. .....
(Kind of discharge)

9. I agree to and with the United States of America, represented by Philip A. Carlson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Philip A. Carlson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Louis Stanley Bauchan who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."

[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—3476 U. S. GOVERNMENT PRINTING OFFICE: 1933

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Louis Stanley Bauchan

Louis Stanley Bauchan

(Signature of enlisted person)

UNITED STATES OF AMERICA,

Philip A. Carlson

By Philip A. Carlson, C.B.M.

(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Pursuant to act of Aug. 9, 1941 Philip A. Carlson, C.B.M.

Philip A. Carlson

Philip A. Carlson, C.B.M., U. S. C. G., Enlisting Officer.

Signature of Enlisting Officer

11. OATH OF ALLEGIANCE

I, Louis Stanley Bauchan (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Louis Stanley Bauchan

Louis Stanley Bauchan

(Signature of enlisted person)

Subscribed and sworn to before me this 3rd day of July, A. D. 19 41.

Roger N. Emmanuel

Notary Public Nelson County

My Commission Expires Dec. 7th 1942

(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 29 years 3 months. Height 5 feet 11 inches. Weight 151 pounds. Eyes Gray

Hair Light brown Complexion Fair Color White Married Yes

Distinguishing marks 1-inch scar lower right jaw.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States)

.....where this enlistment is made.

2—3476



Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, WASHINGTON ISLAND STATION
(Place)

3 July, 1941
(Date)

To Chief of Police, Sturgeon Bay, Wisconsin

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard, and it is requested that you fill in the following from the records of your office:

Louis Stanley Bauchan
(Name of applicant)

29 yrs 3 Mo.	71"	151	White
(Age)	(Height)	(Weight)	(Color)

Has the above-named man, from the records of your office, been in: (1) Reform school? [redacted]

(2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married or single? not known

Philip A. Carlson
Philip A. Carlson, CBM
Recruiting Officer.

July 8, 1941
(Date)

To Recruiting Officer, ----------

The above data has been submitted from the records of this office.

F. B. Parkman
Chief of Police.

2—15747 U. S. GOVERNMENT PRINTING OFFICE: 1931

Name - Louis Stanley Bauchan
Service No.221-813
Color of eyes - Gray
Height - 5' 11"
Weight - 151 lbs.
Date of birth-3-27-12
Date photograph was taken - 7-17-41

DO NOT FOLD THIS F

Classification No. ---------- ----------

RIGHT HAND

2—15747

1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

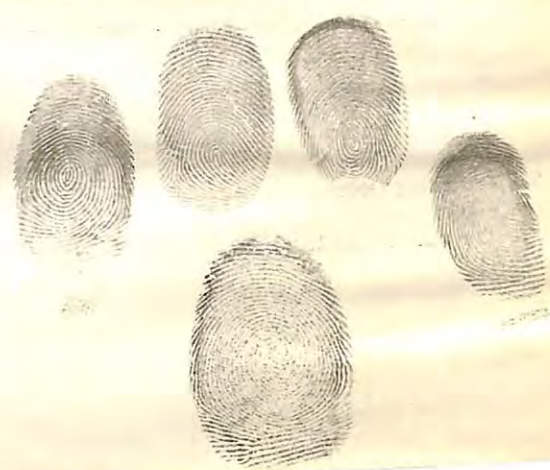
LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb





Banchan, Louis S.
221-813
Eyes - gray
Wt. 151
Ht. 5' 11"
Date of birth 4/27/02
Date of photo 6/6/41

Banchan

BAUCHAN, Louis S. (221-813)
Card No. 22601

Bauchan, Louis S.

221-813

Eyes - Gray

Wt. 151

Ht. 5' 11"

Date of birth 4/27/12

Date of photo 6/6/49

Buchan, Louis S.
221-813
Eyes - gray
Wt. 151
Ht. 5' 11"
Date of birth 4/27/12
Date of photo 6/6/40



PE5-73
783

From: Commandant.
To:

Subject:

statement of service; request for.

1. It is requested that a statement of service, with two carbon copies, be furnished Coast Guard Headquarters for the above-named man. This statement should state whether or not any time was lost due to own misconduct, absence without official leave or for any other reason for which service is not creditable. This man has furnished this office with the following information regarding his Army service:

Serial number

Date and place of birth

Enlisted

Discharged

E. J. ROLAND,
Lieutenant Commander, U.S. Coast Guard,
Chief, Enlisted Assignment, Sub-Section.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CGC MACKINAW	Cheboygan, Michigan	6 December, 1952

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S.(221-813) EN1	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
10	29 December, 1952	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 816 Maples St., Manistee, Michigan

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S. Bauchan

Ind.-1 Unit: CGC MACKINAW Date 6 December, 1952

Date current leave accounting period began 7-1-52

Balance brought forward beginning of present accounting period 36

Number days' leave used during current accounting period 00

Date of expiration of current enlistment 5 July, 1956

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

A. B. ENGEL, CDR, USCG, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CGC MACKINAW Date 6 December, 1952

☒ Returned, GRANTED 10 days. ☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

W. J. SMITH, CDR, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: CGC MACKINAW Date 29 December, 1952

Departed at ____, this date. This leave expires before 1200, 9 January, 1953

at on board CGC MACKINAW and is subject to the instructions on the reverse hereof.

In the event the MACKINAW is not in Cheboygan upon expiration of this leave you will report to the OinC, Cheboygan River Range Light for instructions to return to this vessel at your own expense.

OOD
(Signature, rank, and title)

Ind.-5 Unit: CGC MACKINAW Date 9 January 1953

Reported at 1135, this date, having used 10 days' leave.

A. B. ENGEL, CDR, USCG, XO
(Signature, rank, and title)

(Over)

16—40220-3

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE 16—40220-3

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

FILE

221-813	BAUCHAN	Louis	S.	EM1
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

7-5-50	CG Grroup, Frankfort, Mich.	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* No

(Sign original only)

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct. 1952

A. B. ENGEL, CDR, USCG

(Name and signature of officer authorized to sign in accordance with article 2025(8)NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code. 1952

Have you served outside the continental limits of United States or in Alaska? No *(Enter Yes or No)*

since 6-26-50 Louis S. Bauchan

Louis S. Bauchan

(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

CGC MACKINAW (WAGB-83)

(Number) *(Street)*

Cheboygan, Michigan

(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

AA-962

Lump Sum $200.00

Paid $100.00 on [illegible] USCG. [illegible] SEP 18 1952 8/20/52

(Public voucher) *(Check number)* *(Date)*

L. A. STORM, [illegible] Officer

Ass't. Disbursing Officer, PCLK, USCG

(Type name and symbol No. of disbursing officer making initial payment)

16-13008-8

Coast Guard Pay Office

FOR: PAUL D. BANNING

Symbol Number 1379

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE

15								
16								
17								
18								
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23								
24								
25								
26								
27								
28								
29								
30								
31								

STRENGTH END PREVIOUS MONTH ..... _____

TOTAL GAINS ..... _____

TOTAL LOSSES ..... _____

DIFFERENCE ..... _____

STRENGTH END THIS PERIOD ..... _____

TOTAL MISC. ..... _____

B 1558

NAV. S. AND A. FORM 550 SUPPLEMENTAL

MUSTERING OUT PAYMENT

221-813	BAUCHAN	Louis	S.	FILE ENL
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

7-5-50	CG Group Frankfort, Mich.	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* Yes

(Sign original only)

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF ~~1944~~ 1952, and that the above information is correct.

A. B. ENGEL, CDR, USCG

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of ~~1944~~ 1952. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? Yes since 6-26-50

(Enter Yes or No)

Louis S. Bauchan

(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

CGC MACKINAW (WAGB-83)

(Number) *(Street)*

Cheboygan, Michigan

(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

JAN 19 1953

Paid $100.00 on 416- 2598 300907

(Public voucher) *(Check number)* *(Date)*

L. A. STORM, CPCLK., USCG.
Acting Disbursing Officer

(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

9th Coast Guard District
FOR: PAUL D. BANNING
Symbol Number 1379

DUPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐.
2. (*a*) Advertising by circular letters sent to ---------- dealers.
   (*b*) And by notices posted in public places Yes ☐ No ☐.

   (If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with ----------
5. Without advertising, it being impracticable to secure competition because of ----------

---

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

c9-16—22900-2 U. S. GOVERNMENT PRINTING OFFICE

CARL P. COX (283-411)	Check No.		DATE		AMOUNT	$100.00
KENNETH F. KILLEWALD (280-738)	"	"	"	"	"	"	$100.00
GERALD G. STAFFORD (225-958)	"	"	"	"	"	"	$100.00
RICHARD G. STONEHOUSE (275-940)	"	"	"	"	"	"	$100.00
FOREST C. REED (280-125)	"	"	"	"	"	"	$100.00
HERMAN W. LICHIUS (278-655)	"	"	"	"	"	"	$100.00
DAVID R. KAPLAN (271-900)	"	"	"	"	"	"	$100.00
SEBASTIAN L. PARADELLA (201-022)	"	"	"	"	"	"	$100.00
DARRELL W. KNEPP (278-089)	"	"	"	"	"	"	$100.00
LOUIS S. BAUCHAN (221-813)	"	"	"	"	"	"	$100.00
THEODORE KALIS, Jr. (275-178)	"	"	"	"	"	"	$100.00
G. B. JENNINGS (278-852)	"	"	"	"	"	"	$100.00
ALOYSIUS CISEK (206-937)	"	"	"	"	"	"	$100.00
WILLIAM J. THOROGOOD (201-892)	"	"	"	"	"	"	$100.00
KENNETH H. HOWELL (280-124)	"	"	"	"	"	"	$100.00

Standard Form No. 1034a—Revised
Form prescribed by
Comptroller General, U. S.
September 1950
(Gen. Reg. No. 51, Supp. No. 11)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. 416- 2598

Bu. Vou. No. 122442

U. S. TREASURY DEPARTMENT - U.S. COAST GUARD
(Department, bureau, or establishment)

Voucher prepared at CGC MACKINAW, Cheboygan, Michigan 1/7/53
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. ____

To VARIOUS PERSONS
(Payee)

CGC MACKINAW, Cheboygan, Michigan
(Address) (City) (State)

PAID BY

PAUL D. BANNING
CHIEF DISBURSING
OFFICER
1379
9th COAST GUARD
DISTRICT

(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		FOR ADDITOINAL M.O.P. AS PER SUPPLEMENTAL S&A FORM'S 550 ATTACHED, Previous S&A FORM'S 550 SUBMITTED DID NOT INDICATE DUTY OUTSIDE U.S. SINCE 6/26/50. REFERENCE IS MADE TO D.O. VOUCHERS 416-962, 1223, and 1224.				1500	00
PAYMENT: Complete ☐ Partial ☐ Final ☐		Use continuation sheet(s) if necessary			Total	1500	00

Shipped from ____ to ____ Weight ____ Government B/L No. ____

SEE FORM'S 550 ATTACHED

(Payee must NOT use this space)

Differences ____

Account verified; correct for 1500 00
(Signature or initials) hm

Contract No. ____ Date ____ Req. No. ____ Date ____ Invoice Rec'd.

1500.00

E. J. PARKER, PCLK, USCG
Authorized Certifying Officer

MEMORANDUM

7 January 1953

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n. or Proj't. Amount	Appropriation Amount
20X0201			1500.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
09-13.53			060083		1210	1500.00

JAN 19 1953

Paid by { Check No. THRU dated ____, 19____, for $____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $____, on ____, 19____. }

c9-16—62301a-1

HEADQUARTERS HEADQUARTERS

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CGC MACKINAW	Cheboygan, Michigan	3 June, 1952

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
14		6 June, 1952	10	30	5 July, 1956

REASON FOR REQUEST: REGULAR LEAVE

My address on leave will be: 323 Forest Ave. , Frankfort, Mich.

I will immediately inform my commanding officer of any change in address while on leave.

Louis S. Bauchan
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CGC MACKINAW Date: 6 June, 1952

Leave record indicates balance of 20 days' annual and none days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

A. B. ENGEL, CDR, USCG, XO
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CGC MACKINAW Date: 6 June, 1952

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

D. H. DEXTER, CAPT, USCG, CO
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date: 6 June, 1952

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CGC MACKINAW Date: 6 June, 1952

Departed at this date. This leave of absence will expire before 1200 21 June, 1952, at on board CGC MACKINAW and is subject to the special instructions indicated on reverse hereof. In the event the MACKINAW is not in Cheboygan upon expiration of this leave you will report to the OinC, Cheboygan River Range Light for instructions to return to this vessel at your own expense.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ____ days extension of leave to expire before noon, _____

Authority:

Signature and rank Title

Ind.-6 Unit: CGC MACKINAW Date: 21 June, 1952

Reported at 1130, this date, having taken 14 days' leave and 00 days' TT.

A. B. ENGEL
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

[OVER]

16—40220-3

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

NO. 5-27

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING	
BAUCHAN, Louis S.	221-813	EN1	
REPORTING UNIT	LOCATION		DATE
CGC MACKINAW	Manitowoc, Wisconsin		5-15-52
UNIT TO WHICH ATTACHED	LOCATION		ACCOUNTING CODE NO.
9th CGD	Cleveland, Ohio		09-060083

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN GRADE / RATING FROM_____ TO_____ EFFECTIVE_____

AUTH:

OTHER CHANGES (SPECIFY)

2235, 5-14-52, Returned this vessel, TAD to USPHS Hospital, Detroit, Michigan in connection with Dental Treatment completed.

Auth: C9CGD/L dtd 21 April, 1952, P16-3/MM, TA: 094678

PE-PM-2

A. B. Engel
A. B. ENGEL, CDR, USCG, XO
(Signature - Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

PE-PR-45

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2590 (Rev. 5-51)

REPORT OF CHANGE IN PERSONNEL

No. 4-87

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BAUCHAN, Louis S.	221-813	EN1
REPORTING UNIT	LOCATION	DATE
CG Group	Detroit, Michigan	4-28-52
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
CGC MACKINAW	Cheboygan, Michigan	09-060083

TIME 2330
DATE 4-25-52

REPORTED FROM CGC MACKINAW
FOR TAD while undergoing medical treatment at USPHS Hospital, Detroit

AUTH: CG/L dtd 4-21-52, file P16-3/MM

TIME
DATE

TRANSFERRED TO
FOR

AUTH:

CHANGED IN (GRADE) (RATING) FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

C. W. SCHARFF, LCDR, USCG, CO
(SIGNATURE, GRADE AND TITLE)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FILE

PE-PR-45

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

NO. 4-75

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING	
BAUCHAN, Louis S.	221-813	EN1	
REPORTING UNIT	LOCATION		DATE
CGC MACKINAW	Cheboygan, Mich		4-25-52
UNIT TO WHICH ATTACHED	LOCATION		ACCOUNTING CODE NO.
9th CGD	Clevelane, Ohio		09-060083

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN GRADE / RATING FROM_____ TO_____ EFFECTIVE_____

AUTH:

OTHER CHANGES (SPECIFY)

1250, 4-24-52, Departed on TAD to CG Depot, Detroit, Mich., in connection with out-patient treatment at USPHS Hospital, Detroit, Mich. EDA 4-25-52

Auth: C9CGD/L dtd 4-21-52, P16-3/MM , TA 094678

PE-PR-37

A. B. Engel

A. B. ENGEL, CDR, USCG, XO
(Signature - Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2939 (Rev. 8-51)

REPORT OF CHANGE IN PERSONNEL

No. 3-23

PE-E
64

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BAUCHAN, Louis S.	221-813	EN1
REPORTING UNIT	**LOCATION**	**DATE**
CGC MACKINAW	Cheboygan, Michigan	3/5/52
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
9th CGD	Cleveland, Ohio	09-060083

TIME
DATE

REPORTED FROM
FOR

AUTH:

TIME
DATE

TRANSFERRED TO
FOR

AUTH:

CHANGED IN (GRADE) (RATING) FROM _____ TO _____ EFFECTIVE

AUTH:

OTHER CHANGES (SPECIFY)

2230, 3/4/52; Returned from TAD at CG Group, Detroit, Mich. while undergoing dental treat. at USPHS Detroit, Mich.

Auth. C9CGD/D 132049Z (2-52) TO: 093960

A. B. Engel
A. B. ENGEL, CDR, USCG, XO
(SIGNATURE GRADE AND TITLE)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 5-42

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BAUCHAN, Louis S.	221-813	EN1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Detroit, Mich.	5-19-52
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
CGC MACKINAW	Cheboygan, Mich.	09-060083

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1120
DATE 5-13-52

TRANSFERRED TO: CGC MACKINAW
FOR RESDU (TAD completed)

AUTH: C9/L dtd 4-21-52, file P16-3/MM

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

C. W. SCHARFF, LCDR, USCG, CO
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2899 (Rev. 5-51)

REPORT OF CHANGE IN PERSONNEL

No. 3-6

PE-E 64

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BAUCHAN, Louis C.	221-813	EN1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Detroit, Michigan	5 March, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
CGC MACKINAW	Cheboygan, Michigan	09-076089

TIME
DATE

REPORTED FROM
FOR

AUTH:

TIME 1045
DATE 3 March, 1952

TRANSFERRED TO CGC MACKINAW, Cheboygan, Michigan
FOR RESDU. TAD completed.

AUTH: C9CGD/D No. 132049Z, CO's CGC MACKINAW/L dated 18 February, 1952 file P16-3/MM
TA No. 093960

CHANGED IN (GRADE) (RATING) FROM _____ TO _____ EFFECTIVE

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-82

C W Schaff

C. W. SCHARFF, LCDR, USCG
(SIGNATURE GRADE AND TITLE)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 2-48

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BAUCHAN, Louis C.	221-813	EN1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Detroit, Michigan	25 February, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
CGC MACKINAW	Cheboygan, Michigan	09-076089

TIME 2150
DATE 19 February, 1952

REPORTED FROM: CGC MACKINAW, Cheboygan, Michigan
FOR TAD while undergoing dental out-patient treatment at USPHS Hospital, Detroit, Michigan.

AUTH: CG CGD/Dispatch No. 132049Z; CO's CGC MACKINAW/L dated 18 February, 1952 file P16-3
TA No. 093960

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

PE-PA-37

C. W. Scharff

C. W. SCHARFF, LCDR, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2589 (Rev. 5-51)

REPORT OF CHANGE IN PERSONNEL

No. 2-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BAUCHAN, Louis S,	221-813	EN1
REPORTING UNIT: CGC MACKINAW	LOCATION: Cheboygan, Michigan	DATE: 2-19-52
UNIT TO WHICH ATTACHED: 9th CGD	LOCATION: Cleveland, Ohio	ACCOUNTING CODE NO.: 09-060083

TIME
DATE

REPORTED FROM
FOR

AUTH:

TIME
DATE

TRANSFERRED TO
FOR

AUTH:

CHANGED IN (GRADE) (RATING) FROM _____ TO _____ EFFECTIVE

AUTH:

OTHER CHANGES (SPECIFY)

1725, 2-18-52; Departed on TAD to CG Group, Detroit, Michigan while undergoing dental treatment at USPHS Detroit, Michigan.

Auth: C9CGD/D 132049Z (2-52) To: 093969

FE-FR-37

A. B. ENGEL, CDR, USCG, XO
(SIGNATURE GRADE AND TITLE)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

U. S. COAST GUARD
CG-2599 (Rev. 5-50)

NO. 1-21

NAME	Service No.	Present rate or grade
BAUCHAN, Louis S.	221-813	EN1
USCGC MACKINAW	Cheboygan, Michigan	Date: 1-9-52
9th CG District	Cleveland, Ohio	09-060083

TIME: 2201
DATE 1-8-52

REPORTED FROM: CG GROUP, Frankfort, Michigan
FOR: ASDU (10 Lv, 4 PT, 1 TT en)

AUTH: C9CGD/L 12-2-51 P16-3/MM TO: 093440

TIME:
DATE:

TRANSFERRED TO:
FOR:

AUTH:

CHANGED IN(RATE-GRADE) FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES:

A. B. Engel
A. B. ENGEL, CDR, USCG
Executive Officer

RE-DD-48

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 96-52

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BAUCHAN, Louis S.	221-813	EN1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP FRANKFORT	Point Betsie Light Station	Frankfort, Michigan
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
09-200465	09-300460	27 December, 1951

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1600
DATE 24 December, 1951

TRANSFERRED TO: CGC MACKINAW, Cheboygan, Michigan
FOR ASDU. Granted ten (10) days REG/ACC leave, four (4) days proceed time and one (1) day travel time enroute. EDA prior 2400 8 January, 1952

AUTH: TONO 093440

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

PR-30

A. J. Bates
A. J. BATES, BOSN. USCG. OinC
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

16 March, 1949.

From: Commandant.

To: Commanding Officer, Frankfort Group
Via: Commander, 9th CG District
SUBJECT: BAUCHAN, Louis Stanley (221-813) EN1; USCG

Statement of service of.

Ref: Your letter/dated 7 March, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
[redacted]							
5 Yrs 8 Mons. 1 Day Lighthouse Service Creditable for Longevity.							
USCG							
7-3-41							
Enl. Ext. 3 Yrs. from 7-3-44	7-2-47 HD	None		None		None	
7-3-47							
Now Serving.							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Return to 3-13
jam

3-16-49

3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO Group Frankfort, Michigan

AND REFER TO CG-73 (pmp)

U. S. COAST GUARD HDQTRS.
MAIL & RECORDS
SERVICE SECTION
RECEIVED MAR 14 1949 (5)

7 March, 1949

From: Officer in Charge, Coast Guard Group Frankfort, Michigan
To: Commandant (PE)

Via: Commander, Ninth Coast Guard District (pmp)

Subj: BAUCHAN, Louis Stanley (221-813) EN1; corrected statement of creditable service; request for.

1. It is requested that a corrected statement of creditable service be furnished in case of subject named man for the purpose of computing pay for longivity purposes.

2. Subject named man claims service for 20 months of former lighthouse tender service and four years former service in the Lighthouse Department.

LUDWIG WEDEMEYER

Ind-1

9 March, 1949
pmp 73

From: Commander, Ninth Coast Guard District
To: Commandant (PE-PR)

Forwarded, recommending preparation of statment of creditable service in accordance with Personnel Circular No. 21-47.

F. H. SCHONEWOLF
By direction

CC: File

NO.

Bauchan (SURNAME) Louis (FIRST NAME) S. (SECOND NAME)

DATE OF BIRTH		
MONTH	DAY	YEAR
March	27	1912

SEX M RACE W

RETIREMENT AGE 70

LEGAL VOTING RESIDENCE		
STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
Michigan	Manistee	Manistee

MILITARY SERVICE _____ YES _____ NO X

MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC PAY			MOS.	DAYS	YRS.
	Empl.	Mess Attendant		$70-M	4-1-35	Com LHS 12th Dist., Tender	Sumac		
	Term.	Do.		70-M	12-31-35	✓ Do.			
	Empl.	"		70-M	2-1-36	"			
	Term.	"		70-M	12-31-36	✓ "			
	Empl.	Skilled Laborer-Keeper		90-M	7-2-37	" Chicago Harbor			
	Prob. Appt.	Keeper, (1200-1560)	1200-A	1440-A*	11-1-37	" St. Martin Island			
	A. Trans. Reor. Plan II, 5-9-39.		1200-A	1440-A*	7-1-39	Treasury Coast Guard, Chicago District			
	Enlisted	Coxswain Act 8-5-39			7-3-41	"			

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 7 X HIGH SCHOOL 1 2 3 X COLLEGE 1 2 3 4 DEGREES, IF ANY _____

SPECIAL QUALIFICATIONS _____

5-10650

NO. _____

DATE OF BIRTH		
MONTH	DAY	YEAR
March	27	1912
SEX	M	RACE W
RETIREMENT AGE		70

DATE	DESIGNATION	OFFICE

Bauchan (SURNAME) Louis (FIRST NAME) S. (SECOND NAME)

DATE	FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	TONTINE DEDUCTIONS	NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	DEPARTMENTS ESTABLISHMENTS WILL NOT USE THIS COLUMN	BALANCE FORWARD	TOTAL CREDITED TO EMPLOYEE	DATE OF ORIGINAL APPOINTMENT / REMARKS
	No deductions.						

RETIREMENT RECORD CARD—CIVIL SERVICE COMMISSION FORM 2806—FEB., 1931 5—10650 U. S. GOVERNMENT PRINTING OFFICE: 1931

LOUIS S. BAUCHAN

Inducted

7-3-41

LOUIS S. BAUCHAN

SCHEDULE OF REPLACEMENTS TO FILL VACANT POSITIONS – NOS._____TO NOS._____

Department or Establishment: _____Bureau: _____

Date of Submission: _____

DEPARTMENT POSITION NUMBER	DESIGNATION	BUREAU OR FIELD LOCATION	GRADE AND SALARY	DATE OF VACANCY	REASON FOR SEPARATION OF LAST INCUMBENT

Approved:

Secretary of Commerce.

_____

Acting Commissioner of Lighthouses

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
MILWAUKEE, WIS.

MJS

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

U.S. CIVIL SERVICE COMMISSION
RECEIVED
SEP 25 1937
SEVENTH DISTRICT
CHICAGO, ILL.

LIGHTHOUSES
SEP 27 8 49 AM '37

OFFICE OF SUPERINTENDENT, 12TH DISTRICT
MILWAUKEE, WIS.

September 22, 1937.

Commissioner of Lighthouses,
Washington, D.C.

There are enclosed nomination papers in the case of Louis S. Bauchan for position of Second Assistant Keeper, St. Martin Island Light Station, Wisconsin,

Mr. Bauchan was appointed from eligible register for Assistant Lighthouse Keeper and given temporary appointment as Laborer-Keeper at Chicago Harbor Light Station under a contract of employment effective July 1, 1937.

It is recommended Mr. Bauchan's status be changed and appointment issued as covered by enclosed nomination.

G. B. Skinner,
Superintendent.

CHICAGO, ILLINOIS, SEPTEMBER 25, 1937.

PROMOTION AND CHANGE IN STATUS OF MR. BAUCHAN DURING PROBATION APPROVED. EQUALLY ELIGIBLE FOR APPOINTMENT AS KEEPER, SECOND ASS'T ON JULY 7, 1937 ON WHICH DATE HE RECEIVED PROBATIONAL APPOINTMENT AS SKILLED LABORER-KEEPER $90 PER MONTH, CHICAGO HARBOR LIGHT STATION, AS RESULT OF ELIGIBILITY ON ASSISTANT LIGHTHOUSE KEEPER REGISTER WITH RATING OF 93.00

H. F. Swanson
MANAGER,
SEVENTH U. S. CIVIL SERVICE DISTRICT

7-163-13
29 U.S.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PS
23 August, 1951
FILE: PMM
L-13

BAUCHAN

From: Commandant
To: BAUGHMAN, Louis S.(221-813)EM1

Via: (1) Commander, 9th CG District (p)
(2) CO, Point Betsie Light Station, Frankfort, Michigan.

Subj: National Service Life Insurance, Policy No. N 12 317 686
Expiration of term period.

1. Under date of 5 July, 1951 Headquarters forwarded to you a letter of notification from the Veterans Administration relative to the expiration of the term period of your National Service Life Insurance on 31 July, 1951.

2. In view of the fact that Headquarters has received no reply, it is requested that you take immediate steps to forward the application and necessary allotment adjustment to the Commandant (PMM), since this information must reach the Veterans Administration prior to the expiration of the current term period.

3. In the event an application for waiver of premiums and allotment stoppage have been forwarded to Headquarters via official channels, Commandant (PS) should be so advised.

R. J. BORROMEY
By direction.

Incl.
HQ ltr.dtd. 5 July, 1951

MJM:lisrm 2107

B 1<30

3-13
File
-ejd

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PMM
5 July 1951
FILE: PMM
L13

From: Commandant
To: BAUGHAN, Louis Stanley (221-813) EM1, USCG
Via: (1) Commander, 9th U. S. Coast Guard District
(2) Commanding Officer, Point Betsie Light Station, Frankfort, Michigan

Subj: National Service Life Insurance, Policy No. N 12 317 686
Expiration of term insurance.

1. There is herewith forwarded a notification from the Veterans Administration that the $5,000 level term National Service Life Insurance issued under policy number N 12 317 686 will expire on 31 July 1951. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

2. In view of the fact that the application for renewal of insurance on the five-year level term plan or application for converted insurance must reach the Veterans Administration before the expiration of the current term period, you are urged to take immediate steps toward completing the application and making the necessary allotment adjustment.

3. There is in effect at the present time an allotment of your pay in the amount of $3.60 per month for premiums on National Service Life Insurance as follows:

$3.60-$5,000 Level Term Insurance N $ 12 317 686 Effective 1 August 1943.

If insurance is renewed, the new allotment should be $4.15. Your authorized certifying officer should be instructed to discontinue the $3.60 allotment with the month of last payment June, 1951 and to establish the new allotment, reflecting the increased premium, effective with the month of first payment July, 1951 to conform with administrative change authorized by Headquarters.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528A) should be forwarded to the Commandant (PMM) for transmittal to the Veterans Administration.

5. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

Incls.
1. VA ltr FL9-355
2. Form VA9-1658

N. W. SPROW
By direction

NJM/ejd

njm.

10 August, 1950
PE-PR-37, CG-73

From: Commandant
To: Commander, CG Group, Frankfort, Mich.
Via: Commander, 9th CG District (pmp)

Subj: BAUCHAN, Louis S. (221-813) EM1,
PAYMENT, Charlie J. (108-219) EM1(L); submission and correction of records

1. Form 88 was not received with the records of Payment, who was discharged and reenlisted on 26 and 27 June, 1950, respectively. It is requested that this form be forwarded to the Commandant promptly.

2. The Termination of Service sheet for Bauchan has been corrected to show the discharge date as 7-5-50 in lieu of 7-2-50, inasmuch as he was reenlisted on 7-6-50 and all other records indicate that he was discharged on 7-5-50. It is requested that your records be corrected accordingly.

E. A. SHAW
By direction

A.O.D. SHIELDS:amw; return to 3-13

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Betsie Light Station	Frankfort, Michigan	8 June, 1950

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Cdr, Group, Frankfort, Mich.	Officer in Charge

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
20		on or about 10 June	March 20	20	3 July, 1950

REASON FOR REQUEST:
Regular leave and recreation

My address on leave will be: 721 North Rowe Street, Ludington, Michigan

I will immediately inform my commanding officer of any change in address while on leave.

Louis S. Bauchan EN1, USCG
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Betsie Light Station Date: 8 June, 1950

Leave record indicates balance of 30 days' annual and - - - days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Melvin N. Nelson BMC(L), USCG
Ofmc
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: GROUP, FRANKFORT, MICHIGAN Date: 9 June, 1950

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)
returned, Granted.

George A. Hill
GEORGE A. HILL CBOSN, USCG
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG GROUP, FRANKFORT, MICHIGAN Date: 10 June, 1950

Departed at 0900 this date. This leave of absence will expire before 0900 1 July, 1950, at ---- and is subject to the special instructions indicated on reverse hereof.

George A. Hill
GEORGE A. HILL CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ---- days extension of leave to expire before noon, ----

Authority:

Signature and rank Title

Ind.-6 Unit: CG Group, Frankfort, Michigan Date: 1 July, 1950

Reported at 0845 this date, having taken 20 days' leave and -0- days' TT.

George A. Hill
GEORGE A. HILL CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

[OVER]

16—40220-3

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

16—40220-2

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Point Betsie Light Station
GROUP FRANKFORT, MICHIGAN (Unit)

Frankfort, Michigan (Place)

1 October, 1949 (Date)

FROM: BAUCHAN, Louis S. (221-813) EN1, USCG

To: COMMANDANT (via CDR. Group Frankfort, Michigan)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Irene L. Bauchan (Full name of wife; if not married, so state)	721 North Rowe Street, Ludington, Mich. (Address of wife)
Dennis B. Bauchan age 9 years (Full name of child; if none, so state)	721 North Rowe Street, Ludington, Mich. (Address of child)
Michael L. Bauchan age 5 years (Full name of child; if none, so state)	721 North Rowe Street, Ludington, Mich. (Address of child)
Completed 14 years of service on 2 November, 1949 (Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

Mrs. William Bauchan (Full name of relative)	Mother (Relationship)	616 Maple Street, Manistee, Michigan (Address of relative)

Due to age she is partially dependent upon me
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and sworn to before me this 1st day of October, 19 49

LUDWIG WEDEMEYER
(Signature)
CBOSN USCG
(Rank or title)

Louis S. Bauchan
Louis S. Bauchan
(Signature)
EN1, USCG
(Rank or rating)

16—25758-1

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, Twelfth DISTRICT,

Milwaukee, Wisconsin, September 22, 37
(City) (Date) , 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Pro. and Change in Status — **Legal residence,** Michigan

Name, Louis S. Bauchan — Proposed salary, $1200-A

Position, Keeper (Second Assistant) — Proposed range, [$1200-1560]

Location, St. Martin Island Lt. Sta., Wis. — Appropriation, Sal. Kprs. of LH's.

Effective, October 15, 1937 — {~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Laborer-Keeper — Former salary, $90.00 Month

Location, Chicago Harbor Lt. Sta., Ill. Asst. L.H. — Former range, —

Rank on eligible list, 2nd — Rating, Keeper Percentage, 93.0, Other eligibles considered:
C- David M. Sauers
C- Francis J.Reynard

(LT.#1067)

Previous incumbent and his pay, H.A.C.Madsen / Services terminated, close July 31, 1937.

Reason, Promoted to 1st Assistant Keeper.

Members of family in Government service, Not any.

Date of birth, March 27, 1912.

Remarks: Quarters furnished for family. It is necessary to recommend this transfer so that station may have full complement to safeguard life and property.

Selection regular, subject to the action of the U. S. Civil Service Commission, 9-25-37 PROMOTION AND CHANGE IN STATUS DURING, 19

PROBATION APPROVED. EQUALLY ELIGIBLE FOR APPOINTMENT AS KEEPER(2ND ASST) ON 7-7-37 ON WHICH DATE HE RECEIVED PROBATIONAL APPOINTMENT AS SKILLED LABORER-KEEPER,$90 PER MONTH AS RESULT OF EL.IG. ON ASST.L.H.KEEPER REG.

SENIORITY 7TH

G. B. Skinner

Civil Service District. G. B. Skinner, Superintendent.

BUREAU OF LIGHTHOUSES
WASHINGTON

SEP 27 1937

Submitted to the Secretary of Commerce, approved.

6

W. P. HARMAN

Acting Commissioner of Lighthouses.

1 Strike out the clause which does not apply.

11—2314

INSTRUCTIONS

The nominee's name (include full Christian name and middle initial or initials, if any) should be correctly spelled and the official name of the position and station accurately stated. In n n ng a person already in the Lighthouse Service his last appointment should be examined for official name of position, station, salary, etc.

In case a nominee's legal residence as stated on this nomination is different from that contained in his last appointment, or is different from that stated on the eligible register if the nomination is for probationary appointment, a statement to that effect should be made under "Remarks."

The instructions in regard to transfers of employees, as set forth in Regulations, 1927, articles 415 and 429, should be carefully followed.

Under "Action recommended" indicate clearly the kind of appointment desired, as temporary, probationary, etc. If temporary, indicate under that heading or under "Remarks" the period for which appointment is desired and the necessity therefor.

If a license from the Steamboat Inspection Service is required for the position to which appointment is recommended, state grade, waters, and tonnage covered by the license, and whether or not the same is sufficient to cover the position.

When it is proposed to fill a new position, indicate the fact by inserting, after the words "Previous incumbent," the words "New positi and give the date of Department letter. Always ascertain that proper report or recommendation for the disposition of the services of the previous incumbent has been made before submitting recommendation for the appointment of a successor.

In recommending the reinstatement, or original appointment, of a person whose papers show that he has already served under some branch of the Department of Commerce, include a brief note of that fact on the nomination.

Recommendation for permanent or temporary appointment or extension of appointment to positions for which eligible registers are maintained by the Civil Service Commission at Washington, D. C., or for appointment to excepted positions, or for transfer (including transfer from other Government agencies), promotion, reduction, or reinstatement, shall not be forwarded through the civil service district secretary; but all other nominations, including selections from eligible registers maintained by the civil service district secretary or by the local civil service board for the Lighthouse Service, whether for permanent or temporary appointment or extension shall be forwarded through the district secretary.

When a person recommended for probationary appointment, or reinstatement, states that he has two or more members of his family in the Government service, he should be directed to properly fill out civil service Form No. 1769, which should be forwarded with the nomination.

When a person recommended for reinstatement has been out of the service over one year, Form S. S. 93–A, supplemental, should be submitted in duplicate.

In recommending the appointment of a keeper, state under "Remarks" whether or not quarters are furnished by the Government for his family.

After "Other eligibles considered" superintendents will state the names of the eligibles who "declined" or "failed to reply," and those "who were merely considered without other action," and will indicate the same after each name by the use of the key terms "D," "FR," and "C," respectively.

Opposite "Rank on eligible list" superintendents will state whether the person recommended stands first, second, or third, as the case may be, of the eligibles available for appointment to the position in question.

In submitting nominations for temporary appointment, state under "Remarks" whether or not the work is job employment, and, if job employment, make certificate that upon completion of the work the services of a person in the position will no longer be required. State also as definitely as possible the period for which the services of the person will be needed.

11—2314 U. S. GOVERNMENT PRINTING OFFICE

Form A-30

Not To Be Accepted As Authority For Investigation Operations Unless Accompanied By Official Credentials

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

October 2, 1937.

Mr. Louis S. Bauchan,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

Keeper

in the Lighthouse Service

at a salary of Twelve Hundred dollars per annum

effective October 15, 1937, or upon entrance on duty.

Nature of appointment: Change from Laborer-keeper at $90.00 per month, under the registered system.

Civil Service authority: Manager, Seventh Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully, EDW. J. GARDNER

12
G

Chief, Division of Personnel.

Appropriation (unit): Field.

Vice: H. A. C. Madsen,

Legal residence: Michigan.

OCT 1 5 37 PM '37
LIGHTHOUSES

OCT - 7 1937

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Commerce U.S. Lighthouse Service Date Oct 14, 1937

1. Name in full (Mr., ~~Miss~~, or ~~Mrs.~~) Bauchman (Surname) Louis (Given name) Sumner (Middle name)
2. Present address 516 (Number) Grand (Street) Chicago (City) Illinois (State)
3. Legal (voting) residence Michigan (State and Congressional District) Manistee (County) Manistee (City or town)
4. Where born Michigan (State or foreign country) Manistee (City or town) When born May 27 1912 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male √	Female	Single √	Married	Divorced	Widowed	White √	Colored

7. Number and ages of dependents domiciled with you Mother & Father - 60 - 65 resp.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
	Milwaukee								
Lighthouse Service	Sumas	Mess Attend	70	Apr	1	35	Jan	1	36
Lighthouse Service	Tempter Sumas	Mess Attend	70	Feb	1	36	Jan	1	37
Lighthouse Service	Chicago	Lab Keeper	90	July	1	37			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:
None (Title) (Location) (Date appointment expires)
11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?
(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)
12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted √ Discharged
Rank M1 Rank
Organization Organization

Enlisted Discharged
Rank Rank
Organization Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Office Training

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
A & P Food Store, Manistee, Mich.	Clerk	Two years
Johnson & Tramp, Manistee, Mich.	Construction	Four months
General Finance Co., Pontiac, Mich.	Office Work	Two months

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 (4)	1 2 3 4	

16. In case of emergency, notify Mrs. Williams Bruckner

Relationship Mother Post office address 516 Maple St. Manistee, Mich.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Louis A. Bruckner
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE. 1930 10—1930

Eod Nov 1, 1937.

Standard Form No. 17
Approved by the President, March 26, 1926

LIGHTHOUSES
MAR 30 8 48 AM '38

REPORT ON PROBATIONARY APPOINTEE

This report to be made at expiration of fifth month of service. In cases where the probationary period comprises one year, this report is to be made at the expiration of the tenth month of service.

If service has been unsatisfactory, recommendation for discontinuance under the provisions of paragraph (c) of section 1 of Civil Service Rule VII should be forwarded immediately to the Department. A full statement of reasons should be set forth under "Remarks."

COMMERCE
(Department)

Lighthouse Service
(Bureau or office)

Milwaukee, Wisconsin.
(Place and date)

To Commissioner of Lighthouses:-
(Head of department or establishment)

The probationary period of the person named below expires at the close of business on April 30, 1938.

The conduct and capacity of this employee have been satisfactory during the probationary period, and (he) (~~she~~) is considered qualified for absolute appointment.

Name Louis S. Bauchan.

Position Keeper (2nd Asst.)

Salary $1200-A ($1200-1560)

Appropriation Salaries, Keepers of Lighthouses.

Station St. Martin Island Light Station, Mis.

Date of entrance on duty Nov. 1, 1937.

Remarks:

6

BUREAU OF LIGHTHOUSES - WASHINGTON
March 30, 1938

Submitted: to the Secretary of Commerce
for information.
For the Commissioner:

G. B. Skinner
(Signature of immediate superior)
G. B. Skinner,
Superintendent.

Chief of Personnel Division
(Head of bureau or office)

U. S. GOVERNMENT PRINTING OFFICE 10—1732

STANDARD FORM NO. 6
(Approved by the President 3/8/24)
Revised Dec. 5, 192[illegible]

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury - U.S. Coast Guard **Date** Dec 12, 1939

1. Name in full (Mr.) Miss, or Mrs.) Burnham (Surname) Louis (Given name) L (Middle name)
2. Present address 40 Louis (Number) Pontiac (Street) Mich (City) (State)
3. Legal (voting) residence Michigan (State and Congressional District) 9th Dist. Manistee (County) Manistee (City or town)
4. Where born Michigan (State or foreign country) Manistee (City or town) When born March 27, 1912 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male ✓	Female	Single	Married ✓	Divorced	Widowed	White ✓	Colored	

7. Number and ages of dependents domiciled with you Wife - 27
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
Lighthouse Service	Tenders Sumac Mesquite Aloe	Attendant	$70	Apr.	1	35	Jan.	1	37
"	Chicago	Laborer-Keeper	$90	July	1	37	Nov.	1	37
"	St Martin Island	Asst Keeper	$100	Nov.	1	37	Still employed		

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:
Nil (Title) (Location) (Date appointment expires)
11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?
(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)
12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted ____ Discharged ____
Rank ____ Rank ____
Organization ____ Organization ____

Enlisted ____ Discharged ____
Rank ____ Rank ____
Organization ____ Organization ____

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Office training, Carpenter

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Nelson Manistee Mich	Clerk	6 mo.
Interlake Ltd Co	Sailor	2 "
Frank Finance Co Pontiac Mich	Office work	2 "

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 (4)	1 2 3 4	

16. In case of emergency, notify Mrs. Louise Bauchan

Relationship wife Post office address 40 Lewis St, Pontiac, Mich.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Louise L. Bauchan
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

RECEIVED
CHICAGO DIVISION
1939 DEC 16 AM 9 17
U.S. COAST GUARD

RECEIVED
CHICAGO DIVISION
1940 JAN 12 AM 9 12
U.S. COAST GUARD

Copy of this form has not been furnished the Dept.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | EM1 (Rank or rating) | Point Betsie Light Sta. (Unit)

*REGULAR ~~*RESERVE~~ ~~*TEMPORARY~~ ~~*RESERVE~~ (Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Ludington, Michigan., Date 8-20, 19 49

FILE T. LeB

To: Officer in Charge, Coast Guard Group (Coast Guard unit)

Ludington, Michigan. (Address)

The above-named patient was discharged from {*~~inpatient~~ / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Foreign Body, Left eye		8-20-49	8-20-49

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *~~No.~~} Absent without permission? {*~~Yes~~ / *No.} Guilty of insubordination? {*~~Yes.~~ / *No.}

W. L. Martin
SnG
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

Form 93

NOTICE OF RESIGNATION ~~OR DEATH~~

~~TREASURY DEPARTMENT~~

~~DEPARTMENT OF COMMERCE~~

~~LIGHTHOUSE SERVICE~~

U.S. COAST GUARD

~~Office Superintendent of Lighthouses.~~ ~~District~~

Office of Commander, Chicago District.

Commandant:

~~Commissioner of Lighthouses:~~

3 July, 1941. , 19

Herewith is transmitted the resignation, in duplicate, of the following-named employee:

Name, Louis Stanley Bauchan Position, Keeper

Legal residence, Wisconsin Station, St. Martins Island Light

Salary, $ 1200.00 per annum

The acceptance of this resignation { ~~with~~ / without } prejudice is recommended effective at the close of 2 July, 1941.

This employee has **not** taken leave in excess of the accrued rate.

REMARKS: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

Inducted into Coast Guard - ~~Navy~~ Oath administered 3 July, 1941.

N. S. Fulford

N.S. Fulford, Lieut. Comdr.,
By direction. *Superintendent of Lighthouses.*

11—4623

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

INSTRUCTIONS

State on the face of this form whether or not the employee has taken leave in excess of the accrued rate.

In case the employee has taken leave in excess of the amount which will have accrued up to and including the effective date of his resignation, state under "Remarks" the amount taken and the amount in excess and submit appropriate recommendation. See Regulations, 1918, Article 488, 2d par.

Change the wording of this form to meet requirements when used to report notice of death.

11—4623

U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1 D-14

NOTE
T.J.T.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

	HOUR	DATE
DEPARTURE		7-18-55
LEAVE OR LIBERTY EXPIRED	2400	8-31-55
RETURNED TO COAST GUARD JURISDICTION	1115	8-5-55

(10 days tt and 4 pt enroute 9CGDOff)

NUMBER DAYS CHARGED TO LEAVE RECORD — FOUR (4)

- [XX] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (Rate) FROM _____ (Rate)

EFFECTIVE _____ (Date change effected) AUTHORITY _____ AUTHORITY RECEIVED _____ (Date)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (Date) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (Date) TO _____ (Date)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (Hour and date) TO _____ (Hour and date) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (Date) TO _____ (Date) AT $ _____ per mo.

No Government quarters available. AT $ _____ AND/OR per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (Date of admission)

to _____ (Date of discharge) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ONE (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	J. D. HUDGENS	CDR, USCG CO (Acting)	70-56

SHIP OR STATION	NAME OF A. C. O.
USCGC MACKINAW (WAGB-83) Cheboygan, Michigan	H. S. HAYMAN, CHPCLK, USCG

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
BAUCHAN Louis S.	221-813	EN1

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 4

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

PB-74

NOTED
I. I. I.

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1500	8-5-55
LEAVE OR LIBERTY EXPIRED	2400	9-2-55
RETURNED TO COAST GUARD JURISDICTION	1830	9-2-55

(2 days tt enroute)

NUMBER DAYS CHARGED TO LEAVE RECORD TWENTY SIX (26)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*) to _____ (*Date of discharge*) as a result of his own:

- [ ] INTEMPERATE USE OF DRUGS
- [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ONE (*Number*) ONLY

SIGNATURE J. D. HUDGENS

GRADE AND TITLE CDR, USCG CO (Act.)

C. O. ORDER NO. 72-56

SHIP OR STATION USCGC MACKINAW (WAGB-83) Cheboygan, Mich.

NAME OF A. C. O. H. S. HAYMAN, CHPCLK, USCG.

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN	LOUIS	S.	221-813	EN1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG BASE SAND ISLAND HONOLULU, T.H.

12-10-54: Temporary additional duty from 6 Dec. 1954 to 10 Dec. 1954 for purpose of small arms training at U.S. Naval Rifle Range Puupoa Point Oahu, T. H. Finished with Qualifying score of "Marksman"

E.W.COLEMAN
By Direction

Has served for a period of eleven months and six days at this unit outside CONUS.

C. E. SIMMONS, LT, USCG
Executive Officer

Rptd OCCGD9 8-5-55 FFA. Dptd OCCGD9 8-5-55 enroute CGC MACKINAW.

EARL ELDER
By direction

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
15 July, 1955	C14CGD/L P16-4/MM of 4-8-55. HQ TONO NO. 40-55 of 4-4-55		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
EN1	Apr.1948	C. E. SIMMONS, LT, USCG	Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

CG BASE(ADMIN), ALAMEDA, CALIFORNIA
16 July 55: Rptd 1300, fm CG BASE, Sand Is., TDFFA by CCGD9. Auth: 516103.
18 July 55: Tr 1100, to CCGD9 furas. Auth: 516103.

XXXXXXXXXXX W. J. FELTON, By direction

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
USCGC MACKINAW(WAGB-83)	2 Sept 1955	J. D. HUDGENS, CDR, USCG CO(Acting)	
NAME (Last) (First)		(Middle)	SERVICE NO.
BAUCHAN, Louis		Stanley	221-813

ADMINISTRATIVE REMARKS

16—66780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0710	6-21-55
LEAVE OR LIBERTY EXPIRED	0850	6-27-55
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD: Five (5)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual. All leave executed in Hawaiian Area

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE C. E. Simmons C. E. SIMMONS	GRADE AND TITLE LT, USCG, XO.	C. O. ORDER NO. 88-55
SHIP OR STATION CG BASS, SAND ISLAND, HONOLULU, T.H.		NAME OF A. C. O.	
NAME (Last) BAUCHAN, (First) Louis (Middle) S.		SERVICE NO. 221-813	RATE EN1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

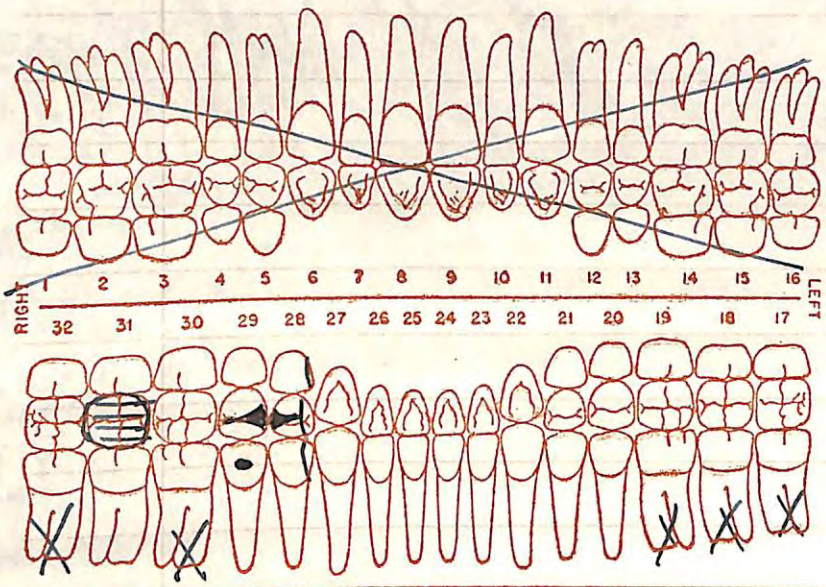
(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

Standard Form 521
Promulgated May 1950
By Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD — DENTAL

REPORT OF DENTAL EXAMINATION



CALCULUS
☐ SLIGHT ☐ MODERATE ☐ HEAVY

PERIDONTAL OR GINGIVAL DISEASE

U. S. C. G. TRAINING STATION
Government Island
Alameda, Calif.
Date 7-20-53
This man has been examined this date and is dentally fit for overseas duty.
W. H. [illegible]
U.S.P.H.S.

ABNORMALITIES OF OCCLUSION

ORAL INFECTION (*Other than gingival or peridontal*): OTHER FINDINGS

DENTAL CLASSIFICATION

RECOMMENDATIONS

APPROXIMATE TIME REQUIRED FOR COMPLETION OF RECOMMENDED DENTAL TREATMENT ____ DAYS

DENTAL FACILITY	DATE	SIGNATURE OF DENTIST
USCG BASE ALAMEDA, CALIF.	7-20-53	W. H. [illegible]

INFORMATION FOR DENTAL SERVICE (*To be filled in by referring agency*)

☐ CHECK HERE IF PATIENT HOSPITALIZED FOR DENTAL TREATMENT ONLY

PRINCIPAL MEDICAL DIAGNOSIS

PATIENT REFERRED FOR

☐ EMERGENCY TREATMENT ☐ EXAMINATION FOR ORAL INFECTION ☐ OTHER (*Specify*)

☐ ROUTINE TREATMENT ☐ ELIMINATION OF ORAL INFECTION

REMARKS (*Include any special precautions to be observed in treatment*):

F. O.

GRADE, RATING, OR POSITION	APPROXIMATE PERIOD OF HOSPITALIZATION	DATE REFERRED	SIGNATURE OF REFERRING PHYSICIAN
EN1			

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
BAUCHAN, Louis S. (221-813)		

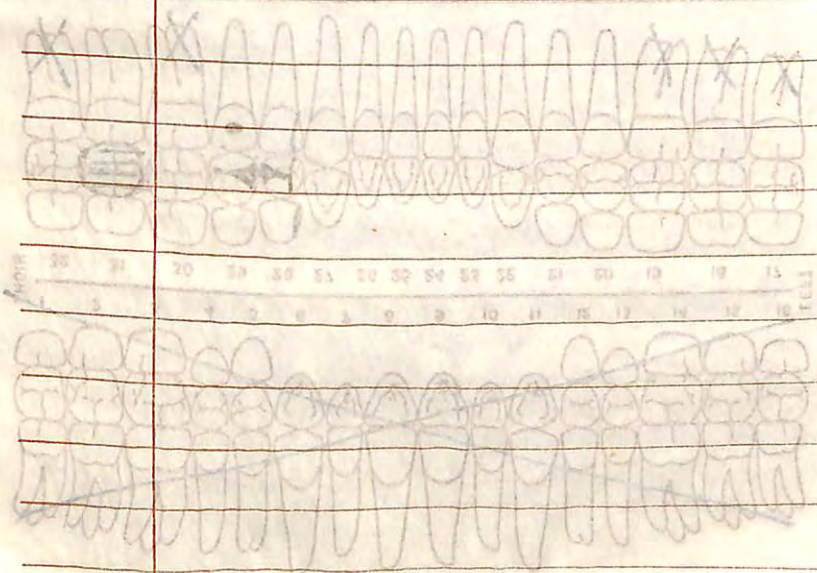
ASDU 14th CGD FROM 9th CGD
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—56210-3

DENTAL
Standard Form 521
Rev. April 1950

BUCHAN, Louis S

DATE	DIAGNOSIS—TREATMENT—REMARKS	SIGNATURE
7-20-53	Exam #28 MESIAL ALLOY	W. N. Kelly



CLINICAL RECORD — DENTAL

REPORT OF DENTAL EXAMINATION

☆ U. S. GOVERNMENT PRINTING OFFICE 16—58219-8

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
T.J.T.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	[ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE 1200	9 April, 1955
[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	[ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED 0855	16 April, 1955
		RETURNED TO COAST GUARD JURISDICTION	
[ ] WITHOUT LEAVE, not excused as unavoidable	[ ] OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD SIX (6)	

Credit leave rations and/or check pay in accordance with the Comptrollers Manual. All leave taken in Hawaiian area.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM ONE (*Number*) ONLY	SIGNATURE G. M. COOPER, LT, USCG	GRADE AND TITLE Executive Officer	C. O. ORDER NO. 49-55
SHIP OR STATION CG BASE, SAND ISLAND, Honolulu, T.H.		NAME OF A. C. O.	
NAME (*Last*) BAUCHAN, (*First*) Louis (*Middle*) Stanley		SERVICE NO. 221-813)	RATE EM1

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 1

PE-74

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCGC KUKUI (WAK-186)

16 March 1954 - Has served 0 years 1 month 3 days outside the CONLUS as of this date while attached to this unit. Transfered administrative, to Coast Guard Base (T&A), Sand Island, Honolulu, T. H.

G. C. FLEMING

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
16 March 1954	CCGD14 Circular No. 8-53		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
EN1	April 1948	G. C. FLEMING	LCDR, USCG Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

Rptd: 1425, 3-16-54, CG BASE (T&A) Sand Island, Honolulu, T. H.
Tr: 1300, 4-16-54, to WPB - 83394, Honolulu, T. H. fasdu.

E. W. COLEMAN, LT, XO
By direction

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
CG WPB-83394	4-16-54	R. MC CLELLAN, ENS, CO	
NAME (Last)	**(First)**	**(Middle)**	**SERVICE NO.**
BAUCHAN,	Louis	S.	221-813

ADMINISTRATIVE REMARKS

16—66780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

HQ (PE)

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG
BAUCHAN, Louis Stanley	221-813	EN1	

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*	RELATIONSHIP *(If friend, so state)*
Minnie A. Bauchan	Mother

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
Irine Lyell Bauchan	816 Maple Street, Manistee, Michigan

7. CHILDREN — FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Dennis Brian Bauchan	816 Maple Street, Manistee, Michigan	Single	Male	10
Michael Lucian Bauchan	816 Maple Street, Manistee, Michigan	Single	Male	13

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
William C. Bauchan (84)	816 Maple Street, Manistee, Michigan
9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
Minnie A. Bauchan (79)	816 Maple Street, Manistee, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Minnie A. Bauchan	Mother

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
William C. Bauchan	Father

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

PE-67

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
NONE	*(Continue on reverse side)*	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Irene Lyell Bauchan	Wife
ADDRESS *(Number, Street, City and State)* 816 Maple Street, Manistee, Michigan	RECEIVE EACH MONTH 90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
USCGC KUKUI (WAK-186) Fleet Post Office San Francisco, California	17 Feb. 1954	Louis S. Bauchan Louis S. Bauchan

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.

2. Disposition of signed copies will be as follows:

Army	- Original	- To The Adjutant General, Wash 25, D.C., *ATTN:* AGPI
	Duplicate	- File in service record or field 201 file.
Air Force	- Original	- To Headquarters USAF, Air Adjutant General, Wash 25, D.C.,
	Duplicate	- File in service record or field 201 file.
Navy	- Original	- To BuPers, Wash 25, D.C., *ATTN:* Casualty Section.
	Duplicate	- *(Same as original)*
	Triplicate	- File in service record or officer's qualification jacket at duty station.
Marine Corps	- Original	- File in service record book *(page 15)* or in officers' qualification record.
	Duplicate	- To CMC, Wash 25, D.C
Coast Guard	- Original	- To Commandant *(P)*, USCG Hq., Wash 25, D.C.
	Duplicate	- Place with individual service record.

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.

4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.

5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

(Continuation of Item 7)

CHILDREN FIRST NAME–MIDDLE NAME–LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS

GPO O - 50 - 895697 50 - 1349, AF

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCGC NEWELL (WDE-422)

CGC NEWELL (WDE-422) - 2-13-54 - Authorized Korean Service Medal and United Nations Service Medal for service aboard this vessel while on Ocean Station Victor from 29 October to 18 November 1953. Auth: COMNAVFE ltr 12-31-53

Entitled to National Defense Medal for having served on active duty after 6-26-50.

Completed four (4) months and twenty (20) days S&FSD aboard this unit.

L. W. TIBBITS, LCDR, USCG
COMMANDING OFFICER

PE-67

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
13 February 1954	CCGD14 ltr dtd 1-15-54, P16-4/MM		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
EN1	1942	L. W. TIBBITS	LCDR, USCG, CO

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
USCGC KUKUI (WAK-186)	2-13-54	G. C. FLEMING, LCDR, XO, USCG

NAME (Last)	(First)	(Middle)	SERVICE NO.
BAUCHAN,	Louis	S.	221-813

ADMINISTRATIVE REMARKS

16—66780-1

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PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

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REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

PE-PR-49

UNIT	ADDRESS	DATE
CGC MACKINAW	Cheboygan, Mich.	27 May 1953

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1(P)	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR ☐ EMERGENCY	☐ REENLISTMENT ☐ RECRUIT
15	29 May 1953		

ADDRESS ON LEAVE WILL BE 545 Duncan Ave., Cheboygan, Mich.

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S. Bauchan

Ind.-1 Unit: CGC-MACKINAW Date 27 May 1953

Date current leave accounting period began	Balance brought forward beginning of present accounting period
1 July 1952	36
Number days' leave used during current accounting period	Date of expiration of current enlistment
10	5 July 1956

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W. H. WILMOT, LTJG, XO (Acting)
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CGC MACKINAW Date 27 May 1953

☒ Returned, GRANTED 15 days. ☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

W. J. SMITH, CDR, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: CGC MACKINAW Date 29 May 1953

Departed at ____, this date. This leave expires before 1200, 14 June 1953

at on board CGC-MACKINAW, Manitowoc, Wis. and is subject to the instructions on the reverse hereof. In the event that the MACKINAW is not in Manitowoc, Wis. upon expiration of this leave you will be notified by this unit.

O.O.D
(Signature, rank, and title)

Ind.-5 Unit: CGC MACKINAW (WAGB-83) Date 14 June 1953

Reported at 0725, this date, having used 15 days' leave.

A. B. ENGEL, CDR, USCG, XO
(Signature, rank, and title)

(Over)

16—40220-3

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

16—40220-3 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1952—O-210498

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

NOTED
I. D. G.

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	[ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	0900	5-26-57
[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	[ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	0900	5-30-57
		RETURNED TO COAST GUARD JURISDICTION	0900	5-30-57
[ ] WITHOUT LEAVE, not excused as unavoidable	[ ] OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD	(03)	

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (Rate) FROM _____ (Rate)

EFFECTIVE _____ (Date change effected) AUTHORITY _____ AUTHORITY RECEIVED _____ (Date)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (Date) COMPLETED

*Career Compensation Act of 1949. Statement of service filed in service record.

4. COMMUTED RATIONS: FROM _____ (Date) TO _____ (Date)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (Hour and date) TO _____ (Hour and date) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (Date) TO _____ (Date) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (Date of admission)

to _____ (Date of discharge) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	A. LANDRY	LTJG, PO, By dir.	608-57

SHIP OR STATION: CGC MACKINAW (WAGB-83)

NAME OF A. C. O.: H.G. TRUPP, SPCK, W-1

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
BAUCHAN	Louis	S.	221-813	ENC(P)

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTE
I.I.I.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1645	7-8-56
LEAVE OR LIBERTY EXPIRED	0900	7-19-56
RETURNED TO COAST GUARD JURISDICTION	0835	7-19-56

NUMBER DAYS CHARGED TO LEAVE RECORD TEN (10)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

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NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
SHIP OR STATION	L. W. LEWIS	ENS, USCG	NAME OF A. C. O. By dir. 28-57
NAME (*Last*) (*First*) (*Middle*)	SERVICE NO.	RATE	
BAUCHAN Louis Stanley	221-813	ENC(P)	

CGC MACKINAW (WAGL-83), Cheboygan, Michigan
H. G. THURB, POLK, W-1, USCG

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 1

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U. S. GOVERNMENT PRINTING OFFICE 16—69873–1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | ENC (Rank or rating) | CGC MACKINAW(WAGB-83) Cheboygan, Michigan (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Cleveland, Ohio, Date 22 June, 19 56

To: CO, CGC MACKINAW(WAGB-83)
(Coast Guard unit)
Cheboygan, Michigan
(Address)

FILE
T. Lab

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Dental Caries		5-22-56	6-1-56
Missing teeth		6-5-56	6-13-56

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

M. Costello
Sr. Dent. Surg. U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for _____
(Diagnosis)

since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

PE-74

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

USCGC MACKINAW (WAGB-83)

BAUCHAN, Louis S. (Name, surname first) | 221-813 (Service number) | ENC (Rank or rating) | Cheboygan, Michigan (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR (Enlistment status) Place Cleveland, Ohio, Date 22 May, 1956, 19

To: Dental Officer in Charge
USPHS Outpatient Clinic
Cleveland, Ohio

SIR: You are requested to examine the above-named {officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer USCGC MACKINAW (WAGB-83) Cheboygan, Michigan

Louis S. Bauchan (Signature of patient)

W.R. LEWIS, CDR, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Cleveland, Ohio, Date 22 June, 1956

I CERTIFY that I have examined the above-named person and find him suffering from

Dental Caries; Missing teeth
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USPHS OPC {*hospital / *office} on 22 May, 1956

M. Costello
Sr. Dent. Surg. U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

PE-74

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16–27156–1

PE-74

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
I.I.I.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD	

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO ENGINEMAN, CHIEF PROVISIONAL (*Rate*) FROM ENGINEMAN FIRST CLASS. (*Rate*)

EFFECTIVE 1 March 1956 (*Date change effected*) AUTHORITY COMDT ltr dtd 2-24-56, PE-1 Section 12-3-23A, CG Regulations AUTHORITY RECEIVED 1 March 1956 (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 2 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	L. J. LARSON	LTJG, USCG, PO, By dir.	474-56

SHIP OR STATION	NAME OF A. C. O.
CGC MACKINAW (WAGB-83), Cheboygan, Michigan	W. S. HAYMAN, CHCLK, W-2, USCG

NAME (*Last*) (*First*) (*Middle*)	SERVICE NO.	RATE
BAUCHAN, Louis Stanley	221-813	ENC(P)

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

PE-74

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
I.I.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

HOUR DATE

☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
DEPARTURE _____ _____
LEAVE OR LIBERTY EXPIRED _____ _____
RETURNED TO COAST GUARD JURISDICTION _____ _____
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable
☐ WITHOUT LEAVE, not excused as unavoidable
☐ OVER LIBERTY, not excused as unavoidable
NUMBER DAYS CHARGED TO LEAVE RECORD _____

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

YEARS MONTHS DAYS

OTHER SERVICE* _____ _____ _____
COAST GUARD SERVICE _____ _____ _____
NET SERVICE OF _____ _____ _____

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

1 March 1956 - Entitled to Cash Clothing Allowance in the amount of $300.00
Advanced to rating engineman Chief Provisional effective 1 March 1956.
Has not held the rating of CEO prior this date.
AUTH: H/L dtd 2-24-56, PE-1/MM section 12-3-23A, CG Regulations.
Art. 2B01105 -3.b. Comptrollers Manual.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 8 (*Number*) ONLY

SIGNATURE E. J. LARSON

GRADE AND TITLE LTJG,USCG,PO, By dir.

C. O. ORDER NO. 475-56

NAME OF A. C. O. H.S. HAYMAN, CHPCLK, W-2, USCG

SHIP OR STATION CGC MACKINAW (WAGB-83), Cheboygan, Michigan

NAME (*Last*) BAUCHAN, (*First*) Louis (*Middle*) Stanley

SERVICE NO. 221-813

RATE ENC(p)

INDIVIDUAL ORDER TO ADJUST PAY RECORD

16—69873-1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

E-74

PE-1
24 February 1956
MM

From: Commandant
To: Commander, Ninth CG District (p)

Subj: Personnel; advancement in rate

1. Under authority of Section 12-3-23A, CG Regulations, the below named men are advanced to the rates indicated, effective 1 March, 1956, provided their conduct and performance of duty since date of examination have been satisfactory. If advancement is not justified, the Commandant (PE) will be immediately advised.

BAUCHAN, Louis S. (221-813) EM1 to ENC(P)
BYBEL, William (220-084) EM1 to ENC(P)
CLARK, Earl W. (234-559) EM1 to ENC(P)
GUSTAFSON, Clayton H. (221-661) EM1 to ENC(P)
HOLBROOK, Doc M. (226-690) EM1 to ENC(P)
HOLT, Jack A. (278-104) EM1 to ENC(P)
KROHN, Walter H. (266-061) EM1 to ENC(P)
LUKKARINEN, Eino L. (258-487) EM1 to ENC(P)
MEADOWCROFT, Jack B. (269-742) EM1 to ENC(P)
MILLER, Floyd W. (221-815) EM1 to ENC(P)
NOBLE, Robert R., Jr. (275-839) EM1 to ENC(P)

2. The advancement of GUSTAFSON will only be effected provided he submits a statement to the Commandant (PE) that he understands that once his rate is changed, he will not be assigned an EM1 rating at any future date for his own convenience.

3. Make necessary entries in service records and on daily diary showing advancement, citing this letter and Section 12-3-23A CG Regulations as the authority therefor.

R. E. MORELL
By direction
PEA-A

1956 FEB 24 13 40

H.H.ISTOCK:JHC:lfl ret 3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commanding Officer
USCGC MACKINAW (WAGB-83)
Cheboygan, Michigan

25 June 1956
P20-2
Serial No. 304-56

1956 JUL 5 12 35
REC'D JUL 2 1956
PEA-A
PERSONNEL DIVISION

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commandant (PE-3)
Via: Commander, Ninth Coast Guard District (p)

Subj: BAUCHAN, Louis S. (221-813), ENC(P), USCG; records, correction of

1. "STATEMENT OF CREDITABLE SERVICE," form CDF 10(p) Dec. 1949, dated 5 November 1951 from OinC Frankfort Lifeboat Station, Frankfort, Michigan, to Authorized Certifying Officer showing data on subject man contains last three entries as follows:

Entered Service	Service Terminated
7/2/47	7/6/50
7/5/50	

2. The dates shown are in error. It is requested that these entries be corrected as follows:

Change	to read	Documents verifying this change
7/2/47	7/3/47	Comdt N.C.G. 2511(revised) dated 16 March 1949 to C.O. Frankfort Group via CCGD9(p)
7/6/50	7/5/50	DD214 dated 5 July 1950
7/5/50	7/6/50	NCG 2500 dated 6 July 1950

3. The necessary changes have been made in subject's current Service Record.

L. J. LARSON
By direction

---

p
3 July 1956
P20-2

FIRST ENDORSEMENT on CO, CGC MACKINAW (WAGB-83) ltr of 6-25-56, Ser. No. 304-56

From: Commander, Ninth Coast Guard District
To: Commandant (PE-3)

1. Forwarded for Headquarters information.

W. H. HEIL
By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CGC MACKINAW (WAGB-83), Cheboygan, Michigan

2 February 1956: Received Instruction in Code of Conduct for members of the Armed Forces of the United States, per Comdt. Instr. 2-56

L. J. LARSON
LTJG, USCG
Pers. Off, By dir.

2 March 1956: Entitled to wear Gold Service Stripes in accordance with the provisions of Uniform regulations.

L. J. LARSON
LTJG, USCG
Pers. Off, By dir.

10 March 1956: Certified as being qualified in all respected to assume duties as Engineering Duty Watch officer INPORT.

L. J. LARSON
LTJG, USCG PO, By dir.

29 March 1956: Certified as bein qualified in all respects to assume duties as Engineering Duty Watch officer, both INPORT and UNDERWAY.

L. J. LARSON
LTJG, USCG PO, By dir.

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
BAUCHAN,	Louis	Stanley	221-813

ADMINISTRATIVE REMARKS

16—66780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
T.J.T.

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	
		RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD	

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

2 September 1955 At 1830, reported for assignment to duty from 9 CG District. Cleveland, Ohio. Used 26 days lv and 2 days TT enroute. Auth: Fourth end. on CG Base, Sand Island, Honolulu, T.H. Form CG-3441 dtd 5-25-55.

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM EIGHT (*Number*) ONLY	SIGNATURE J. D. HUDGENS	GRADE AND TITLE CDR, USCG CO(Acting)	C. O. ORDER NO. 71-56
SHIP OR STATION USCGC MACKINAW (WAGB-83) Cheboygan, Michigan		NAME OF A. C. O. H. S. HAYMAN, CHPCLK, USCG.	
NAME (*Last*) BAUCHAN (*First*) Louis (*Middle*) S.		SERVICE NO. 221-813	RATE EN1

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 5

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

Date 27 January 1956

1. The service record from date of original enlistment of

BAUCHAN, Louis S.	221-813	EN1
(Name)	(Service Number)	(Rate)

was examined this date. Based on this examination he (is) ~~(is not)~~ considered morally qualified for advancement to CPO.

2. REMARKS: (if none, indicate)

None

C. Dorian

C. DORIAN, LCDR, USCG

(Signature)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
I. J. T.

74

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

		HOUR	DATE
☐ ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable	☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable	DEPARTURE	
☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable	☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable	LEAVE OR LIBERTY EXPIRED	
		RETURNED TO COAST GUARD JURISDICTION	
☐ WITHOUT LEAVE, not excused as unavoidable	☐ OVER LIBERTY, not excused as unavoidable	NUMBER DAYS CHARGED TO LEAVE RECORD	

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM 19 July 1955 (*Date*) TO 22 July 1955 (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: ☐ INTEMPERATE USE OF DRUGS ☐ INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM FOUR (*Number*) ONLY	SIGNATURE J. D. HUDGENS	GRADE AND TITLE CDR, USCG CO(Acting)	C. O. ORDER NO. 69-56
SHIP OR STATION USCGC MACKINAW (WAGB-83) Cheboygan, Michigan		NAME OF A. C. O. H.S.HAYMAN, CHPCLK, USCG	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
BAUCHAN	Louis	S.	221-813	EN1

INSTRUCTIONS

(1) To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (Chapter V, Section A). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

(2) Item 1:

(a) Appropriate entries pertaining to credit of leave rations shall be made upon return of an individual from authorized leave.

(b) When an individual is placed in the status of an absentee, the beginning of the absence shall be reported to the Authorized Certifying Officer by appropriate entries in item 1. Upon return of an absentee, another page, containing complete information in item 1, shall be prepared.

(c) When an individual is declared a deserter, page 11 (Form CG–3311) will be prepared at the time of such declaration notwithstanding the fact that the beginning of absentee status has been previously entered in item 1 of this page.

(d) Upon return of a deserter to Coast Guard jurisdiction such return shall be entered in item 3 of page 13 (Form CG–3313), not under item 1 of this page.

(3) Items 2 and 3: Complete the applicable item at the time the change occurs.

(4) Items 4 through 7: Whenever an individual enters a status requiring an entry in one of these items, the Authorized Certifying Officer shall be notified by entry in the applicable item. Upon termination of such status, another page, containing complete information, shall be prepared.

(5) Item 8: Instructions will be issued, from time to time, regarding entries to be made in this item.

(6) Only one item shall be completed on each page prepared.

U. S. GOVERNMENT PRINTING OFFICE 16—69873-1

(c) Those persons who are considered passengers will be designated as "persons in addition to the crew". Scientists and technicians embarked for the purpose of performing research at shore locations visited by the research vessel are properly considered in this category. The number of persons permitted to be carried as "persons in addition to the crew" will be limited to 16.

(d) Students may fall under either b or c above depending on the arrangement under which they serve or are carried on board the vessel.

(7) Accommodations for officers and crew will comply with 46 CFR 92.20 except that the requirements of 46 CFR 92.20-20(a) may be modified to the extent that deck and engine groups on watch at the same time may be quartered together. In addition, special consideration will be given to accommodations for students carried on voyages of 14 days or less provided the general intent expressed in 46 CFR 92.20-5 is carried out. Accommodations for persons in addition to the crew should also be in compliance with this general intent.

(8) A space normally used as a hospital space under the requirements of 46 CFR 92.20-35(a) may be used for ordinary berthing on voyages of 3 days or less.

b. In regard to manning of undocumented research vessels inspected and certificated by the Coast Guard, proposed regulations for manning of these vessels will be submitted for consideration at the next Merchant Marine Council hearing in the Spring of 1961. In the meantime any questions concerning manning of undocumented research vessels should be referred to the Commandant (MVI). Manning requirements for documented research vessels shall be in accordance with the Rules and Regulations for Manning of Vessels, CG 268 (46 CFR Subchapter P).

c. Research vessels operated as public vessels are not required to be inspected and certificated by the Coast Guard. However, such public vessels may be inspected and certificated if so requested by the Department of Defense, and in this case the regulations for cargo and miscellaneous vessels (46 CFR 90-98) would be applied insofar as applicable.

Ret-

Brt-43

AC. S II-61-A2

FILED PE-87

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4011 (6-60)

APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

PART I - TO BE COMPLETED BY APPLICANT (Print or type)

NINTH CG DIS

NAME (Last, first, middle initial)	GRADE OR RATE			SERVICE NUMBER
BAUCHAN, Louis S.	ENC (Ret.)	USCG	X	221-813
		USCGR		

DUTY ASSIGNMENT (Ship, Station, etc.)	MAILING ADDRESS (If not on active duty)	35 MM PHOTO ATTACHED
Retired 7/1/57	545 Duncan Avenue Cheboygan, Michigan	X
	1961 JUL 6	PHOTO BEING MADE BY ISSUING ACTIVITY

REASON FOR REQUESTING CARD (Check appropriate box)

- [ ] INITIAL ISSUE
- [X] RETIRED WITH PAY
- [ ] CHANGE IN GRADE
- [ ] ENTRY ON EXTENDED ACTIVE DUTY
- [ ] REPLACE MUTILATED CARD
- [ ] PRESENT CARD EXPIRED
- [ ] RELEASED TO INACTIVE DUTY
- [ ] REPLACE LOST, STOLEN OR DESTROYED CARD (Explain on reverse)
- [ ] OTHER (Specify)

RECEIVED BY PAY DIVISION

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
3/27/12	194	72"	Black	Gray	"O" Pos.

DATE OF APPLICATION: 5/24/61

SIGNATURE OF APPLICANT: Louis S. Bauchan

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED	RETIRED CARD ONLY	EXPIRATION DATE	SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER
[ ] ACTIVE [ ] RESERVE [X] RETIRED	[X] MEDICARE AUTHORIZED [ ] MEDICARE NOT AUTHORIZED	Indefinite	E. J. ROLAND, ENS, USCG USCGC MACKINAW, Cheboygan.

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
07553	6-9-61	H. A. LINSE, LCDR, USCG, CO CG BASE, Detroit, Michigan C. B. GLASS, LT, USCG

REPLACES CGHQ-3605, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE

GPO 899536

UNITED STATES COAST GUARD

Retired File
Box 43
gv26
61A-2

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PS-1
L-13
7 June 1961

From: Commandant
To: BAUCHAN, Louis S.(221-813)ENC, USCG, Retired
545 Duncan Avenue, Cheboygan, Michigan

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1741 81 22

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1741 81 22 will expire on 31 July 1961.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 4.75 allotment discontinued with month of last payment June 1961.
$ 6.00 allotment established with month of first payment July 1961.

3. NAVCOMPT Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-452b
(2) NAVCOMPT Form 545
(3) Envelope

BBJackson:bbj 7 June 61

BBJ

3-13 FOR FILE
FROM PE-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

14 February 1957
P17-2

1957 FEB 25 12 07

PEA-A

PERSONNEL DIVISION

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commandant (PE)
Via: Commander, 9th CG District (p) Rec. 2/25/57

Subj: BAUCHAN, Louis S. (221-813) ENC(P); recommendation for permanent appointment

1. Subject man was appointed to his present rating on 1 March 1956. He has completed his probationary period as provisional chief petty officer and is recommended for a permanent appointment as chief engineman.

2. BAUCHAN has the mecessary characteristics of a chief petty officer, and through his leadership he has gained the respect of his subordinates. He is capable of maintaining discipline and is qualified as a leader of men. BAUCHAN has the ability to perform all of his duties including the planning of his work and directing the execution of it. His proficiency in rating and conduct marks since first advancement to chief petty officer are listed below:

		PIR	CONDUCT
3-31-56	EQM	3.6	4.0
6-30-56	EQM	3.7	4.0
7- 5-56	Disch	3.8	4.0
9-30-56	EQM	3.8	4.0
12-31-56	EQM	3.8	4.0

3-1-57 W. R. Lewis
W. R. LEWIS
Acting

Returned 1 July 57

---

p
20 February 1957
P17-2

FIRST ENDORSEMENT on CO, CGC MACKINAW ltr P17-2 of 14 February 1957

From: Commander, Ninth Coast Guard District
To: Commandant (PE)

1. Forwarded for Headquarters consideration.

E. G. Crispi
E. G. CRISPI
By direction

14 February 1957
P17-2

Commanding Officer
CGC MACKINAW (WAGB-83)
Cheboygan, Michigan

From: Commanding Officer, CGC MACKINAW (WAGB-83)
To: Commandant (PE)
Via: Commander, 9th CG District (p)

Subj: BAUCHAN, Louis S. (221-813) ENC(P); recommendation for permanent appointment

1. Subject man was appointed to his present rating on 1 March 1956. He has completed his probationary period as provisional chief petty officer and is recommended for a permanent appointment as chief engineman.

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		PIR	CONDUCT
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12-31-56	EQM	3.8	4.0

W. R. LEWIS
Acting

---

p
20 February 1957
P17-2

FIRST ENDORSEMENT on CO, CGC MACKINAW ltr P17-2 of 14 February 1957

From: Commander, Ninth Coast Guard District
To: Commandant (PE)

1. Forwarded for Headquarters consideration.

E. G. CRISPI
By direction

CHIEF AND FIRST CLASS PETTY OFFICER EVALUATION SHEET

(Form also to be used for officer candidates)

NAVPERS-1339 (REV 9-52)

PERIOD OF OBSERVATION COVERED	EXPIRATION OF ENLISTMENT	SHIP OR STATION
Sept 1955 TO Nov 1955	5 July 1956	USCGC MACKINAW (WAGB-83) Cheboygan, Mich.

ABILITY TO UNDERSTAND INSTRUCTIONS	Cannot seem to follow instructions, no matter how simple.	Understands only simple instructions. Gropes along when in doubt.	Grasps main points of most instructions.	Correctly interprets rather difficult instructions. Asks questions when in doubt.	Understands all instructions regardless of complexity.
☐ NOT OBSERVED				X	
ABILITY TO SOLVE PROBLEMS	Cannot solve problems. Avoids all problems.	Solves simple problems. Stumped by routine problems.	Solves everyday problems rapidly. Solves a few of the more difficult problems.	Solves most problems, and often solves very difficult problems.	Solves any problem rapidly.
☐ NOT OBSERVED			X		
ABILITY TO PLAN AND ORGANIZE WORK	Work shows no organization or planning.	Can think of only one job at a time.	With occasional help in planning, work is orderly.	Work is generally well-arranged and usually good planning is shown.	All work is well-planned and organized.
☐ NOT OBSERVED				X	
INDUSTRY	Lazy, hides out, "gold bricker", clock watcher.	Often loafs on the job or wastes time, occasionally ducks out or avoids extra work.	Usually on the job, does his share.	Does more than his share, works hard, a plugger.	Extremely energetic, tireless, efficiently enthusiastic, full of pep.
☐ NOT OBSERVED				X	
RELIABILITY; INCLUDING RESPONSIBILITY	Utterly unreliable, usually in some trouble.	Needs to be watched, often gets out of line.	Means well, generally reliable.	Steady; dependable; conscientious.	Completely reliable and responsible under all circumstances.
☐ NOT OBSERVED				X	
BASIC TECHNICAL KNOWLEDGE AND BACKGROUND	Requires continued assistance. Entirely overrated.	Deficiency makes present duties difficult.	Sufficient to perform satisfactorily in his present rate.	More than sufficient for present rate, ready for advancement.	Has more than enough to serve as L. D. O. or W. O.
☐ NOT OBSERVED				X	
ABILITY TO APPLY TECHNICAL KNOWLEDGE	Never uses what technical knowledge he has.	Often misses a chance to put his technical knowledge into use.	Uses technical knowledge in routine situations.	Makes good use of general principles as well as specific knowledge.	Makes maximum use of technical knowledge in all situations.
☐ NOT OBSERVED					X
EFFORT TO INCREASE BOTH KNOWLEDGE AND TECHNICAL ABILITY	Does not care, or try to improve.	Misses many chances to learn.	Accepts opportunities to learn.	Alert to any opportunity to improve.	Eager to improve. Always seeking more knowledge.
☐ NOT OBSERVED			X		
HUMAN UNDERSTANDING	Just cannot get along with people.	Doesn't understand a lot of his associates, not very well liked.	Gets along with most people.	Understands people, very considerate, and gets along well.	Shows keen understanding of fellow men. Is liked by everyone.
☐ NOT OBSERVED				X	
ABILITY TO PROPERLY DELEGATE RESPONSIBILITY AND AUTHORITY	Never delegates responsibility or authority properly.	Needs assistance in delegating responsibility and authority.	Delegates responsibility and authority with reasonable effectiveness.	Makes good use of personnel, effectively delegates responsibility and authority.	Always delegates authority and responsibility most effectively.
☐ NOT OBSERVED					X
INITIATIVE	Requires detailed orders and supervision. Shortsighted.	Seldom has an idea. Always looks to supervisor for guidance.	Makes occasional suggestions. Works out own details.	Submits numerous ideas for approval. Acts in an emergency without instructions.	Originates well thought out ideas, goes ahead on his own, exhibits foresight.
☐ NOT OBSERVED				X	
TEACHING OR INSTRUCTIONAL ABILITY	Bores and confuses everyone.	Occasionally confusing, creates little interest, lacks background.	Generally interesting, usually gets the point across.	Interesting, good presentation, well informed.	Creates high interest; presents material very clearly; has thorough knowledge of material.
☒ NOT OBSERVED					
ABILITY TO BUILD OR MAINTAIN HIGH MORALE	Destroys morale, creates confusion and discontent.	Allows spirit to fall off. Men gripe and disregard his instructions.	Generally maintains morale, men follow willingly.	Develops a good "team" feeling, generates enthusiasm.	Inspires highest morale, is an outstanding all-round leader.
☐ NOT OBSERVED				X	
EXEMPLARY CONDUCT	Leads others into trouble, a continual disciplinary problem.	Often in trouble, a poor example but not a "ring leader".	Seldom in trouble, very few difficulties.	Sets a good example, observes regulations, maintains good record.	Sets an excellent example of conduct for all men.
☐ NOT OBSERVED					X
PERSEVERANCE	Readily abandons or evades any but the most simple jobs.	Sticks to a difficult task only under compulsion.	Ordinarily patient and persistent.	Determined, seldom distracted.	Never gives up, regardless of difficulty or complexity of assignment.
☐ NOT OBSERVED					X
MILITARY APPEARANCE	Sloppy, unkempt, slouches.	Wears uniform improperly, nonregulation, careless posture.	Presents good appearance on *scheduled* inspections.	Clean cut, neat, good posture.	Wears uniform with great pride, fine military bearing.
☐ NOT OBSERVED					X

NAME (*Last*)	(*First*)	(*Middle*)	RATE AND RATING	SERVICE NO.
BAUCHAN	Louis	S.	221-813	EN1

16—60865-4

INSTRUCTIONS: Evaluation should *not* be based upon general impressions; it should be based upon actual, observed performance. The mark given in one trait should not influence the mark given in another trait. Men can be expected to vary in strength from one trait to another. Complete and careful observation should support a mark in each one of the sixteen listed traits.

The following is a step by step procedure for using this form:

1. Consider the first trait listed in the left column.
2. Read the descriptive phrases listed to the right of the trait.
3. Decide which of these descriptive phrases best describes the individual.
4. Mark the individual in one of the boxes under the most fitting descriptive phrase.
   a. These boxes run from the least favorable at the left, to the most favorable at the right.
5. Repeat this same procedure for each of the listed traits, keeping in mind that each trait should be considered separately, and that the mark in one trait should not influence the mark in another trait. Also keep in mind that the majority of personnel can be expected to fit into the middle or average category.
6. Do not hesitate to check "not observed" where the performance of the petty officer being evaluated has not been observed in any trait or when the trait is not applicable with reference to a particular job or rate.
7. Now in the space indicated in the lower half of the back page, make a brief comment describing any general impressions you have of the individual; indicate the degree to which you feel the individual is qualified for officer status; indicate your recommendation regarding reenlistment. If this recommendation is negative, include reasons in comments. If the individual has outstanding ability in some technical specialty so state and identify the specialty.

1952 NOV 9 15 32 PEA-A

QUALIFICATIONS FOR CPO

☐ NONE ☐ FAIR ☐ GOOD ☒ EXCELLENT ☐ OUTSTANDING

QUALIFICATIONS FOR OFFICER STATUS

☐ NONE ☐ FAIR ☐ GOOD ☐ EXCELLENT ☐ OUTSTANDING

RECOMMENDED FOR ADVANCEMENT TO

☒ CPO

RECOMMENDED FOR PROMOTION TO

☐ WO ☐ LDO ☐ OTHER (*Specify*)

COMMENTS (*Do not leave blank*)

BAUCHAN has been stationed aboard this vessel for only approximately two months and it is not easy to evaluate him. He has previously served aboard this unit for about 10 months and appears to have an excellent knowledge of the plant. He has worked together with another EN1 in maintaining one of the main generator spaces. While on this assignment he has shown that he is capable of keeping his machinery and assigned spaces in very good condition. He has been especially helpful during an overhaul of one main engine and made several good recommendations concerning bearing replacements. He is very dependable and very mature. His men and officers respect him for his age and knowledge of the plant. He has been in the Coast Guard for approximately 19 years and has been EN1 since 1942. He has previously had overseas duty prior to reporting to this unit. He is married and has two boys of Junior High School age. This man is a high school graduate. He has a fine military bearing and is exceptionally neat about his appearance. This command does not hesitate to recommend this man for CPO, for in the short time he has been aboard he has shown outstanding performance in his rate and military duties.

RECOMMENDED FOR REENLISTMENT ☒ YES ☐ NO

RELATION OF REPORTING OFFICER

Commanding Officer

SIGNATURE, RANK AND FILE NUMBER OF REPORTING OFFICER

G. R. MacLEAN, CAPTAIN (1282) U. S. Coast Guard

U. S. GOVERNMENT PRINTING OFFICE 16—60865-3

CG 50167 W.N. 2 of 57

Mich 2-27-67

3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3646 (Rev. 12-61)

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until canceled by me in writing.

RETIRED MEMBER'S NAME *(Last, First, Middle)*	SERVICE NO.	GRADE OR RATE
BAUCHAN, Louis S.	221-813	ENC, Retired

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
100%	Irene. L. Bauchan	545 Duncan Ave, Cheboygan, Mich.	Wife
%			
%			

SIGNATURE AND ADDRESS OF WITNESS

SIGNATURE AND ADDRESS OF RETIRED MEMBER

Louis Bauchan
Louis S. Bauchan, 545 Duncan Ave
Cheboygan, Mich.

DATE SIGNED

6-14-66

CG 50167 W.N. ref 57 Aug 2-27-69

3-13

INSTRUCTIONS

Title 10 U.S.C. 2771 provides that any unpaid retired pay due you in the event of your death may be paid by the Commandant (FP-4) to a beneficiary designated by you. To designate a beneficiary for this purpose, fill in the other side and submit one copy to the Commandant (P), U. S. Coast Guard, Washington 25, D. C.

There are no restrictions on who may be designated as a beneficiary. If you designate more than one beneficiary, show the percentage of your final pay to be paid to each. Beneficiaries may be changed at any time by submission of a new form or by letter including the signature of a witness. The designation should be kept current, as a change in personal circumstances does not constitute an implied revocation of an earlier designation.

If you do not designate a beneficiary on the reverse side, unpaid retired pay, in the event of your death, will be paid by the Commandant (FP-4) to the beneficiary designated on the last Designation of Beneficiary for Death Gratuity submitted by you while on active duty before 1 January 1956. If there is no such designation of beneficiary on file at HQ, payment will be made in the following order of precedence:

1. To your surviving spouse.
2. If there be no surviving spouse, to your child or children, and descendants of deceased children, by representation.
3. If there be none of the above, to your parents, or to the survivor of them.
4. If there be none of the above, to the duly appointed legal representative of your estate, or if there be none, to the person or persons determined to be entitled thereto under the laws of your domicile.

U.S. COAST GUARD SURVIVORS BENEFITS BRANCH JUN 3 2 1966 RECEIVED 1966 JUN 27 AM 11 PERSONNEL SERVICES DIVISION

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
6-30-54	RQM	EN1	3.8	3.8	4.0	CG 83394, HONOLULU	/s/ R. MC CLELLAN
10-8-54	TRANS	EN1	3.8	3.8	4.0	CG-83394, HONOLULU	/s/ R. MC CLELLAN
12-1-54	DET of CO	EN1	3.8	3.8	4.0	BASE HONO, T. H.	/s/ E. W. COLEMAN
*12-31-54	EQM	EN1	318	3.8	4.0	BASE HONO, T. H.	/s/ C. C. KNAPP
3-31-55	EQM	EN1	3.8	3.8	4.0	BASE HONO, T. H.	/s/ C.C. KNAPP
4-8-55	Det of CO	EN1	3.8	3.8	4.0	BASE, Hono. T. H.	/s/ C. C. KNAPP
*6-30-55	EQM	EN1	3.8	3.8	4.0	BASE, HONO, T. H.	/s/ E. W. COLEMAN
7-15-55	TRANS	EN1	3.8	3.8	4.0	CG BASE, Honolulu, T.H.	/s/ E. W. COLEMAN
7-18-55	TRANS	EN1	PIT	PIT	4.0	CG BASE,(Admin) Alameda	/s/ W. J. FELTON
8-5-55	TRANS	EN1	PIT	PIT	4.0	OCCGD9, Cleve., Ohio	/s/ Earl Elder
9-30-55	EQM	EN1	3.8	3.8	4.0	CGC MACKINAW (WAGB-83)	/s/ C. R. MacLEAN
*9-30-55	RQM	EN1	3.8	3.8	4.0	CGC MACKINAW (WAGB-83)	/s/ C. R. MacLEAN

14.46

.26 × 5 = 1.30
4.43 × 6 = 26.58
1.10 × 7 = 7.70
14.46 × 8 = 115.68
20.25 151.26

746

20.25 / 151.26
14175
976
8100
4150

CERTIFIED TO BE A TRUE COPY

J. E. GRABB, LTJG, USCG

NAME (Last) BAUCHAN, (First) Louis (Middle) S. SERVICE NO. 221-813

PAGE 6

MARKS

Instructions

(1) Marks shall be entered in strict accordance with Section C, Chapter 8, Personnel Manual. 1955 NOV 9 15 32

(2) Under "REASON" indicate whether quarterly, transfer, relief of commanding officer, discharge, etc. PEA-A

(3) If more than one page is needed during an enlistment, the first page shall be numbered 1 in the block provided beside the page number and subsequent pages shall be numbered 2, 3, 4, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3308 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
12-31-50	EQM6	EN1	3.6	3.6	4.0		/s/Albert L. McMullen
3-31-51	EQM	EN1	3.6	3.6	4.0		/s/Albert L. McMullen
6-30-51	EQM	EN1	3.6	3.6	4.0		/s/Will Caide
9-30-51	EQM	EN1	3.5	3.5	4.0		/s/Albert L. McMullen
12-24-51	EQM	EN1	3.5	3.5	4.0		/s/A. J. Bates
3-31-52	EQM	EN1	3.6	3.5	4.0		/s/D.H.DEXTER,
6-31-52	EQM	EN1	3.6	3.5	4.0		/s/ D.H.Dexter.
8-30-52	DetCO	EN1	3.6	3.6	4.0	CGC MACKINAW	/s/ D.H. Dexter
*9-30-52	EQM RQM	EN1	3.6	3.6	4.0	CGC MACKINAW	/s/ A.B. ENGEL
12-31-52	EQM RQM	EN1	3.6	3.6	4.0	CGC MACKINAW	/s/ W.J. SMITH
3-31-53	EQM	EN1	3.7	3.6	4.0	CGC MACKINAW	/s/ W. J. SMITH
6-19-53	TRAN	EN1	3.8	3.7	4.0	CGC MACKINAW	/s/ W.J. SMITH
*6-30-53	EQM RQM	EN1	3.8	3.7	4.0	CG Base(ADMIN)Alameda.	/s/ A.E.Michaelsen
7-28-53	TRANS	EN1	PIT	PIT	4.0	CG Base(ADMIN)Alameda.	/s/ A.E. Michaelsen
9-22-53	TRANS	EN1	PIT	PIT	4.0	Base (T&A) Sand Island HONO.,OAHU,T.H.	/s/ G. L. BATES.
26 9-30-53	EQM	EN1	3.5	3.5	4.0	NEWELL (WDE-422)	/s/ L. W. TIBBIS.
9-30-53	RQM	EN1	3.5	3.5	4.0	NEWELL (WDE-422)	/s/ L. W. TIBBIS
12-31-53	EQM	EN1	3.6	3.6	4.0	NEWELL (WDE-422)	/s/ L. W. TIBBIS
4.43 2-13-54	Trans	EN1	3.6	3.6	4.0	NEWELL (WDE-422)	/s/ L. W. TIBBIS
1.10 3-16-54	Trans	EN1	3.7	3.7	4.0	USCGC KUKUI(WAK*186)	/s/ L. E. BRUNNER
3-31-54	EQM	EN1	PIT	PIT	4.0	BASE (T&A) Sand Island	/s/ E. W. COLEMAN
3-31-54	RQM	EN1	3.7	3.7	4.0	BASE (T&A) Sand Island	/s/ E. W. COLEMAN
4-16-54	Trans	EN1	PIT	PIT	4.0	BASE (T&A) Sand Island	/s/ E. W. COLEMAN
6-30-54	EQM	EN1	3.8	3.8	4.0	CG-83394, Honolulu	/s/ R. MC CLELLAN

NAME (Last) BAUCHAN (First) Louis (Middle) S. SERVICE NO. 221-813

PAGE 6

MARKS

Instructions

(1) Marks shall be entered in strict accordance with Section C, Chapter 8, Personnel Manual.

1955 NOV 9 15 32

(2) Under "REASON" indicate whether quarterly, transfer, relief of commanding officer, discharge, etc.

PEA-A

(3) If more than one page is needed during an enlistment, the first page shall be numbered 1 in the block provided beside the page number and subsequent pages shall be numbered 2, 3, 4, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—66652-1

p
29 June 1955
P17-2

SECOND ENDORSEMENT on BAUCHAN's ltr of 28 June 1955, file P17-2/MM, Ser. 1225

AIR MAIL

From: Commander, 14th Coast Guard District
To: Commandant (PE)

Subj: Engineman Chief Examination; request to participate in

1. Forwarded.

L. R. CHENOWETH
By direction

1955 JUL 5 14 29
PEA-A

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commanding Officer
CG BASE, SAND ISLAND
P. O. Box 499
Honolulu, T.H.

28 June, 1955
P17-2/MM
Serial: 1225

From: BAUCHAN, Louis S. (221-813) EN1, USCG
To: Commandant (PE)
Via: 1. Commanding Officer, CG Base, Sand Island
2. Commander, 14th CG District (p)

Subj: Engineman Chief Examination; request to participate in

Ref: (a) Personnel Instruction No. 13-55

1. It is hereby requested that I be permitted to participate in the examination for engineman chief scheduled to be held on 3 and 4 October, 1955.

Louis S. BAUCHAN

- - - -

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-[illegible]4 (Rev. 1-51)

55-8-1 41-7-3 140 2 20

55-8-1 42-10-27 129 4 5

CHIEF PETTY OFFICER PROCESSING SHEET

NAME	NUMBER	GRADE OR RATE	DATE
BAUCHAN, Louis S.	221-813	EN1	8-1-55

HEALTH	HEIGHT	WEIGHT
—	—	—

ENLISTED	RATE	BORN	ARMY, NAVY, LIGHTHOUSE
7-3-41	Cox	3-27-12	

CHANGED RATE TO	DATE
EN1	10-27-42

COMMENDATIONS: GCM

GRAMMAR SCHOOL: — HIGH SCHOOL: —

COURSES, SPECIAL QUALIFICATIONS, ETC.: —

CENSURE, INVESTIGATIONS, DEBTS, ETC.: —

COURTS: —

REPORTS OF FITNESS (Favorable)

198.6

REPORTS OF FITNESS (Unfavorable)

14-8-29 active duty
12-9-5 in grade

~~(44)~~

(09)

YEARS	SHIPS AND STATIONS	PROF	CON	L.D. SHIP

ELIGIBLE LIST ☑ YES ☐ NO REASONS

REMARKS

Average 3.75 3.75

B-8850-TREASURY-CGHQ-WASH

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE
BAUCHAN, Louis Stanley	221-813	EN1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*	RELATIONSHIP *(If friend, so state)*
Minnie A. Bauchan	Mother

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, Street, City and State)*
Irine Lyell Bauchan	816 Maple Street, Manistee, Michigan

7. CHILDREN — FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Dennis Brian Bauchan	816 Maple Street, Manistee, Michigan	Single	Male	10
Michael Lucian Bauchan	816 Maple Street, Manistee, Michigan	Single	Male	13

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
William C. Bauchan (84)	816 Maple Street, Manistee, Michigan

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*	ADDRESS *(Number, Street, City and State)*
Minnie A. Bauchan (79)	816 Maple Street, Manistee, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Minnie A. Bauchan	Mother

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
William C. Bauchan	Father

ADDRESS *(Number, Street, City and State)*
816 Maple Street, Manistee, Michigan

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
NONE	*(Continue on reverse side)*	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Irene Lyell Bauchan	Wife
ADDRESS *(Number, Street, City and State)* 816 Maple Street, Manistee, Michigan	RECEIVE EACH MONTH 90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
USCGC KUKUI (WAK-186) Fleet Post Office San Francisco, California	17 Feb. 1954	Louis S. Bauchan

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.

2. Disposition of signed copies will be as follows:

Army	Original	To The Adjutant General, Wash 25, D.C., *ATTN:* AGPI
	Duplicate	File in service record or field 201 file.
Air Force	Original	To Headquarters USAF, Air Adjutant General, Wash 25, D.C.,
	Duplicate	File in service record or field 201 file.
Navy	Original	To BuPers, Wash 25, D.C., *ATTN:* Casualty Section.
	Duplicate	*(Same as original)*
	Triplicate	File in service record or officer's qualification jacket at duty station.
Marine Corps	Original	File in service record book *(page 15)* or in officers' qualification record.
	Duplicate	To CMC, Wash 25, D.C
Coast Guard	Original	To Commandant *(P)*, USCG Hq., Wash 25, D.C.
	Duplicate	Place with individual service record.

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.

4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.

5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

(Continuation of Item 7)

CHILDREN FIRST NAME–MIDDLE NAME–LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS

GPO O - 50 - 895697 50 - 1349, AF

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
BASE(T&A), Sand Island	Box 499, Honolulu, T. H.	17 March 1954

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
15	17 March 1954	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1214 Rycroft St., Honolulu, T. H.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

Louis S. Bauchan
SIGNATURE OF APPLICANT

Ind.-1 Unit: BASE(T&A), Sand Island Date 17 March 1954

Date current leave accounting period began 7-1-53	Balance brought forward beginning of present accounting period 41
Number days' leave used during current accounting period 15	Date of expiration of current enlistment 5 July 1956

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: BASE(T&A), Sand Island Date 17 March 1954

☒ Returned, GRANTED 15 days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

E. W. COLEMAN, LT, USCG, XO
(Signature, rank, and title)

Ind.-4 Unit: BASE(T&A), Sand Island Date 17 March 1954

Departed at 1000, this date. This leave expires before 0900, 2 April 1954

at BASE, Sand Island, Honolulu, T. H. and is subject to the instructions on the reverse hereof.

E. W. COLEMAN, LT, USCG, XO,
(Signature, rank, and title)

Ind.-5 Unit: CGBASE(T&A)Sand Island, Hono.,T.H. Date 2 April 1954

Reported at 0815, this date, having used 15 (Fifteen) days' leave.

E. W. COLEMAN, LT, XO.
(Signature, rank, and title)

(Over)

16—40220-3

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE 16—40220-3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG WPB-83394, Honolulu, T. H.

8 October 1954 - Has served 0 years 5 months 22 days outside the CONUS as of this date while attached to this unit.

R. MC CLELLAN, ENS, CO

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
8 October 1954	14 CGD Order No. 14-049 Auth. No. 141219 dtd 5 October 1954		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
EN1	April 1948	R. MC CLELLAN	ENS, USCG, CO, CG-83394

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
CG BASE, SAND ISLAND	10-8-54	G. W. COOPER, LT, USCG, CO, ACTING	
NAME (Last)	**(First)**	**(Middle)**	**SERVICE NO.**
BAUGHAN,	Louis	S.	221-813

ADMINISTRATIVE REMARKS

PE-7A

16—66780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

vp
29 June 1955
P17-2

SECOND ENDORSEMENT on BAUCHAN's ltr of 28 June 1955, file P17-2/MM, Ser. 1225

AIR MAIL

From: Commander, 14th Coast Guard District
To: Commandant (PE)

Subj: Engineman Chief Examination; request to participate in

1. Forwarded.

L. R. CHENOWETH
By direction

Commanding Officer
CG BASE, SAND ISLAND
P. O. Box 499
Honolulu, T.H.

28 June, 1955
P17-2/MM
Serial: 1225

From: BAUCHAN, Louis S. (221-813) EN1, USCG
To: Commandant (PE)
Via: 1. Commanding Officer, CG Base, Sand Island
2. Commander, 14th CG District (p)

Subj: Engineman Chief Examination; request to participate in

Ref: (a) Personnel Instruction No. 13-55

1. It is hereby requested that I be permitted to participate in the examination for engineman chief scheduled to be held on 3 and 4 October, 1955.

Louis S. BAUCHAN

---

28 June, 1955
P17-2/MM

FIRST ENDORSEMENT on BAUCHAN's ltr P17-2/MM of 6-28-55, Serial 1225

From: Commanding Officer, CG BASE, Sand Island
To: Commandant (PE)
Via: Commander, 14th CG District (p)

1. Forwarded approved.

2. BAUCHAN meets all the requirements contained in Article 5-C-15, Personnel Manual.

3. BAUCHAN has displayed a thorough professional knowledge, is energetic and shows mature judgement in the execution of the duties assigned him. He is a capable leader of men and is able to direct the work of a force under him and maintain discipline.

4. BAUCHAN is considered excellent cheif petty officer material and is recommended to participate in the engineman chief examination to be held on 3 and 4 October, 1955.

E. W. COLEMAN
Acting

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

#9

UNIT	ADDRESS	DATE
CG BASE, SAND ISLAND	HONOLULU, T.H.	20 June 1955

FROM (REQUESTER):	TO	VIA:
BAUCHAN, Louis S. (221-813) EN1	Commanding Officer	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Five (5)	21 June 1955	☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1549 A Thurston Ave.

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Louis S. Bauchan
Louis S. BAUCHAN,

End.-1 Unit CG BASE, SAND ISLAND, HONOLULU, T.H. Date 20 June 1955

Date current leave accounting period began 1 July 1955	Balance brought forward beginning of present accounting period 41
Number days' leave used during current accounting period 6	Date of expiration of current enlistment 5 July 1956

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG BASE, SAND ISLAND, Date 20 June 1955

☒ Returned, GRANTED ~~Five (5)~~ days. ☐ ADVANCE ☒ ACCRUED Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

C. E. Simmons
C. E. SIMMONS, LT, USCG, CO, Acting
(Signature, grade, and title)

End.-4 Unit: CG BASE, SAND ISLAND, Date 21 June 1955

Departed at 0710, this date. This leave expires before 0900, 27 June 1955

at On Board BASE, Sand Island and is subject to the instructions on the reverse hereof.

C. E. Simmons
C. E. SIMMONS, LT, USCG, CO, Acting.
(Signature, grade, and title)

End.-5 Unit: CG BASE, SAND ISLAND Date 27 June 1955

Reported at 0850, this date, having used Five (5) days' leave.

C. E. Simmons
C. E. SIMMONS, LT, USCG.
(Signature, grade, and title)

(Over)

16—40220-4

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. a. In the case of officer personnel, a signed copy, endorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to the Commandant (PO) immediately upon return from leave.

   b. In the case of enlisted personnel, the original application with endorsements 4 and 5 completed will be used in making the necessary entries in the leave record page of the service record, Form CG–3305, and on the Individual Order to Adjust Pay Record, Form CG–3312. The original(s) shall be retained on the left side of the service record until the individual is discharged or separated from active duty at which time they shall be removed and destroyed prior to forwarding of the closed-out service record to the Commandant (PE).
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

6. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep these leave papers in your possession at all times.
7. Cooperate with shore patrols and military police at all times, particularly on trains. Misconduct will be cause for disciplinary action.
8. Inform yourself of transportation schedules and make allowances for delays. Missing connections is not an excuse for UNAUTHORIZED ABSENCE. Train, bus, and plane schedules, and connections, are frequently unreliable.
9. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return. Obtain a signed statement from a responsible officer, physician, etc., to substantiate such delay.
10. Requests for extension of leave will be considered only for emergency reasons. If necessary to request extension, communicate with your commanding officer or district commander by telegram or letter. **IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.**
11. You are cautioned against the disclosure of any classified information. When it is desirable to tell the public about the Coast Guard, do not discuss any subject unless you are certain it is unclassified. In case you are asked to participate in a press conference, talk to reporters, or speak on the radio on matters pertaining to the Coast Guard, you should express a desire to cooperate, but should first consult with and obtain clearance from the nearest Coast Guard public information officer if at all practicable.

U. S. GOVERNMENT PRINTING OFFICE 16—40220-4

Boarchen

Cox. - Okla 7-3-41

Issued [illegible]

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 3 July, 1941.

Name: Bauchan, Louis S.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position		Conscrip.
Grade		
Salary	Keeper Field (Range $1200-1560) $1200 p.a. plus $240 p.a. Subs.	No change in pay and allowances. Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty	Chicago, Illinois	Chicago, Illinois.
Appropriation	St. Martin Island Lt. Sta, Mich.	St. Martin Island Lt. Sta, Mich.
Allotment	Civilian Employees, C. G.	Pay and Allowances, C. G.
	FIELD ☐ DEPRTMTL. ☒	FIELD ☒ DEPRTMTL. ☐

EFFECTIVE *Remarks:* 3 July, 1941.

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE Michigan

SEX M | RACE W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

DATE APPROVED BY THE SECRETARY

BUREAU SUSPENSE AND FILE COPY AUG 15 1941

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 3 July, 1941.

Name: Buchan, Louis S.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Coxswain.
Grade	Field (Range $1200-1560)	
Salary	$1200 p.a. plus $240 p.a.Subs.	No change in pay and allowances. Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty	Chicago, Illinois St. Martin Island Lt. Sta, Wis.	Chicago, Illinois. St. Martin Island Lt.Sta, Wis.
Appropriation	Civilian Employees, C. G.	Pay and Allowances, C. G.
Allotment		
	FIELD ☐ DEPRTMTL. ☒	FIELD ☐ DEPRTMTL. ☒

EFFECTIVE *Remarks:* 3 July, 1941.

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH 1-27-12

LEGAL RESIDENCE Michigan

SEX	RACE
M	W

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

DATE APPROVED BY THE SECRETARY AUG 22 1941

BUREAU OR DIVISION PERSONNEL FILES

File 7-27

UNITED STATES COAST GUARD

ADDRESS REPLY TO

Sta 3.13

26 June 1957

COMMANDANT (FP-4)
Coast Guard Headquarters
1300 E. Street, N.W.
Washington 25, D. C.

Dear Sir:

In accordance with Commandant (PE-1) Letter of 17 May 1957, Travel Order Number 54236/99201X, you are informed that my mailing address after retirement on 1 July 1957, until further notice is as follows:

545 Duncan Avenue
Cheboygan, Michigan

Very truly yours,

Louis S. Bauchan

Louis S. BAUCHAN
(221-813) ENC~~(R)~~, USCG
Retired

rated Pay
7/8/57

PE-80

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BAUCHAN, Louis S (Name, surname first) — 221-813 (Service number) — EM1 (Rank or rating) — Point Betsie Light Sta. (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
~~*TEMPORARY~~
~~*RESERVE~~
(Enlistment status)

Place Ludington, Michigan., Date 19 August, 1949

FILED T. LeB

To: Dr. W. S. Martin

Ludington, Michigan.

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Coast Guard Group Ludington, Michigan.

Louis S Bauchan
Louis Bauchan
(Signature of patient)

R. L. Fleming
R. L. FLEMING, BOSN
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ludington Mich Date 8-20, 19 49

I CERTIFY that I have examined the above-named person and find him suffering from Foreign body, left eye
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately — days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____ {*hospital / *office} on _____, 19

W. S. Martin
MD
U. S. Public Health Service.

*Having been informed that I am suffering from _____
(Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27156–1

NCG-2522

FOR ... ON BACK

Group Frankfort, Mich

BAUCHAN, Louis S. (Name, surname first) | 221-81) (Service number) | Mo.M.M.1c. (Rank or rating) | Pt. Betsie Light Static (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
~~*SPECIAL~~
~~*EMPORARY~~
*RESERVE
(Enlistment status)

Place Frankfort, Michigan, Date 28 January, 1948

FILE
T. LoB

To: Medical Officer in Charhe, U.S.P.H.S.

Relief Station Frankfort, Michigan

SIR: You are requested to examine the above-named {~~*officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CO, CG Group Frankfort, Michigan

Louis S. Bauchan
(Signature of patient)

LUDWIG WEDEMEYER
Bos n
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Frankfort, Michigan, Date 28 January, 1948

I CERTIFY that I have examined the above-named person and find him suffering from

Torn and injured muscles lumbar region
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at my office {*~~hospital~~ / *office} on 28 January, 1948.

Hugh R Hatcher M.D.
A2 A. S. U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

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1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

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TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27155-1

Treasury Department
CG-10003 (Rev. 8-48)

3-13
File

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 April 1948
File: FA-PR 73

From: Commandant
To: Commander, 9th. Coast Guard District (fp)
Via:

Subj: BAUCHAN, Louis S. (221-813)EN1., USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December 1948
(b)Letter 20 April 1948, File fp-73

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

W. H. ROBERTS
By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
EN1 (6) 7/2/47	7/1	12/31	6	00	148.50	891.00	J.D.Simpson	CF

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None Pertinent			

Other pertinent information or remarks:

Closed to 31 December 1948 - J. D. SIMPSON

6-6

JEDiggs
4-29-48

B 907

Treasury Department
CG-10003 (Rev. 8-48)

3-13
File

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

29 April 1948
File: FA-PR 73

From: Commandant
To: Commander, 9th. Coast Guard District (fp)
Via:

Subj: BAUCHAN, Louis S. (221-813)EM1., USCG
credits and/or charges on previous pay record(s)

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W. H. ROBERTS
By direction

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Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None Pertinent			

Other pertinent information or remarks:

Closed to 31 December 1948 - J. D. SIMPSON

JMDiggs 6-6
4-29-48
B 907

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE:

20 April, 1949
File: fp 73

APR 27 1949

From: Commander, 9th Coast Guard District
To: Commandant (FA-PR)

Subj: BAUCHAN, Louis S. (221-813) EN1 USCG
credits and/or charges on previous pay record(s); request for

It is requested that this office be furnished with a transcript of the following credits and/or charges on previous pay record(s) as indicated below in the case of subject named man:

Rating and rate of pay on pay record closed to 31 December, 1948.

O. P. THOMAS
By direction