SEP 10 2024 PM12:11

REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: 9/9/2024

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Anderson, Kraig	
E-Mail Address:	**Phone Number:**
kraiga@gmail.com	858-357-5100

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Carollo, Domenic	214599 ✓BIRLS KAA	1912 (NY or MI)

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):
- ☐ 1939 & Prior
- ☑ 1940 - 1950
- ☑ 1950 & After

Date & Place of Death: 1978 (MI)

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)
Also known a Joseph R. Campbell

Researcher Signature: Kraig Anderson

CIVILIAN SERVICE

(Agency & Location)
From: To:

(Agency & Location)
From: To:

(Agency & Location)
From: To:

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: 2-300114583 55

CMRS Search Request Number(s): ~~CG2-DSCIPH8~~

Attendant Signature:

Remarks: Service under "Carollo, Domenic"

2024 OCT 29 PM 1:58:35

SCREENING NOTES

☒ Reviewed and Nothing Removed MW ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:



SR# 2-30011458355

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

Source: Research Room Walk-ins
Complexity: Others
Search Type: 1st Search



2-DSC1PH8

Non-Registry Block:

Registry Number: ***00000 051 767***

Facility & Floor/Level: ***STL1*** Module/Bay: ***5*** Row: ***2E***

Reg Veteran's Name: *CAROLLO DOMENIC*

SR Veteran's Name: *CAROLLO, DOMENIC*

SSN:

DOB: *01/01/1912*

POB: *NY OR MI*

SVN/SSN: *000214599*

Service Code: *CG*

Service Number:

SR Number: 2-30011458355

Search Section: 5

Record Charged to:

Name: Kevin Helenthal
Room#: 148
Phone#:

Core: Archival
Team: Public Research Room

Searcher Name: QYANCY

Initials: _____

Date: _____

Notes:



2-DSC1PH8

All Records Ordered for this Service Request:
2-DSC1PH8

Service Request Received in Center Date:		09/17/2024 00:00:00
Search Request Created By:	KHELENTHAL	09/17/2024 08:05:38
Search Request Printed By:	DRWOLF	09/17/2024 11:09:24

CA ROLLO. DOMENIC. (214-5-99) ✓ | | | DE-386 | USCG

(Surname) (Given name) (Age) (Race) (Address) (Class of beneficiary)

Admitted 11/5/43 | | | USS SAVAGE

(Date) (Hour) (Authority) (Source: Vessel or establishment)

History: (If injury, state date, hour, place, and how it occurred.)

Physical: (Include X-ray, laboratory reports, etc.)

(Patient's signature)

Diagnosis: 1. No. _____ Name _____

2. No. _____ Name _____

3. No. _____ Name _____

Other diseases or injuries _____

_____

OUTPATIENT CARD _____ _____

(Station)

_____ *Surgeon, U. S. P. H. S*

NOTE: USE SEPARATE CARD FOR EACH ADMISSION

Form 1971-E—Revised December 1939—FEDERAL SECURITY AGENCY, U. S. P. H. S. 16—11909

Y 000 21 4599

000 21 4599 CAROLLO DOMENIC CG 0 0 051 767

Y 358 40 4083

NOT FOUND

Y 000 21 4599

000 21 4599 CAROLLO DOMENIC CG 0 0 051 767

Y 368 40 4083

NOT FOUND

368-40-4083
#
214599

File GPE 3/72

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-71)

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	SOCIAL SECURITY NUMBER
CAROLLO, Domenic	214 599	BMC, Retired	368 40 4083

EACH PERSON LISTED BELOW IS:
[X] DESIGNATED BENEFICIARY [ ] UNDESIGNATED BENEFICIARY [ ] CLAIMANT

ESTAB'D DATE OF DEATH: 7 January 1978

NAME OF BENEFICIARY OR CLAIMANT		RELATIONSHIP	ADDRESS
Monica K. Carollo	100%	Widow	2773 South Lenox Street Milwaukee, WI 53207

Red
6-1-60

[X] I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

[ ] I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

[ ] I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

[ ] Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

SF-1174

TYPED NAME AND TITLE OF APPROVING AUTHORITY	SIGNATURE
AARON O. MARTIN Chief, Decedent Affairs and Claims Branch	

PREVIOUS EDITIONS MAY BE USED ohh mr

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
Monica K. Carollo 391-03-6342	widow	4. Is designation of beneficiary for unpaid compensation on file with service? Yes (Yes or No)
		5. Are you named beneficiary? Yes (Yes or No)
6. Name, rank or rating, service number, and social security number of decedent 214-599 Domenic Carollo S.S. 368-40-4083	7. Date of death 1 Jan 1978	8. Name of service USCG
		9. Decedent's domicile 2778 S. Lenox St, Milwaukee, WI 53207

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? Yes

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
   (a) Widow or widower.
   (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
   (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
   (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and social security number	Age	Relationship to deceased	Address
Monica K. Carollo - 391-03-6342	61	widow	2778 S. Lenox St. Milwaukee, WI 53207

RECEIVED
MAY 16 1978
CGHQ (PS)-1

(Continued on other side)

Standard Form 1174
June 1972
4 GAO 26.1

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed _____ of the estate of the deceased, as evi-
(Executor or administrator)

denced by certificate of appointment herewith, administration having been taken out in the interest of

_____
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE.—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____
(Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHERS MUST.

Part E

Have the funeral expenses been paid? _____ (If paid, receipted bill of the undertaker must be
(Yes or No)

attached hereto.) Whose money was used to pay the funeral expenses? _____

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith

_____ (Signature of claimant)	_____ (Date)	_____ (Signature of claimant)	_____ (Date)
_____ (Street address)		_____ (Street address)	
_____ (City, State, and ZIP code)		_____ (City, State, and ZIP code)	

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above Monica K. Carallo *and that*
(Name(s) of claimant(s))

the signature(s) of the claimant(s) was (were) affixed in our presence.

Gena R. Lacaria (Signature of witness)	Brian W. Vlack (Signature of witness)
4209 N. ARDMORE AVE. (Street address)	626 South 66th ST. (1) (Street address)
SHOREWOOD, WI 53211 (City, State, and ZIP code)	Milwaukee, WI 53214 (City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

GPO: 1972 O—477-596

GPS-1/62
(202) 426-1845

1770
11 April 1978

Mrs. Monica K. Carollo
2778 South Lenox Street
Milwaukee, WI 53207

RE: BMC Domenic CAROLLO
214 599, USCG, Retired
SS# 368 40 4083

Dear Mrs. Carolla:

Further reference is made to our letter of recent date in which you were informed that additional forms, if applicable, would be forwarded to you upon receipt of your husband's service record from the National Personnel Records Center at St. Louis, MO.

This record has now been received and indicates that your husband designated you as the beneficiary to receive his unpaid accrued retired pay.

Four forms No. SF-1174, Claim of Designated Beneficiary of Unpaid Pay and Allowances of Deceased Member of the Uniformed Services, are enclosed to aid you in making application for this sum. These forms must be completed in the presence of two witnesses and signed by you. The original and two copies of the completed claim are to be returned to this office.

A pre-addressed envelope is enclosed for your convenience.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Forms No. SF-1174
(2) Envelope

OHBRADSHAW:ohb 11Apr1978/cpt

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. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC(AN)	2 JAN 12	Catholic

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Grand Marais Lifeboat Station Grand Marais, Michigan	[x] Yes [ ] No 25 MAR 58 (DATE LAST ENTRY)	Same 9. SOCIAL SECURITY NO. 368-40-4083

PE-83

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica K. Carollo	Grand Marais Lifeboat Station Grand Marais, Michigan

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Monica Grace Carollo	Same as No. 10		X	F	8-8-50
Angela J. Carollo	" " " "		X	F	7-21-52
Mary K. Carollo	" " " "		X	F	7-9-53
Michael Domenic Carollo	" " " "		X	M	6-12-58

12. FATHER Anton Carollo (Deceased)	ADDRESS
13. MOTHER Angella Carollo	ADDRESS 625 E. Main St., Iron Mountain, Michigan
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Catherine Campra (Sister)	ADDRESS 525 E. Main St., Iron Mountain, Michigan

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH Monica K. Carollo (Wife)	ADDRESS Grand Marais LBSta, Grand Marais, Michigan

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Angela Carollo	Same as No. 13	Mother
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Monica K. Carollo	Same as Block No. 10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Monica K. Carollo	Same as No. 10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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.

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG, Grand Marais Lifeboat Station, Grand Marais, Michigan	13 January 1959

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. F. Cramer M. F. CRAMER, CHBOSN W-3, USCG - CO	Domenic Carollo BMC

DD FORM 1 Dec 56 93-1

Previous Editions are obsolete.

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

NNNNVZCZCIHA399
RTTUZYUW RUCIABA7006 0092325-UUUU--RU ACTION: G-PS
ZNR UUUUU INFO: G-A G-L
R 092325Z JAN 78 G-APA G-O
FM COMCOGARD GRU MILWAUKEE WI G-C G-OIS
TO COMDT COGARD WASHINGTON DC G-CASI G-OP
INFO ZEN/CCGDNINE CLEVELAND OH G-SCS G-P
CG GRNC G-CEP G-PE
BT G-FPS G-PO
UNCLAS G-K G-OFP
TO G-PS N R C
PERSONNEL CASUALTY REPORT
ALFA BMC DOMERIC CAROLLO 214-59? (368-40-4083) USCG (RETIRED)
BRAVO RETIRED 31 MAY 1960, 24 YRS SERVICE
CHARLIE NOT KNOWN
DELTA 07 JAN 1978
ECHO PRASSER-KLECZKA FUNERAL HOME
3275 S. HOWELL AVE
MILWAUKEE, WI (414) 483-2322
INTERNMENT: 10 JAN 1978, VA CEMETERY, MILWAUKEE, WI.
FOXTROT MONICA K. CAROLLO (SPOUSE) (414) 483-9458
2778 SOUTH LENOX ST
MILWAUKEE, WI 53207

BT
#7006

77 JAN 10 2:57

NNNNVZCZCIHA399
RTTUZYUW RUCIABA7006 0092325-UUUU--RU
ZNR UUUUU
R 092325Z JAN 78
FM COMCOGARD GRU MILWAUKEE WI
TO COMDT COGARD WASHINGTON DC
INFO ZEN/CCGDNINE CLEVELAND OH
CG GRNC
BT
UNCLAS
TO G-PS

ACTION: G-PS
INFO: G-A G-APA G-C G-CASI G-CCS G-CSP G-FPS G-K G-L G-O G-OIS G-OP G-P G-PE G-PO G-OFP N R C

77 JAN 10 12:57

PERSONNEL CASUALTY REPORT
ALFA BMC DOMERIC CAROLLO 214-599 (368-40-4083) USCG (RETIRED)
BRAVO RETIRED 31 MAY 1960, 24 YRS SERVICE
CHARLIE NOT KNOWN
DELTA 07 JAN 1978
ECHO PRASSER-KLECZKA FUNERAL HOME
3275 S. HOWELL AVE
MILWAUKEE, WI (414) 483-2322
INTERNMENT: 10 JAN 1978, VA CEMETERY, MILWAUKEE, WI.
FOXTROT MONICA K. CAROLLO (SPOUSE) (414) 483-9458
2778 SOUTH LENOX ST
MILWAUKEE, WI 53207

BT
#7006

U. S. COAST GUARD
WASHINGTON, D.C. 20591

REPORT OF CASUALTY	REPORT NUMBER AND TYPE: FINAL	DATE PREPARED: 6 APRIL 1976

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

CAROLLO, Domenic (n) 214 599 BMC, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 7 January 1978
Place: VA Hospital, Milwaukee, Wisconsin
Cause: Chronic lymphocytic leukemia

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

2 January 1912 - Iron Mountain, Michigan - Caucasian

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY

368 40 4083 E-7 over 22 years ser. $1031.70 per mo. (PL92-210)

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

RETIRED 1 June 1960 20 Years Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mrs. Monica K. Carollo, widow, 2778 South Lenox St., Milwaukee, WI 53207 (1)(3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

COMCOGARD GRU MILWAUKEE WI - 10 January 1978

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

NOT REGISTERED 6 November 1936 - Sheboygan, WI - USCG

11. PRIOR SERVICE DATA ☐ YES ☒ NO

12. REMARKS

RETIRED PAY DISCONTINUED ON DATE OF DEATH - NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

FOOTNOTES:
[1] Adult next of kin.
[2] Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
[3] Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION

VA

14. SIGNATURE (By direction of the Commandant)

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

DD FORM 1 MAR 60 1300

DEPARTMENT OF TRANSPORTATION
UNITED STATES COAST GUARD

MAILING ADDRESS:
U.S. COAST GUARD (G-PS-1/62)
400 SEVENTH STREET SW.
WASHINGTON, D.C. 20590
PHONE: (202) 426-1845

1770
20 March 1978

Veterans Administration
Regional Office
342 N. Water Street
Milwaukee, WI 53202

RE: BMC Domeric CAROLLO
214 599, USCG, Retired
SS# 368 40 4083

Dear Sir:

Subject's widow has made application for an annuity under the Survivor Benefit Plan (PL92-425). In order to determine the amount of annuity payable by the service department, it is requested that you advise if the widow is entitled to Dependency and Indemnity Compensation payment. If so, please furnish the amount and the effective date.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl:
(1)

DEPT. OF TRANSP., U.S.C.G., CG-3584 (Rev. 2-68) GPO 950-706 CLEARANCE SHEET

Dear Mrs. Carollo:

I am deeply saddened because of the death of your husband, Chief Boatswain's Mate Domeric Carollo, United States Coast Guard, Retired.

There is little I can say to minimize your sorrow in this bereavement. On behalf of your husband's many shipmates in the Coast Guard, I would like to extend to you our personal sympathy in your loss.

Sincerely,

O. W. SILER
Admiral, U. S. Coast Guard

Mrs. Domeric Carollo
2778 South Lenox Street,
Milwaukee, WI 53207

SERVICE NUMBER: 214 599
DATE OF DEATH: 7 January 1978
DATE RETIRED: 1 June 1960
CAUSE OF DEATH: Unknown
JDEVANS:jde 10 January 1978

PREVIOUS EDITIONS MAY BE USED

OFFICE OR DIVISION	G-PS									G-C		
INITIALS OF RESPONSIBLE OFFICERS												
INTRA-OFFICE OR DIVISION INITIALS												
DATE OUT	11 JAN 1978											

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
CGHQ-9964 (Rev. 11-73)

REPORT OF DEATH OTHER THAN THOSE CARRIED AS MISSING

TO: Chief, Pay and Allowances Division

DATE: 10 January 1978

NAME	SERVICE NUMBER/SSN	GRADE OR RATING
CAROLLO, Domeric	214 599 (368 40 4083)	BMC Retired

DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH
10 January 1978	7 January 1978

Information concerning death of the above-listed person has been received reporting established date of death has been set forth.

PAY GRADE	YEARS OF SERVICE	RSFPP/SBP OPTION ELECTION	DEDUCTION

ANNUITY AMOUNT	ANNUITY BENEFICIARY (*Name*)	FINAL PAY DUE (*Date*)

ALLOTMENTS:

AARON O. MARTIN
SIGNATURE
Chief, Decedent Affairs and Claims Branch

jde mw

PREVIOUS EDITIONS MAY BE USED

GPS-1/62
(202) 426-1845

1770
10 January 1978

Mrs. Monica K. Carollo
2778 South Lenox Street,
Milwaukee, WI 53207

RE: BMC Domeric CAROLLO
214 599, USCG, Retired
SS# 368 40 4083

Dear Mrs. Carollo:

Information has been received at Coast Guard Headquarters of the death of your husband. I wish to extend to you and your family my sincere sympathy in your great loss.

You can be assured that we at Coast Guard Headquarters will help you in every way possible to facilitate applying for Federal Benefits that may be available to you.

The enclosed benefit guide briefly explains the assistance and survivor benefits furnished by the Coast Guard as well as other governmental agencies. The enclosed forms are forwarded to aid you in filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a Headstone or Marker to which there may be entitlement. Upon receipt of your husband's record from the National Personnel Records Center at St. Louis, MO other necessary forms, as applicable, will be promptly forwarded to you.

An annuity was provided for you by your husband under the Survivor Benefit Plan. In order that the Coast Guard may begin payment of your annuity, it is requested that you sign forms No. DD-1884, Application for Annuity, on the front and back and return them to this office with a copy of your marriage certificate and your husband's death certificate. VA form No. 21-534, Application for Dependency and Indemnity Compensation by Widow or Child, should be completed and forwarded to your local VA office in order for them to adjudicate your claim for possible entitlement.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. DD-1330
(5) Form No. DD-1884
(6) Benefit Guide
(7) Envelope

JDEVANS:jde 10 January 1978

SURVIVOR BENEFIT PLAN - APPLICATION FOR ANNUITY

Form Approved
OMB No. 22R-0317

SECTION I - DECEASED MEMBER INFORMATION

1. Last name, first, M.I.	2. Member's Social Security No.	3. Date of Death
Carollo, Domenic NMI	368-40-4083	2 Jan. 1912

SECTION II - WIDOW OR WIDOWER OF DECEASED MEMBER INFORMATION

4. Last name, first, M.I.	5. Social Security No.	6. Date of Birth
Carollo, Monica K.	391-03-6342	15 Aug 1916
7. Home Address	**8. Place of Birth**	**9. Citizenship**
2778 S. Lenox St., Milwaukee, Wi 53207	Greenbush Sheboygan Co. Wi	USA

10. Were you legally married to the deceased at the time of death? [X] Yes [ ] No Date of marriage 18 Oct 1947

11. Have you applied or do you intend to apply to the Veterans Administration for benefits? [ ] Yes [ ] No
VA Claim No. 21481336 Amt Awarded $ 343.20 (02-01-78)

12. Address of VA Office that handles your account. 342 N. Water St, Milwaukee, Wi 53202

SECTION III - CHILDREN OF THE DECEASED

13. Full name of child	13a. Social Security No.	13b. Date of birth (mo., date, year)	13c. Name, address, relationship of custodian.
Michael D. Carollo	391500071	6-12-58	2778 S. Lenox St Milw. Wi 53207
Michael is a sophomore at U of Wis.			Whitewater, Wi 53190

RECEIVED MAR -4 1978 CGHQ (PSX-1)

Attach additional sheets if more space is needed

SECTION IV - INSURABLE INTEREST PERSON

14. Complete this section if you are the person designated by the deceased retired member to receive the annuity payable and have an insurable interest in the deceased.

14a. Last name, first, M.I.	14b. Social Security No.	14c. Date of birth (mo., day, year)	14d. Relationship

SECTION V - GUARDIAN INFORMATION

15. If a guardian has been appointed by the court for any of the above survivors, give name and address and attach a copy of the court order.	15a. If a guardian has not been appointed, will one be appointed? [ ] Yes [ ] No
15b. Name of Guardian	15c. Address

SECTION VI - CLAIM CERTIFICATE AND SIGNATURE (See Item 5 on reverse side)

16. Signature of applicant	16a. Date	16b. Relationship to deceased
Monica K. Carollo	8 Mar 78	wife

16c. Check mailing address of applicant
2778 S. Lenox St, Milwaukee, Wi 53207

17. Signature of Witness	17a. Address	17b. Date
Mary E. Romero	2768 So. Lenox	3-8-78
17c. Signature of Witness	**17d. Address**	**17e. Date**
Raymond Romero	2768 So LENOX ST	3/8/78

DD FORM 1 JUN 73 1884

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Information has been requested from the Veterans Administration as to the claimant's eligibility for Dependency Indemnity Compensation. If such payment is applicable the rate will be $343 for grade E-7.

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

Information for the Applicant

1. IF HELP IS NEEDED - In completing this application, contact the nearest military installation, your local Red Cross Chapter, any Veterans Organization, or write to the agency who sent this form to you.

2. EVIDENCE REQUIRED - If it becomes necessary to submit additional evidence you will be advised.

3. SIGNATURE OF APPLICANT - If this application is completed and signed by a person other than an annuitant, show the capacity in which you sign. Example "Legal Guardian." When a signature is accomplished by the mark "X" or another person signs for the annuitant due to physical inability to write on the part of the annuitant, such signatures must be witnessed by two disinterested parties.

4. SOCIAL SECURITY NUMBER - If a Social Security Number has not been assigned, contact the local Social Security or Internal Revenue Service Office to apply for an identifying number.

5. All statements made in this application must be true to the best of your knowledge, and belief. No evidence necessary to a settlement of this claim should be suppressed or withheld. Any change in your status (financial or otherwise) should be immediately reported. Any false statement in this application or misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 10 years or both. (52 Stat. 197; U.S.C. 18:80.)

To provide for the immediate payment of SURVIVOR BENEFIT PLAN (SBP) annuity to me, the widow of a deceased Coast Guardsman covered under the Survivor Benefit Plan, I hereby authorize the Veterans Administration to reduce any initial Dependency and Indemnity Compensation (DIC) by excess Survivor Benefit Plan annuity, if any, paid to me by the Retired Pay Branch of the U. S. Coast Guard. I understand that if DIC is awarded in an amount greater than SBP, then SBP will be terminated and the cost of SBP paid by my late husband will be refunded. If SBP is greater than DIC, I will receive SBP in an amount when added to DIC will equal 55% of the base amount designated by my late husband. In no case will I receive less than 55% of the base amount designated as SBP by my late husband. In all cases, SBP will be reduced by the amount of DIC awarded on behalf of yourself.

Monica K. Carolla
SIGNATURE OF WIDOW

8 Mar 1978
DATE

43383

Req # 0051767

VERBAL OR TELEPHONE INQUIRY

SUSPENSE DATE | CODE: Aer NWt

CAUTION: Complete all items

☐ Caller informed of Privacy Act Compliance Requirements. (See Appendix A, NPRC 1865.8D)

DATE AND TIME 1/9/78 8:20 Hrs

NAME (last, first, middle) GAROLLO, DOMENIC

PRIORITY:
☐ REQUESTER WAITING
☐ TELEPHONE REPLY NLT
☐ LETTER REPLY NLT

SN	SSN		
214 349	368 40 4083		
BRANCH OF SERVICE CG	OFFICER	ENLISTED ✓	DATE OF DEATH 1-7-78
DATE OF BIRTH 1/2/12	PLACE OF BIRTH mich		STATUS OF DEATH

DATES OF SERVICE FOR WHICH INFORMATION IS REQUESTED

FROM ? TO Ret 3/25/58

FROM ____ TO 5/31/60

FROM ____ TO ____

PRESENT MILITARY STATUS
RETIRED STATUS ☐ YES ☐ NO
MEMBER OF RESERVE ☐ YES ☐ NO
MEMBER OF NATIONAL GUARD ☐ YES ☐ NO
STATE OF: ____
FROM: ____ TO: ____

IF SERVED AFTER DATES OF REQUESTED DATA, SHOW DATE OF LAST SEPARATION AND BRANCH OF SERVICE.

NAME AND ADDRESS OF REQUESTER ☐ Veteran ☐ Other

NAME Mrs. Bonnie

FIRM NAME Wood NCem

STREET ADDRESS ____

CITY milwaukee

STATE Wisc ZIP ____

TELEPHONE:

BUSINESS/FTS 362-7777

HOME ____

PURPOSE OF REQUEST:

Burial

☐ INQUIRY INVOLVES FORMER SIXTH FLOOR RECORDS
SEE ATTACHED GSA FORM 7160

POSITIVE IDENTIFYING INFORMATION ON VETERAN: *(See NPRC 1865.8D, Appendix A for examples)*

INFORMATION OR ACTION SOUGHT

☒ DD FORM 214 ONLY
☒ STATEMENT OF SERVICE
☐ OTHER
☐ LOAN RECORDS TO:
☐ TRANSFER RECORDS TO

Ltr Wood NCem
1-10-78
12:00 Hrs

Hotewood
Information clerk

ACTION TAKEN

Ntry ad Filmc GAROLLO, DOMENIC
GARROLLO,

Action Clerk ____ Date ____

GENERAL SERVICES ADMINISTRATION ☆ U. S. GOVERNMENT PRINTING OFFICE: 1977 765-079/3012 GSA FORM 6855 (REV. 3/76)

VERIFICATION OF MILITARY SERVICE

THIS BLOCK USED BY COMM. CENTER

NAME OF AGENCY:

NPRC, GSA, St. Louis, MO 63132

PRECEDENCE

ACTION: ☒ PRIORITY ☐ DIRECT WIRE

INFO: ☐ PRIORITY ☐ DIRECT WIRE

TYPE OF MESSAGE

☐ SINGLE ☐ MULTI ADDRESS

ACCOUNTING CLASSIFICATION

NACM

TO: SUPT NATIONAL CEMETERY

INFO: NATIONAL CEMETERY SYSTEM VA WASH DC

FROM: YOUR

NAME & SERVICE NUMBER, SSN, VA CLAIM NO.	/A/
D I E & PLACE OF BIRTH	/B/
GRADE ON LAST SEPARATION	/C/
DATE ENTERED LAST PERIOD OF ACTIVE SERVICE	/D/
DATE SEPARATED FROM LAST PERIOD OF ACTIVE SERVICE	/E/
CHARACTER OF SEPARATION FROM LAST PERIOD OF ACTIVE SERVICE *	/F/
HIGHEST GRADE HELD IN RESERVES OR NG AND BRANCH IN WHICH HELD	/G/
HIGHEST GRADE HELD ON ACTIVE DUTY AND BRANCH IN WHICH HELD	/H/
WAR SERVICE	/I/ ☐ SAW ☐ WW I ☒ WW II ☒ KOREA ☐ VIETNAM ☐ NONE ☐ OTHER *(Specify)*
AWARDED MEDAL OF HONOR	/J/ ☐ YES ☒ NO
STATE OF RESIDENCE ON ENTRY INTO ACTIVE SVC.	/K/
REMARKS: *IF CODE F IS OTH, SHOW PRIOR SERVICE AND, IF CONTINUOUS, STATE WHETHER VETERAN WAS PREVIOUSLY ELIGIBLE FOR COMPLETE SEPARATION.	/L/

ORIGINATOR *(Signature)*	ORIGINATOR'S TELEPHONE NO.	DATE AND TIME PREPARED

CODE 24 8/1 7-28-60 9-28-63

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION

1. TYPE OF CLAIM: Original Public Law 550

2. SEPARATION FORMS ON FILE: ☐ YES ☐ NO xFor 1 pd. only

3. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

4. TO: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE
Veterans Administration
Regional Office
310 E. Jefferson
Detroit 31, Michigan

5B. ORIGINATING UNIT
VR&E
3029/221A/MF:pf

6. CLAIM NO.
C- 21 481 336

7. INSURANCE NO.

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)
CAROLLO, Dominic (N)

9. ALL SERVICE NOS.
214 599

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
1/2/12	Iron Mountain, 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.	11/6/36	6/1/60	Retired	BMC (AN) U.S.C.G.
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

The information in 13A, 14, 15 and 16 was received from you on 7/8/60. The only DD214 we have is for period March 25, 1958 to May 31, 1960. Please furnish all periods of enlistment prior to March 25, 1958 and was veteran eligible for complete separation at any time.

22. DATE: 7/28/60

23. SIGNATURE AND TITLE OF VA OFFICIAL: M. FEE, Claims Examiner

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

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT ☒ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

#8 - CAROLLO, Domenic #10 - 1-02-1912

#13A - 11-06-36	#14A - 11-05-39	#15A - Honorable	#16A - surfman, USCG
#13B - 11-06-39	#14B - 2-19-43	#15B - Honorable	#16B - CBM(a)(Pro)USCG
#13C - 2-20-43	#14C - 3-19-47	#15C - Honorable	#16C - BM1c, USCG
#13D - 3-20-47	#14D - 3-21-49	#15D - Honorable	#16D - BM1(AN), USCG
#13E - 3-22-49	#14E - 3-24-52	#15E - Honorable	#16E - BMC(AN), USCG
#13F - 3-25-52	#14F - 3-24-58	#15F - Honorable	#16F - BMC(AN), USCG
#13G - 3-25-58	#14G - 6-01-60	#15G - Retired	#16G - BMC(AN), USCG

#21 - CAROLLO was eligible for complete separation at time of all discharges and at retirement. Veteran had 90 days or more active service, exclusive of furlough time and other non-creditable time

Mailed 8-22-60 mcl

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	8-19-60	A. E. McLANE, Chief, Administration Section Enlisted Personnel Division By direction of the Commandant
MEDICAL RECORDS	DATE	SIGNATURE AND TITLE

VA 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. 2

AUG 1 1960 Current mcl RB

CODE 24

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: Original Index Pending Educ. Benefits

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

4. TO: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: VARO 310 E. Jefferson Detroit 31, Michigan

5B. ORIGINATING UNIT: 3029/232B FR/os Administrative

6. CLAIM NO.: C-

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): CARBLLO, Dominic

9. ALL SERVICE NOS.: 214 599

10. DATE OF BIRTH: 1-2-12

11. PLACE OF BIRTH: Iron Mt., Michigan

12. DATE OF DEATH:

	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.	Unknown	5-31-60	Unknown	Unknown
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

Please furnish time lost under Section 6a App 2b MCM 1951, if any.

22. DATE: 6-23-60

23. SIGNATURE AND TITLE OF VA OFFICIAL: E. J. MUTRYNOWSKI, Chief, Administrative Division

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

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT ☒ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

#10 - 1-02-12
#8 - CAROLLO, Domenic
#13A-11-06-36 #14A - 6-01-60 #15A - Retired #16A - BMC(AN), USCG

No time lost. Veteran had 90 days or more active service, exclusive of furlough time and other non-creditable time

mailed 7-8-60

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	7-08-60	A. E. McLANE, Chief, Administration Section, Enlisted Personnel Division, By direction of the Commandant
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL CARDS					
			OTHER RECORDS					

VA 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.

2

JUN 27 1960 Corrected ORD

CGHQ-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

PE-3
MM
Ser D11
30 July 1958

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

PE-88

From: Commandant.

To: Commanding Officer, Grand Marais Lifeboat Station, Grand Marais, Michigan
Via: Commander, Ninth Coast Guard District (p)
SUBJECT: CAROLLO, Domenic (214-599) BMC(AN), USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Ref: (a) Your Form CG-3145 of 25 July 1958

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—
U.S.C.G.							
11-6-36	11-5-39 HD	None		None		None	
11-6-39	2-19-43 HD	None		None		None	
2-20-43	3-19-47 HD	None		None		None	
3-20-47	3-21-49 HD	None		None		None	
3-22-49	3-24-52 HD	None		None		None	
3-25-52	3-24-58 HD	None		None		None	
Reenl. 3 years							
3-25-58							
Now serving							

U. S. GOVERNMENT PRINTING OFFICE 16—32668-4

Gill: Return to 3-13

30 July.

FT

A. E. McLANE
By direction

CGHQ-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

PE-3
MM
Ser D11
30 July 1958

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.

To: Commanding Officer, Grand Marais Lifeboat Station, Grand Marais, Michigan
Via: Commander, Ninth Coast Guard District (p)
SUBJECT: CAROLLO, Domenic (214-599) BMC(AN), USCG

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:
Ref: (a) Your Form CG-3145 of 25 July 1958

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—
U.S.C.G.							
11-6-36	11-5-39 HD	None		None		None	
11-6-39	2-19-43 HD	None		None		None	
2-20-43	3-19-47 HD	None		None		None	
3-20-47	3-21-49 HD	None		None		None	
3-22-49	3-24-52 HD	None		None		None	
3-25-52	3-24-58 HD	None		None		None	
Reenl. 3 years							
3-25-58							
Now serving							

U. S. GOVERNMENT PRINTING OFFICE 16—82668-4

A. E. McLANE
By direction

Treasury Department
U. S. Coast Guard
CG-3145 (5-50)

REQUEST FOR STATEMENT OF SERVICE

	Date: 25 July 1958
Name (Last, First, Middle): CAROLLO, Domenic (n)	USCG, Service Number - Rate: 214-599 BMC(AN)
Unit and Location: CG Group Marquette, Michigan	
Date current Enlistment: 25 March 1958 / Date of Birth: 2 January 1912	Place of Birth: Iron Mountain, Michiga n

PRIOR SERVICE CLAIMED

Service	____Army ____Navy ____Marine Corps ____Air Force XXXXXXXXXXXXXXXXXXXXXXXXXXXX U. S. Coast Guard ____XXXXXXXXXXXXXX from 6 November 1936	Component

Service, Serial, or File No.		Name (If served under name other than above
Entry	Date	Unit and Location
	____Enlisted ____Inducted ____Commissioned	
Separation	Date	Unit and Location
	Grade or Rate	Inactive duty during this period of service From_____ To_____

PRIOR SERVICE CLAIMED

Service	____Army ____Navy ____Marine Corps ____Air Force ____National Guard, State of_____ ____Other (Specify)_____	Component

Service, Serial, or File No.		Name (If served under name other than above)
Entry	Date	Unit and Location
	____Enlisted ____Inducted ____Commissioned	
Separation	Date	Unit and Location
	Grade or Rate	Inactive duty during this period of service From_____ To_____

Submit original and copy, without letter of transmittal direct to COMMANDANT (PE)

M. F. Cramer

M. F. CRAMER, CHBOSN W-2, USCG - CO
Signature - Grade and Title

Treasury Department
U. S. Coast Guard
CG-3145 (5-50)

REQUEST FOR STATEMENT OF SERVICE

	Date: 25 July 1958
Name (Last, First, Middle): CAROLLO, Domenic (n)	USCG, Service Number - Rate: 214-599 BMC(AN)
Unit and Location: CG Group Marquette, Michigan	
Date current Enlistment: 25 March 1958 / Date of Birth: 2 January 1912	Place of Birth: Iron Mountain, Michiga n

PRIOR SERVICE CLAIMED

Service	____Army ____Navy ____Marine Corps ____Air Force XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX U. S. Coast Guard ~~XXXXXXXXXXXXXXXX~~ from 6 November 1936	Component

Service, Serial, or File No.		Name (If served under name other than above
Entry	Date	Unit and Location
	____Enlisted ____Inducted ____Commissioned	
Separation	Date	Unit and Location
	Grade or Rate	Inactive duty during this period of service From_____ To_____

PRIOR SERVICE CLAIMED

Service	____Army ____Navy ____Marine Corps ____Air Force ____National Guard, State of_____ ____Other (Specify)_____	Component

Service, Serial, or File No.		Name (If served under name other than above)
Entry	Date	Unit and Location
	____Enlisted ____Inducted ____Commissioned	
Separation	Date	Unit and Location
	Grade or Rate	Inactive duty during this period of service From_____ To_____

Submit original and copy, without letter of transmittal direct to COMMANDANT (PE)

M. F. CRAMER, CHBOSN W-2, USCG - CO
Signature - Grade and Title

CGC SWEETBRIAR (WAGL-405)
Ketchikan, Alaska
STATEMENT OF CREDITABLE SERVICE
~~UNITED STATES COAST GUARD~~
~~CLEVELAND 15, OHIO~~

Treasury Department
U.S. Coast Guard
CGD9-17(p)
(Rev. 1-54)

6 November 1954
(Date)

From: CO ~~xxQinx~~ CGC SWEETBRIER (WAGL-405)
To: Authorized Certifying Officer, 17th Coast Guard District (f)

Subj: Statement of service for longevity pay

1. The following is a statement of service, to and including 6 November 1954 of CAROLLO, Domenic (n) (214-599) BMC

Entered Service	Service Terminated	Absent without leave (Inclusive dates)		Absent due to own Misconduct		Non-performance of duty because of	
		From	To	From	To	From	To
USCG 11-6-36		NONE		NONE		NONE	

CERTIFIED TO BE A TRUE & CORRECT COPY:

M. F. Craner

M. F. CRANER, CHBOSN W-2 (26371) USCG

	Yrs.	Mos.	Days
Coast Guard Service	18	0	0
Navy Service			
Marine Corps Service			
Army Service			
U.S.L.H.S.			
Total	18	0	0

Completed 18 Yrs. 6 November 1954

/s/ R. H. HAGADORN, LCDR, USCG, XO

Sources of Information
Form 2511 dated
Form 2511-A dated
Army Statement dtd
Navy Statement dtd
USMC Statement dtd
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 OinC shall prepare a statement of service on Form CG-3312, using this form as an enclosure. 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 record and a signed copy shall be forwarded to the Commandant.

2. If information is not available in the service record, the Commandant (PE-3) 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 service, state the branch of service prior to stating the period involved, i.e,

Entered Service	Service Terminated	AWOL From	AWOL -- To	AHOM From	AHOM -- To	NPDI From	NPDI -- 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			NONE		NONE		NONE

	YRS	MOS.	DAYS	
Coast Guard Service	01	01	22	
Navy Service	00	07	18	
Army Service	01	03	08	
Marine Corps Service . . .				
U.S.L.H.S.				
Complete Total	03	00	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.

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-8433 (Rev. 11-53)

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
CAROLLO	Domenic	(n)	214-599

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.)
January 2 1912	BMC(AN)	BMC(AN)	BMC(AN)	June 1 1960

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	23	6	25	23	6	25
LIGHTHOUSE						
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	23	6	25	23	6	25

DATE	SIGNATURE
27 June 1960	A. B. McLANE

FOR USE BY MRS

TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

M. Gill: Return to 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
CAROLLO, Domenic (n)	214-599	6-1-60	BMC(AN)

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
11/6/36	11/5/39	4.0	36	144.0	✓				
11/6/39	2/19/43	4.0	39	156.0	✓				
2/20/43	3/19/47	4.0	49	196.0	✓				
3/20/47	3/21/49	4.0	24	96.0	✓				
3/22/49	3/24/52	4.0	36	144.0	✓				
3/25/52	3/24/58	4.0	72	288.0	✓				
3/25/58	7/31/58	4.0	4	16.0	✓				
8/1/58	5/31/60	3.95	22	86.90	✓				
		TOTAL	282	1126.90			TOTAL		

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

DATE	COMPUTED BY	DATE	VERIFIED BY
6-24-60	R. Arthur	6/24/60	E Buchan

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

608

COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL

9 CGD

22 4 25 Service for Retirement — CAROLLO, Domenic (n) — (214-599) — BMC(AN)

Yrs. Mos. Days — (Name) — (Service No.) — (Rate)

(LTR DTD 18 AUGUST 1959)

23-6-25 (as of 5/31/60)

as of 31 March, 19 59.

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	22	4	25
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)			

TOTAL SERVICE FOR RETIREMENT — 22 4 25

INACTIVE SERVICE (Specify)

LIGHTHOUSE (For Pay Purposes)

TOTAL SERVICE FOR PAY PURPOSES — 22 4 25

HIGHEST RANK OR RATING HELD — BMC(AN) (Service Jacket Checked)

Service Computed by M Gee 8-31-59

Service Verified by DDM 9/4/59 DM

23-1-6 6-1-60

23-2-25as of 31 Jan 60 Lb 10/15/59

23-6-25 as of 31 May 60 Lb 2/24/60

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
9TH COAST GUARD DISTRICT
MAIN POST OFFICE BLDG.
CLEVELAND 13, OHIO

fp-413
7 November 1956
L16-6/1

From: Commander, Ninth Coast Guard District
To: Commandant (PS-2)

Subj: CAROLLO, Domenic (214-599) BMC(AN); BAQ

Ref: (a) Comdt(PS-2) ltr dtd 10/29/56, P7

1. In accordance with reference (a) the Commandant is informed that subject man together with his dependents is in occupancy of public quarters; having been assigned on 1 June 1956.

R. E. HOLLEY
By direction
CAA

Ret 60

D.A. SECTION

3-13 FILE

DEC 27 1961

See N/C dtd 6/11/56

approved

NOV 13 1956

PS-2
29 October 1956
P7

From: Commandant
To: Commander, NINTH CG District (f)

Subj: CAROLIO, Domenic (214-599) EMC(AN); RAQ

Ref: (a) COMDT(PS-2) ltr P7 dated 19 July 1956
(b) Your ltr L16-5 dated 17 October 1956

1. The Commandant (PS-2) is in receipt of the Death Certificate of subject man's former wife, submitted with reference (b).

2. It is requested the Commandant (PS-2) be advised of the discrepancies noted in paragraph two of reference (a), without further delay.

F. S. TURNER
By direction

Pending file:CNL/hcd

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
9TH COAST GUARD DISTRICT
MAIN POST OFFICE BLDG.
CLEVELAND 13, OHIO

fp-243
17 October 1956
L16-5

From: Commander , 9th CG District
To: Commandant (PS-2)

Subj: CAROLLO, Domenic (214-599) BMC (AN); document concerning

Ref: (a) COMDT (PS-2) ltr dtd 7/19/56, P7

1. In compliance with reference (a) a photostated copy of the death certificate of Gertrude M. Carollo is forwarded as enclosure hereto.

R. E. HOLLEY
By direction
CAA

Encl:
(1) Death certificate - CAROLLO

OCT 23 1956

Form No. 206—6-46—50M
Copy Certificate of DEATH

WISCONSIN STATE BOARD OF HEALTH
Bureau of Vital Statistics

Local Registrar's No. 187

1. PLACE OF DEATH:
(a) County Sheboygan
(b) Township —
or
City or Village Sheboygan
(c) Name of hospital or institution Sheboygan Memorial Hospital

2. USUAL RESIDENCE OF DECEASED:
(a) State Wis. (b) County Milwaukee
(c) If rural — Give township (not postoffice)
or
City or Village Milwaukee
(d) Street No. 612 No. 15th St. Apt. 203

3. (a) Full Name
Gertrude M. Carolla

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Domonic

6. (c) Age of husband or wife if alive 34 years.

7. Birth date of deceased July (Month) 15 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	2	15		

9. Birthplace Black River Falls (City, town, or county) Wis. (State or foreign country)

10. Occupation and industry or business school teacher 4th grade

Father
11. Name Ole C. Olsen
12. Birthplace Copenhagen (City, town, or county) Denmark (State or foreign country)

Mother
13. Maiden name Rosemary Hansen
14. Birthplace Copenhagen (City, town, or county) Denmark (State or foreign country)

15. (a) Informant Domonic Carollo
(b) Address 612 No. 15th St. Apt. 203 Milwaukee, Wis.

16. (a) Burial (Burial, cremation or other) (b) Date thereof 10/3/46 (Mo.) (Da.) (Yr.)
(c) Place: burial or cremation Wanderer's Rest Cemetery Milwaukee, Wis.

17. (a) Signature of funeral director Milton Ballhorn
(b) Address 1201 No. 8th St. Sheboygan

18. (a) 10-1-46 Local Filing Date (b) G. J. Hildebrand Signature of City Health Officer or County Register of Deeds

MEDICAL CERTIFICATION

19. Date of death: Month 9 Day 30 Year 1946

20. I hereby certify that I attended the deceased from 9/24 46 to 9/30 46, 19—; I last saw her alive on 9/29 46, 19—; and that death occurred on the date stated above at 2:30 A. M

21. Immediate cause of death Pulmonary embolis — Duration acute
Due to Partial intestinal obstruction 3days due to surgery June 1945
Other conditions —
Include pregnancy within 3 months of death

Name of operation — Date

Major findings: Of operation —

Autopsy Performed? No-X Yes-

Findings: As above

Underline cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide — (b) Date —
(c) Where did injury occur? — (City, village or township, county and state)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury — (Fall? Auto? Machinery? etc.)

23. Signature P. B. Mason (M. D. or other)
Address Sheboygan, Wisc. Date signed 9-30-46

State of Wisconsin)
Register's Office)SS
Sheboygan County)

I, Benj. W. Diederich, Register of Deeds in and for the said county and state do hereby certify that this photograph is a true copy of the records of a certain death recorded in this office in Volume 53 of deaths on Page 187 on the 15th day of October A.D. 1946.

Witness my hand and official seal this 27th day of Sept A.D. 1956.

Benj. W. Diederich

Register of Deeds, Sheboygan County, Wis.

By —
Deputy

OCT 23 1956

PS-2
19 July 1956
P7

From: Commandant
To: Commander, NINTH CG District (f)

Subj: CAROLLO, Domenic (214-599) BMC; BAQ

Ref: (a) COMDT(PS-2) ltr P7 dated 22 June 1956
(b) Form NAV S & A 545 dated 29 June 1956

1. Reference (a) requested subject man be directed to furnish the Commandant (PS-2) a certified copy of the death certificate of Gertrude Olsen Carollo. To date this document has not been received.

2. Reference (b) commencing a "Q" allotment in the amount of $150.00 to subject man's present wife, Monica, first payment July 1956, is returned herewith. It is noted the amount of this allotment is in an amount less than that required by Compt. Manual, para. 2R01321. Further, the Commandant (PS-2) has not authorized the re-crediting of BAQ on behalf of this member's dependents. Credit of BAQ was terminated as of 1 June 1956 due to CAROLLO's occupancy of Public Quarters. Reference (b) also shows a residence address which would indicate subject man's assignment to public quarters has been terminated.

3. It is requested the Commandant (PS-2) be advised on the discrepancies noted above and furnished a certified copy of the document mentioned in paragraph one.

B. V. BALL
By direction

Encl: Reference (b)

Pending file:HLT/hcd

PS-2
22 June 1956
P7

From: Commandant
To: Commander, NINTH CG District (f)

Subj: CAROLLO, Domenic (n) (214-599) HMC; BAQ

1. It is requested subject man be directed to furnish the Commandant (PS-2) a certified copy of the Death Certificate of his former wife, Gertrude Olsen Carollo, as the document was never previously submitted.

F. S. TURNER
By direction

Pending file:H CNL/hcd

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
9th CG District
Main Post Office Bldg.
Cleveland 13, Ohio

1 June 1956
L16-5

From: CAROLLO, Domenic (n) (214-599) BMC, USCG
To: Commandant (PS)
Via: Commander, 9th CG District (f)

Subj: Notification of change in Dependency Statue for Basic Allowance for Quarters on

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to basic allowance for quarters.

Name & Address of Dependents	Relationship	Date and Nature of Change
Monica K. Carollo, Grand Marais LBS, Mich.	Wife,	6/1/56 Occupied Gov't Quarters
Monica G. Carollo, " " " "	Daughter	" " " "
Angela J. Carollo, " " " "	"	" " " "
~~Mary K. Carollo,~~ " " " "	"	" " " "

Note: If divorced, attach two (2) copies of divorce decree (certified by clerk of the court).

2. The following allotment stoppage action is requested:

Allotee	Month of Last Payment	Amount
Monica Katherine Carollo	May 1956	~~$170.90~~ $200.00

Domenic Carollo
Domenic Carollo
(Signature)

FIRST ENDORSEMENT to CAROLLO,'s ltr L16-5 of 1 June 1956

L16-5

From: Commander, 9th CG District
To: Commandant (PS)

1. Forwarded, BAQ terminated 5/31/56.

R. E. HOLLEY
By Direction

Instructions: This form must be submitted immediately for ANY cange in dependency which reduces or terminates entitlement to basic allowance for quarters for dependents. Submit original and two copies.

JUN 15 1956

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one) ☐ START ☒ CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
214-599	CAROLLO,	Domenic	(n)	BMC(AN)

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? ☒ YES ☐ NO

SHIP OR STATION PREPARING THIS APPLICATION

USCG Marine Inspection Office
209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

DATE OF THIS APPLICATION: 24 September 1952

DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 3-22-52

DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 3-21-52

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	Monica Katherine Carollo	1607 Freedom Way Baltimore, Maryland	Wife		Previously claimed
2.	Monica Grace Carollo	1607 Freedom Way Baltimore, Maryland	Daughter	8-8-50	Previously claimed
3.	Angela Jane Carollo	1607 Freedom Way Baltimore, Maryland	Daughter	7-21-52	7-21-52
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE
18 October, 1947; Sheboygan, Wisc.

Have you been previously married? ☒ YES ☐ NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE
28 September, 1946; Sheboygan, Wisc.; Death

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? ☐ YES * ☐ NO

* If yes, ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? ☐ YES * ☒ NO

* If yes, GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—*(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)*

I certify that _____, *named above, has been dependent upon me for more than one-half of his or her support since* _____: *that during such period I have contributed to his or her support an average of* $_____ *per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged* $_____ *per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged* $_____ *per month.*
(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

Photostat of birth certificate attached for dependent No. 3.

REQUEST FOR "Q" ALLOTMENTS—*Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.*

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	Monica K. Carollo	~~1607 Freedom Way Baltimore, Maryland~~ 2220 North 20th St. Sheboygan, Wisc.	200.00	10	52	1
2.						
3.						

Subscribed and sworn to before me this 24 day of September 1952

Alfred W. Kabernagel
ALFRED W. KABERNAGEL, CAPT., USCG
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to chechage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations.

I also certify that none of the above named dependents is a member of the uniformed services on active duty.

I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any change in the above stated dependency.

DOMENIC CAROLLO Domenic Carollo BMC(AN)
(Signature of Enlisted Member) (Rate)

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number _____ (insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number _____ (insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

ALLOTMENT REGISTERED FIRST MONTH PAYMENT OCTOBER, 1952. ALLOTMENT REQUIREMENT FOR MONTH OF SEPTEMBER, 1952 WAIVED BY O-IN-C, MARINE INSPECTION OFFICE, BALTIMORE, MD. OCTOBER ALLOTMENT AMT. OF $200.00

W. H. Reed
W. H. REED, PCIK, USCG
(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

BAQ Payments Authorized for:
3 dependents commencing
7/21/52
T. L. Turner
(Chief, Family Allowance Sec.)
96.90

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 - 930071

ORIGINAL

OCT 3 1952

Form No. VS 3 | Local Registrar's No. | WISCONSIN STATE BOARD OF HEALTH

STATE OF WISCONSIN, } SS
MILWAUKEE COUNTY,

OFFICE OF
Register of Deeds

No. 81485

I, Phillip L Westphal Register of Deeds in and for said County, do hereby certify that the attached record of Birth has been correctly copied from the records in my office filed as document No. 14075 on Sept. 6, 1950 ~~in Volume _____, Page _____~~, that I have carefully compared the same with said Records.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal this 29th day of April A. D., 1953

Phillip L Westphal
Register of Deeds, Milwaukee County, Wis.

P. L. Matschke
Deputy Register of Deeds.

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25, D. C.

PS
20 April 1953
P7

Mrs. Monica K. Carollo
2220 North 20th Street
Cheboygan, Wisconsin

Dear Madam:

Reference is made to the application for Quarters ~~family~~ allowance filed by CAROLLO, Domenic (n) (214-599) BMC, an enlisted member of the United States Coast Guard, in behalf of yourself and children.

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 the public record of birth of your daughter, Monica Grace Carollo.

Enclosed find certified Copy of Public record of birth of Monica G. Carollo.

By direction of the Commandant.

Very truly yours,

F. S. Turner

F. S. TURNER
Lieutenant (jg), U. S. Coast Guard
Chief, Dependents Allowance Section

MAY 5 1953

A-5378

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25, D. C.

PS
20 April 1953
P7

Mrs. Monica K. Carollo
2220 North 20th Street
Cheboygan, Wisconsin

Dear Madam:

Reference is made to the application for ~~family~~ Quarters allowance filed by CAROLLO, Domenic (n) (214-599) BMC, an enlisted member of the United States Coast Guard, in behalf of yourself and children.

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 the public record of birth of your daughter, Monica Grace Carollo.

By direction of the Commandant.

Very truly yours,

F. S. TURNER
Lieutenant (jg), U. S. Coast Guard
Chief, Dependents Allowance Section

PENDING FILES MLH

A-5378

BALTIMORE CITY HEALTH DEPARTMENT

ORDER NO. 4901 BUREAU OF VITAL RECORDS SEPT. 25, 1952

C-640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. 52-16432

1. CHILD'S NAME (Type or Print) a. (First) Angela b. (Middle) Jane c. (Last) Carollo

2. SEX F. | 3a. THIS BIRTH D. SINGLE X TWIN TRIPLET | 3b. (IF TWIN OR TRIPLET (This child born) 1ST 2ND 3RD | 4a. DATE OF BIRTH July 21, 1952 | 4b. HOUR 3.35 P.

5. PLACE OF BIRTH a. Baltimore City, Maryland 2025 W. Fayette St. b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hospital c. Length of Mother's stay in Baltimore 2½ - Yrs. Mos. Days

6. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Maryland b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13 d. STREET AND NUMBER (If rural, give location) 1607 Freedom Way.

FATHER OF CHILD

7. FULL NAME a. (First) Domenic b. (Middle) c. (Last) Carollo 8. COLOR OR RACE W.

9. AGE (At time of this birth) 40 YEARS | 10. BIRTHPLACE (State or foreign country) Iron Mountain Mich. | 11a. USUAL OCCUPATION Clerk | 11b. KIND OF BUSINESS OR INDUSTRY U. S Coast Guard

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Monica b. (Middle) Katherine c. (Last) Godfrey 13. COLOR OR RACE W

14. AGE (At time of this birth) 35 YEARS | 15. BIRTHPLACE (State or foreign country) Greenbush Wis.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT AND RELATIONSHIP TO CHILD (If different from mother) M.

18. I hereby certify to the birth of this child, who was born alive on the date and hour stated above.

Date rec'd by local registrar JUL 24 1952 19

Signature Huntington Williams, Jr. Registrar

Given name added by Registrar per

Signature L. P. Bruce. M.D. Physician (or midwife) who attended this birth (Midwife)

or M.D. Commissioner of Health and Registrar

Address Two West Read Street. Date

CONFIDENTIAL

THE DEPARTMENT OF HEALTH

THIS IS TO CERTIFY THAT THE ABOVE IS A PHOTOSTATIC COPY OF A CERTIFICATE ON FILE IN THE BALTIMORE CITY HEALTH DEPARTMENT, BALTIMORE, MARYLAND

CERTIFIED

Sidney M. Morton DIRECTOR BUREAU OF VITAL RECORDS

Huntington Williams, M.D. COMMISSIONER OF HEALTH & REGISTRAR

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE OFFICIAL DEPARTMENTAL SEAL IS AFFIXED HEREON.

Baltimore, Md. 1797

COMMISSIONER

0-0191

UNITED STATES COAST GUARD.
OFFICE OF THE COMMANDER, FIFTH COAST GUARD DISTRICT
U. S. POST OFFICE AND COURT HOUSE BUILDING
NORFOLK, VIRGINIA

p
21 May 1951
GD5/L16-6

From: CAROLLO, Domenic (214-599) BMC, USCG
To: Commandant (PMM)
Via: (1) Commander, 5th CG District (p)
(2) Authorized Certifying Officer, 5th CG District

Subj: Application for payment of basic allowances 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 the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name)	Relationship	Remarks-Such as date & Place of marriage;divorce,etc;date birth c children,custodianship;other dat
Monica Katherine Carollo 2220 N. 20th St., Sheboygan, Wis.	Wife	Date of marriage: 18 Oct., 1947 Place: Sheboygan, Wis.
Monica Grace Carollo Same as above.	Daugher	Date of birth: 9 Aug., 1950
Angela Carollo 625 E. Main St., Iron Mountain, Mich.	Mother	See attached statement.

2. I hereby consent to checkage against my pay for any basic allowances for quarters paid on account of any relative later determined to be a dependent as defined in existing laws and regul tions.

3. I futher certify that my dependents are not in occupancy
(insert "are" or "are not")
of public quarters (except for brief visits in quarters assigned to another member and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full names and addresses of each allottee, amount to be allotted to each, and month of first payment:

Allottees:	Month, 1st payment	Amount
Monica Katherine Carollo 2220 N. 20th St., Sheboygan, Wis.	JUNE	~~1951~~ 165.00
Angela Carollo 625 E. Main St., Iron Mountain, Mich.	JUNE	50.00
	Total Allotments .	215.00

Date on or after 1 Aug. from which Basic Allowance for Quarters Claimed for each Dependent 1 May 1951

Dominic Carollo
(Name of Member)

Ind-I

p
21 May 1951
GD5/L16-6

From: Commander, 5th Coast Guard District (p)
To: Commandant (PMM)
Via: Authorized Certifying Officer, 5th CG District

Subj: CAROLLO, Domenic (214-599) BMC, USCG
Application for Basic Allowance for Quarters; forwarding of

Forwarded, approved.

Allotment waived for the mopth of MAY due to exgencies of the service.

L. G. COLEMAN,
By direction

3 July 1951

Ind-2

From: Authorized Certifying Officer, 5th CG District
To: Commandant (PMM)

1. Notation placed on space 35 of form CG-3100, U.S. Coast Guard Pay Record noting "Application for BAQ for Dependents registered."

2. Allotment(s) totaling $ 215.00 registered effecting first payment REDESIGNATION & JUNE 1951.

S P ROZEAR

BAQ Payments Authorized for
3 dependents commencing
5/1/51
D. C. Goodwin
Chief, Family Allowance Sec.

JUL 5 1951

21 May 1951

"I further certify (a) that the parent for whom allowance is claimed is dependent upon me for ~~(his~~ (her) chief support; (b) that I have contributed to ~~(his~~ (her) support during the period of six months preceding this application an average of $ 50.00 per month in cash or its equivalent, without any consideration in return; (c) that ~~(his~~) (her) total income from all other sources, including contributions of others toward their share of household or living expenses during the same six months period averaged $ 30.00 per month in cash or its equivalent; and (d) that the actual living expenses incurred by ~~(him~~ (her) during the same period averaged $ 80.00 per month.

Domenic Carollo

Domenic Carollo

UNITED STATES COAST GUARD

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

6 July, 1951

FILE: PRM 73xx P7
BAQ

Mrs. Angela Carollo
625 E. Main Street
Iron Mountain, Michigan

Dear Madam: Re: CAROLLO, Domenic (214-599) BMC

The U. S. Coast Guard is considering a request made by the above named person for basic allowance for quarters by reason of your alleged dependency.

The Career Compensation Act, as amended, provides that members of the uniformed services shall be entitled to receive a basic allowance for quarters because of a dependent mother or father, provided he or she is in fact dependent on such member for his or her support.

You are asked to give a full answer to EVERY question in the attached form. The answers you give will be considered as confidential by the Coast Guard. If the question does not apply, write NONE in the space provided. If you have difficulty in answering these questions, you should obtain help from the local chapter of the American Red Cross, from some welfare organization in your community, or from any competent friend or businessman.

Note that if this allowance is approved, it will not be paid to you, but will be credited directly to your son's pay account, and he, in turn, will register a voluntary allotment in your favor.

Any correspondence relative to this matter should always bear the name and service number of the enlisted man concerned, and the symbols in the upper right hand corner of this letter as this will enable determination to be made on this claim with a minimum of delay.

By direction of the Commandant.

Very truly yours,

D. C. GOODWIN
LTJG, USCG
Chief, Family Allowance Section

Incl: Self-addressed envelope

B 7090 TREASURY-CGHQ-WASH.,D.C.

PENDING FILES KG

PMM
20 July, 1951
P7
(214-599)

Mrs. Angela Carollo
625 E. Main Street
Iron Mountain, Michigan

Dear Madam:

Reference is made to the inclosed affidavit recently received from you for the possible payment of Basic Allowance for Quarters in your behalf, based on the service of your son, Domenic Carollo, an enlisted member of the U. S. Coast Guard.

In connection with this application, it will be necessary that you complete the inclosed affidavit, where it has been checked, and promptly return it to the Chief, Dependents Allowance Section, U. S. Coast Guard Headquarters, Washington 25, D. C., in order that further action may be taken.

A self-addressed envelope is inclosed herewith for your convenience in making reply.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, USCG
Chief, Military Morale Division

Incls:
(1) Affidavit
(2) Self-addressed envelope

HHR

PENDING FILES KG

UNITED STATES COAST GUARD

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

. 6 July, 1951

FILE: PMM 73cx P7
BAQ

Mrs. Angela Carollo
625 E. Main Street
Iron Mountain, Michigan

Dear Madam: Re: CAROLLO, Domenic (214-599) BMC

The U. S. Coast Guard is considering a request made by the above named person for basic allowance for quarters by reason of your alleged dependency.

The Career Compensation Act, as amended, provides that members of the uniformed services shall be entitled to receive a basic allowance for quarters because of a dependent mother or father, provided he or she is in fact dependent on such member for his or her support.

You are asked to give a full answer to EVERY question in the attached form. The answers you give will be considered as confidential by the Coast Guard. If the question does not apply, write NONE in the space provided. If you have difficulty in answering these questions, you should obtain help from the local chapter of the American Red Cross, from some welfare organization in your community, or from any competent friend or businessman.

Note that if this allowance is approved, it will not be paid to you, but will be credited directly to your son's pay account, and he, in turn, will register a voluntary allotment in your favor.

Any correspondence relative to this matter should always bear the name and service number of the enlisted man concerned, and the symbols in the upper right hand corner of this letter as this will enable determination to be made on this claim with a minimum of delay.

By direction of the Commandant.

Very truly yours,

D. C. Goodwin

D. C. GOODWIN
LTJG, USCG
Chief, Family Allowance Section

Incl: Self-addressed envelope

JUL 27 1951

B 7090 TREASURY-CGHQ-WASH.,D.C. JUL 17 1951

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.



ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

Dear

Application for family allowance in your behalf has been made by

The Servicemen's Dependents Allowance Act of 1942, as amended, provides for payments to certain relatives of enlisted persons in the Coast Guard. Part of the money for such payments comes from the pay of the enlisted person and part of it comes from the Government.

The law provides allowances for the children of an enlisted person and for the wife of an enlisted man whether or not they are financially dependent on the enlisted person. In the case of any other relative, an allowance is payable only if such person is dependent upon the enlisted person for at least a substantial portion of his or her support. The law as amended divides these dependents (fathers and mothers, grandparents, brothers, and sisters) into two groups. Those who are dependent on the enlisted person for a substantial portion of their support are to receive family allowance in a total amount of $37 per month for the entire group of such dependents. Those who are dependent on the person in the service for the chief portion of their support (more than half) are to receive a family allowance which is substantially higher in amount.

If you decide to make a claim for an allowance, you must answer all questions on this form. If you have difficulty in answering these questions, you should obtain help from the local chapter of the American Red Cross, from some welfare organization in your community, or from any competent friend or businessman. When completed the form should be returned promptly in the enclosed envelope which requires no postage.

If you do not desire to claim dependency, you are requested to inform the Commandant, United States Coast Guard Headquarters, Washington 25, D. C., immediately in order that the amount deducted from the enlisted person's pay may be refunded.

By direction of the Commandant.

Yours very truly,

Chief, Family Allowance Section.

16—43348-1

DEPENDENCY AFFIDAVIT

NAVCG 2569 (REV. 1-45)

YOU MUST PUT A CHECK IN THE SQUARE OPPOSITE ONE OF THE FOLLOWING TWO STATEMENTS:

☑ 1. *I hereby certify that I am dependent for a portion of my support on the person in the service and I hereby make claim for family allowance.*

☐ 2. *I am not dependent for a portion of my support on the person in service and do not make claim for family allowance. (If this item is checked sign on last page, leave all other items blank and return the form.)*

FORM TO BE EXECUTED BY INDIVIDUALS CLAIMING DEPENDENCY

NOTICE: *If you make a claim for a family allowance as a dependent of an enlisted person in the Coast Guard, you are asked to give a full answer to EVERY question in this form. The answers you give will be considered as confidential by the Coast Guard. If the question does not apply, write NONE in the space provided.*

1. YOUR NAME (Last)	(First)	(Middle)	AGE
CAROLLO	ANGELA		63

RESIDENCE (Street address or R. F. D.)	(City or Post Office)	(Zone)	(State)	SOCIAL SECURITY NO.
625 E. MAIN ST.	IRON MOUNTAIN,		MICH	NONE

MARITAL STATUS

☐ Single ☐ Married ☐ Divorced ☐ Living apart under a legal separation ☑ Widowed

If your husband or wife is deceased or is divorced or separated from you, state date of death, divorce or separation: (Month) JUNE (Year) 1936

2. YOUR PRESENT OCCUPATION OR BUSINESS	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
none		$
YOUR HUSBAND'S (OR WIFE'S) OCCUPATION	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
none		$

3. IF THE WAGE EARNER IS UNEMPLOYED, STATE THE REASON

NOTE: If unemployment is due to mental or physical disability, a licensed doctor's certificate must accompany this form. If receiving compensation as a result of such disability state amount per week: $_____ per week.

4. If you maintain your own household, list all members below. (You need not give occupation, earnings, or date of birth of persons not related to you.)

NAME	BUSINESS OR OCCUPATION	MONTHLY EARNINGS BEFORE DEDUCTIONS	RELATIONSHIP TO YOU	DATE OF BIRTH MO.	DATE OF BIRTH YR.	PAYMENTS TO YOU FOR HIS OR HER ROOM AND BOARD (PER MONTH)	OTHER CASH CONTRIBUTED TO YOU (PER MONTH)
LIVE ALONE		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$

5. If you do not maintain your own household, state the name and relationship of the person with whom you reside and the amount you pay for board and lodging per month: (Name) (Relationship to you) (Payment) $_____

6. LIST BELOW ALL YOUR LIVING CHILDREN (GIVE SERIAL NUMBER OF THOSE IN THE ARMED SERVICES) BUT OMIT EACH PERSON HERE WHO IS LISTED IN ITEM (4) ABOVE.

NAME AND ADDRESS *(If in armed services, give serial number instead of address)*	AGE	MARRIED OR SINGLE	BRANCH OF SERVICE, BUSINESS, OR OCCUPATION	PRESENT MONTHLY CONTRIBUTIONS TO YOUR SUPPORT	HAS HE OR SHE APPLIED FOR FAMILY ALLOWANCE IN YOUR BEHALF
SERVICE PERSON NAMED ON FRONT PAGE					
DOMENIC CAROLLO (214-599) BMC	39	MARRIED	With Command		
OTHER CHILDREN					
MARIE CAROLLO	33	SINGLE	NURSE	about $10. a month	
CATHERINE CAMPRA	42	MARRIED	H. WIFE	none	
TERESA NOWAK	38	MARRIED	H. WIFE	none	
JOE CAROLLO	41	MARRIED	MACHINIST	about $5. a month	
ALDO CAROLLO	38	MARRIED	MACHINIST	NONE	
ATILLIO CAROLLO	29	MARRIED	LABOR	NONE	
SISTER MARY ANTHONY	34	SINGLE	TEACHER	NONE	

7. What income was received by you or your husband (or wife) per month during the past year from the following sources (if none, so state):

SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR	SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR
WAGES OR SALARIES	none	none	INTEREST ON BONDS, INVESTMENTS, SAVINGS	none	none
SALE OF LIVESTOCK OR POULTRY	none	none	CONTRIBUTIONS FROM RELATIVES from Domenic	$50.00	x mas + birthday gift + funds
SALE OF FARM PRODUCE	none	none	OLD-AGE ASSISTANCE	none	none
ALIMONY OR SUPPORT PAYMENTS	none	none	OTHER ASSISTANCE FROM WELFARE AGENCIES	none	none
SOCIAL SECURITY PAYMENTS OR OLD-AGE AND SURVIVORS INSURANCE	none	none	UNEMPLOYMENT OR DISABILITY COMPENSATION	none	none
PAYMENTS FROM INSURANCE OR PRIVATE PENSION	none	none	OTHER SOURCES OF INCOME (Specify below)	none	none
RENTS RECEIVED FROM PROPERTY	none	none			

8. DO YOU LIVE ON A FARM? ☐ YES ☒ NO — IF YES, STATE MARKET VALUE OF FARM PRODUCTS USED IN YOUR HOME DURING PAST 12 MONTHS: $

9. HOW MUCH RENT DO YOU PAY PER MONTH OR, IF YOU LIVE IN YOUR OWN HOME, HOW MUCH ARE YOUR MONTHLY PAYMENTS? $ owns HOME

10. STATE AMOUNT OF OTHER LIVING EXPENSES PER MO. $ ~~ETT~~ INT $ 3.00 tax $26.00 water $2.50

11. LIST BELOW ALL REAL ESTATE AND PERSONAL PROPERTY, INCLUDING CASH, STOCKS, BONDS, ETC., OWNED BY YOU AND YOUR HUSBAND (OR WIFE). (DO NOT INCLUDE YOUR HOME OR FURNITURE OR HOUSEHOLD EQUIPMENT.)

DESCRIPTION	VALUE	ENCUMBRANCES
20 acres of land	$ 200	$
2 lots	$ 200	$
1 war bond	$ $18.75 plus	$ interest
	$	$

12. LIST ANY LARGE DEBTS OWED BY YOU OR YOUR HUSBAND OR WIFE:

DESCRIPTION	AMOUNT
none	$
	$
	$
	$
	$

(Please turn page)

16—43348-1

7

13. Itemize by months, the amounts contributed to you (or to your husband or wife) by the enlisted person during the preceding twelve months:

MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH		MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH	
			ROOM AND BOARD	OTHER CONTRIBUTIONS				ROOM AND BOARD	OTHER CONTRIBUTIONS
	EACH MONTH I RECEIVE $50. FROM DOMENIC throughout the year July 1950 thru July 1951								

FOR HOW MANY MONTHS

14. List below other contributions made to you by this enlisted person in the form of labor or goods. If he or she did not contribute previously because he (or she) was too young or was unemployed, explain briefly why you consider yourself to be dependent upon this enlisted person at this time:

NO OTHER CONTRIBUTIONS - DOMENIC ASSUME THIS RESPONSIBILITY IN 1947 (Oct) UPON DEATH OF HIS WIFE. HE STILL WANT TO CONTINUE MY SUPPORT ALTO. HE HAS REMARRIED

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; I FURTHER CERTIFY THAT I WILL NOTIFY U. S. COAST GUARD HEADQUARTERS, WASHINGTON 25, D. C., AT ONCE OF ANY CHANGE IN THE FINANCIAL CIRCUMSTANCES OF ANY OF THE PERSONS LISTED IN THIS FORM OR OF ANY CHANGE IN THEIR STATUS SUCH AS MARRIAGE OR DEATH.

Mrs Angela Carollo

(Signature)

NOTE: *Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.*

IMPORTANT

1. IF YOU ARE MAKING A CLAIM FOR A FAMILY ALLOWANCE, HAVE YOU FILLED IN ALL THE BLANKS ON THIS FORM?
2. IF THE WAGE EARNER IS UNEMPLOYED BY REASON OF PHYSICAL OR MENTAL DISABILITY, HAVE YOU ATTACHED A DOCTOR'S CERTIFICATE TO THIS FORM?

FORM APPROVED
BUDGET BUREAU NO. 48-R141.1

FORM APPROVED
BUDGET BUREAU NO. 48-R141.1

U. S. GOVERNMENT PRINTING OFFICE 16—43348-1

UNITED STATES COAST GUARD

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

PMM
20 July, 1951
FILE: P7
(214-599)

Mrs. Angela Carollo
625 E. Main Street
Iron Mountain, Michigan

Dear Madam:

Reference is made to the inclosed affidavit recently received from you for the possible payment of Basic Allowance for Quarters in your behalf, based on the service of your son, Domenic Carollo, an enlisted member of the U. S. Coast Guard.

In connection with this application, it will be necessary that you complete the inclosed affidavit, where it has been checked, and promptly return it to the Chief, Dependents Allowance Section, U. S. Coast Guard Headquarters, Washington 25, D. C., in order that further action may be taken.

A self-addressed envelope is inclosed herewith for your convenience in making reply.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, USCG
Chief, Military Morale Division

Incls:
(1) Affidavit
(2) Self-addressed envelope

JUL 27 1951

PMM
1 August, 1951
P7
(214-599)

Mrs. Angela Carollo
625 East Main Street
Iron Mountain, Michigan

Dear Madam:

Reference is made to the dependency affidavit recently received from you for the possible payment of a basic allowance for quarters in your behalf based on the application filed by your son, Domenic Carollo, an enlisted member of the U. S. Coast Guard.

In connection with this application, it will be necessary that you furnished the Chief, Dependents Allowance Section, U. S. Coast Guard Headquarters, Washington 25, D. C., with an itemized list of your monthly expenses.

A self-addressed envelope which requires no postage is inclosed herewith for your convenience in making reply.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, USCG
Chief, Military Morale Division

Incl: Self-addressed envelope

PENDING FILES MLH

UNITED STATES COAST GUARD

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

PMM
1 August, 1951
FILE: P7
(214-599)

Mrs. Angela Carollo
625 East Main Street
Iron Mountain, Michigan

Dear Madam:

Reference is made to the dependency affidavit recently received from you for the possible payment of a basic allowance for quarters in your behalf based on the application filed by your son, Domenic Carollo, an enlisted member of the U. S. Coast Guard.

In connection with this application, it will be necessary that you furnished the Chief, Dependents Allowance Section, U. S. Coast Guard Headquarters, Washington 25, D. C., with an itemized list of your monthly expenses.

A self-addressed envelope which requires no postage is inclosed herewith for your convenience in making reply.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, USCG
Chief, Military Morale Division

Incl: Self-addressed envelope

Monthly expenses

Food - about $30
Water bill - average $2.25
Light - average - $3.00
Taxes about $36. yearly - monthly $3.00
Clothing about $10. monthly
Church $1. monthly
Insurance $3. monthly
Misc. $10.
Coal and wood $15. a month - average

Total $80.25

AUG 9 1951

PS
1 August 1952
P7
(214-599)

Mrs Angela Carollo
625 East Main Street
Iron Mountain, Michigan

Dear Madam:

Reference is made to the dependency affidavit recently received from you for the continuation of payment of a Basic Allowance for Quarters in your behalf based on the service of your son, Domenic Carollo, an enlisted member of the U. S. Coast Guard.

This is to inform you that unless the enclosed affidavit is excuted by you, allowances in your behalf will terminate as of 31 July 1952. Every question must be fully answered, and the form returned to this office without further delay.

A self-addressed envelope is enclosed herewith for your convenience in making reply.

By direction of the Commandant.

Very truly yours,

R. J. BORROMEY
Captain, USCG
Special Services Division

Encl: Self-addressed envelope ✓

REDET FILES LAS

UNITED STATES COAST GUARD

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

PS
11 July 1952
FILE: P7

Mrs. Angela Carollo
625 East Main Street
Iron Mountain, Michigan

Dear Madam: RE: CAROLLO, Domenic (n) (214-599) BMC

Your son, who is a member of the Coast Guard, has been receiving a quarters allowance during the past year, based upon his contributions for your support. Before a determination can be made approving a continuance of this allowance, it will be necessary for you to complete the attached affidavit and execute it before a notary public.

Please complete this affidavit in every detail, and return it to this office as soon as possible. All blanks must be completed or your affidavit cannot be considered.

Note that if this allowance is continued, it will be paid to you, by allotment, as in the past.

Please state the complete facts concerning your personal income, and the monthly contributions made by your son for your support, so that a redetermination may be made on this claim without delay.

Non-receipt of this affidavit within 30 days from the above date may result in allotment checks being withheld.

By direction of the Commandant.

Very truly yours,

R. J. Borromey

R. J. BORROMEY
Captain, USCG
Special Services Division
[illegible] Section

JUL 28 1952

Encl: Self-addressed envelope

Dear Sirs:
As I will be 65, Oct 6, 1952, I am planning to apply for old-age assistance and then will no longer be a dependent to my son Domenic. Hope this allotment can continue until then. Sincerely Angela Carollo

UNITED STATES COAST GUARD

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

PS
11 July 1952
FILE: P7

Mrs. Angela Carollo
625 East Main Street
Iron Mountain, Michigan

Dear Madam: RE: CAROLLO, Domenic (n) (214-599) BMC

Your son, who is a member of the Coast Guard, has been receiving a quarters allowance during the past year, based upon his contributions for your support. Before a determination can be made approving a continuance of this allowance, it will be necessary for you to complete the attached affidavit and execute it before a notary public.

Please complete this affidavit in every detail, and return it to this office as soon as possible. All blanks must be completed or your affidavit cannot be considered.

Note that if this allowance is continued, it will be paid to you, by allotment, as in the past.

Please state the complete facts concerning your personal income, and the monthly contributions made by your son for your support, so that a redetermination may be made on this claim without delay.

Non-receipt of this affidavit within 30 days from the above date may result in allotment checks being withheld.

By direction of the Commandant.

Very truly yours,

R. J. BORROMEY
Captain, USCG
Special Services Division
Chief, Dependents Allowance Section

Encl: Self-addressed envelope

REDET DRAWER MLH

PS
17 September 1952
P7

From: Commandant
To: Commander, 5th Coast Guard District (f)

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); BAQ, denial of

1. Reference is made to Headquarters' endorsement to subject man's application for BAQ on account of his dependent mother.

2. The Commandant has made a redetermination of subject man's entitlement to a credit of BAQ on account of a dependent parent, and it is hereby determined that subject man's mother is not, in fact, still dependent upon the enlisted man for her chief support.

3. Headquarters' endorsement of approval is hereby amended effective 1 August 1952, and credit of BAQ for wife and one child only is authorized from that date.

4. Further instructions concerning stoppage of "Q" allotment will be forthcoming from the Commandant (FA).

R. J. BORROMEY
By direction

CC: Hunger, Sta 6-7

approval ~~PENDING~~ FIFS MLH

CAROLLO, Domenic (n) (214-599) BMC(AN)

MOTHER - ANGELA CAROLLO - $50.00

REDETERMINED - DENIED - NO LONGER

CHIFF SUPPORT AS OF 7/31/52

F.A.: Class "A" (W) and "B-1" (M) 11/47 - 9/49.

M/c 10/18/47 (MONICA KATHERINE GODFREY) SHEBOYGAN, Wisc

DC EM PREVIOUSLY MARRIED TO GERTRUDE OLSEN 1/17/43.
MARRIAGE DISSOLVED by her death 9/30/46.

BAQ CLASS	DATE AUTH.	ANNUAL REDET.	DATE CANCELLED	REASON
(M) (W)(LC-1)	5/1/51		BC	~~BIRTH~~ 8/9/50 (MONICA [illegible] CARROLL) EM CHIEF SUPPORT of MOTHER
(M) (W)(LC-1)			7/31/52	MOTHER DENIED ON ANNUAL REDET. MOTHER NO LONGER DEPENDENT
(W)(LC-1)	8/1/52			
(W)(LC-2)	7/21/52	CORRECTED APPLICATION - TO INCLUDE LC-2	BC	→ B/c 7/21/52 (ANGELA J. CAROLLO)
(W)(LC-2)			5/30/56	Entered P.Q. 6/1/56 CNL

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: SUPPLEMENT Disability

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)

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE

FROM: VARO # 30
342 North Water Street
Milwaukee, WI 53202

5B. ORIGINATING UNIT: Adjudication 213

6. CLAIM NO.: C- 21 481 336

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): CAROLLO, Domenic

9. ALL SERVICE NOS.: 214 599

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
January 2, 1912	Iron Mountain, 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	October 31, 1936	June 1, 1960	Hon. Retired	B M C - USCG
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	Cronic Lymphotic			
B	Lukemia	None	Shown	
C				

21. ADDITIONAL INFORMATION REQUESTED

Please furnish the following information:
Rank or pay grade, basic pay and length of service.

22. DATE: AUGUST 18, 1966

23. SIGNATURE AND TITLE OF VA OFFICIAL: R. J. BALIMAN, Adjudication Officer, IS:sl

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

[ ] AVAILABLE REQUESTED RECORDS FORWARDED
[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT
[ ] ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

BMC (AN) (E-7)
Over 23 years
Basic Pay: $ 469.80

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	Sep 8 1966	E Emery
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

VA FORM JULY 1957 07-3101

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

3061 CG 66551

13

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: SUPP'L ~~ORIGINAL~~ DISability

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

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

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

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: VARO 3030-
342 North Water Street
Milwaukee, WI 53202

5B. ORIGINATING UNIT: Adj-215

6. CLAIM NO.: C-21 481 336

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): CAROLLO, DOMENIC

9. ALL SERVICE NOS.: 214 599

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
1-2-12	Iron Mountain, 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.	11-06-36	6-01-60	Retired	BMC (AN) USCG
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

Charles H. Seiden

22. DATE: 10-20-66

23. SIGNATURE AND TITLE OF VA OFFICIAL: CHARLES H. SEIDEN, Acting Adjudication Officer MM

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

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

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS	✓		CLINICAL RECORDS			SERVICE INFORMATION		
PHYSICAL EXAMINATIONS AT ENTRANCE		✓	X-RAYS					
PHYSICAL EXAMINATIONS AT SEPARATION		✓	DENTAL RECORDS			MEDICAL RECORDS	DATE 11-17-66	SIGNATURE AND TITLE AW M Patten
			MEDICAL RECORDS					
			OTHER RECORDS					

V A FORM JULY 1957 07-3101

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

2

Domenic Carollo
2778 S. Lenox St
Milw 7, Wis.

FILED
PE-82

From: CAROLLO, DOMENIC (214-599) BMC(AW) RETIRED
To : COMMANDANT WASHINGTON 25 D.C.
SUBJ : CHANGE OF ADDRESS

1. It is requested that my address be changed from - Domenic Carollo
625 E. Main St
Iron Mountain, Mich

To my new permanent address
Domenic Carollo
2778 S. LENOX ST.
Milwaukee 7, Wis.

Would you please have my check and correspondence sent to the new address.

Add ch 9-12-60

Domenic Carollo

file 3-13
9-12-60
PE72

UNITED STATES COAST GUARD
Washington 25, D. C.

From: Commandant
To: CAROLLO, Domenic (214-599) BMC(AN), USCG; Retired
625 E. Main Street, Iron Mountain, Michigan
Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 04054 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) PUT NO OTHER DATA ON THE CARD ITSELF.

A. E. McLane
A. E. McLANE
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-1

From: Domenic Carollo (214-599) BMC (AN) USCG Retired
To: Commandant

Card returned for validating and completion.

Domenic Carollo
Signature

IND-2

From: Commandant
To: CAROLLO, Domenic (214-599) BMC(AN), USCG; Retired

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandant together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.)

A. E. McLane
A. E. McLANE
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-3

From: Domenic Carollo (BMC599) BMC USCG Retired
To: Commandant

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence. My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).

Domenic Carollo
Signature

issue card.

Card No. 04054
1st IND Mailed 8-11-60
Completed card Mailed 9-1-60

PE-3
MM
8 August 1960

From: Commandant
To: CAROLLO, Domenic (214-599) BMC(AN), USCG; Retired
625 E. Main Street, Iron Mountain, Michigan

Subj: Photograph for Retired Identification Card

1. Receipt is acknowledged of the DD Form 1172 in connection with the issuance of a Retired Identification Card; however, no photograph was forwarded with this form.

2. It is, therefore, requested that you forward to Headquarters a photograph of yourself 1" x 1 5/16" in size, full face, uncovered, plain white background.

3. A self-addressed envelope is enclosed for your convenience.

A. E. McLANE
By direction

Encl: (1) Self-addressed envelope

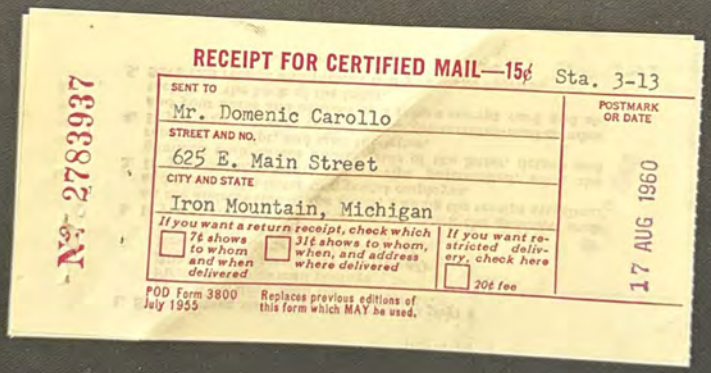
make Sloff.
Reg Picture

Carollo, Domenic
625 E Main St.
Iron Mountain, Michigan

BMC.1
214-599

Eyes Brown
Hair Brown
Birth - 1-2-12
Height 5'-11"
Weight 180

Card No. 0405-4
1st IND Mailed 8-17-60
Completed card Mailed



RECEIPT FOR CERTIFIED MAIL—15¢ Sta. 3-13

No. 2783937

SENT TO
Mr. Domenic Carollo

STREET AND NO.
625 E. Main Street

CITY AND STATE
Iron Mountain, Michigan

POSTMARK OR DATE
17 AUG 1960

If you want a return receipt, check which
☐ 7¢ shows to whom and when delivered
☐ 31¢ shows to whom, when, and address where delivered

If you want restricted delivery, check here
☐ 20¢ fee

POD Form 3800 July 1955 Replaces previous editions of this form which MAY be used.

CG 66551 89-7yr

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER: HOME / OFFICE
CAROLLO, Domenic	2778 S. Lenox St, Milwaukee, Wis. 53207	

4. STATUS	5. GRADE-RATE-RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	BMC	USCG	214 599

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box.)
6-1-60	☐ ORIGINAL CARD(S) ☒ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 18 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
CAROLLO, Monica K.	Wife	Blue	Brown	T, C, BU, MC(US)	NT 977,571
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	a. DATE ISSUED
2778 S. Lenox St. Milwaukee, Wis. 53207	8-15-16	5'7"	155	l. EXPIRATION DATE: 6 years from issue date	26 Aug 64
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	a. DATE ISSUED
				l. EXPIRATION DATE	
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	a. DATE ISSUED
				l. EXPIRATION DATE	
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	a. DATE ISSUED
				l. EXPIRATION DATE	
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	a. DATE ISSUED
				l. EXPIRATION DATE	
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	a. DATE ISSUED
				l. EXPIRATION DATE	

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	26 Aug 64	X Monica K. Carollo

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. ☒ Lawful marriage to the spouse named took place at Sheboygan, Wis. (Sheboygan) (PLACE) on 10-18-47 (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] Abbreviated Privileges, i.e., C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 MAR 61 1172 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. — 3ND-P&PO 8754

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitmate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE - Section II.- In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331 - 1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in sub-section 101(E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

18. REMARKS

Dist CG 002,882

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. Penalty for presenting false claims or making false statements in connection with claims; fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
July 12, 1966	Domenic Carollo

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS & PRIVILEGES TO WHICH ENTITLED, EFFECTIVE & EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SEC II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
Commandant (PS-2) U. S. COAST GUARD HQTRS. WASHINGTON, D. C. 20226	D. S. MAC KENZIE, LT, USCG Chief, Discipline Branch	D. S. MacKenzie

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
USNTC, GLAKES, ILLINOIS	M. H. MOREY, LCDR, USN DIR. PAYMENTS DEPT. BY DIRECTION OF CO	

3ND-P&PO 8754

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. 57907 ~~44187~~ Blood Type "O" negative

Issued 3-25-52

CONTENTS CHECKED FOR ACCURACY

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

ENLISTED PERSONNEL DATA CARD

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
CAROLLO	Domenic	(n)	214-599	BMC(AN)	09-200860 Grand Marais LBS

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
3-25-52	6	3-24-58	- - -	- - -	- - -	3-25-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
1-2-12	CAU	W3DC	~~Sheboygan, Wis.~~ Grand Marais, Mich.	Sheboygan Wisconsin	- - -	Wisconsin

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION	CODING SPACE
HS4	None	Laborer	
		22. SPECIAL SKILLS, LICENSES, ETC. None	

23. TEST SCORES

GCT	MA	EK	CA	SP
None	None	None	None	None

AR	READ	MK	PI
None	None	None	None

24. EXPERIENCE (Months)

WITHIN CLUS: ASHORE _____ AFLOAT _____

OUTSIDE CLUS: ASHORE _____ AFLOAT _____

25. SERVICE PRIOR TO THIS ENLISTMENT

a. BRANCH USCG

b. ACTIVE SERVICE 15 YRS. 04 MOS. 19 DAYS

c. OTHER SERVICE - YRS. - MOS. - DAYS

d. TOTAL NET SERVICE FOR PAY - YRS. - MOS. - DAYS

26. SERVICE FOR BASIC PAY COMP. 18 YRS. ON 11-5-55

27. SERVICE FOR RETIREMENT COMP. 18 YRS. ON 11-5-55

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED: AtoN School Groton, Conn. 21 weeks 7-1-46

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE	REMARKS
BMC(AN)	PERM.	prior 3-25-52	

32. RPTD DIST. 2-21-54

33. RPTD UNIT ~~11-18-56~~

CG-3281 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
CAROLLO	Domenic	(n)	214-599	BMC(AN)	09-200860 Grand Marais LBS

16-00506-1

REMINGTON RAND INC., N Y U S 391-14036-'52

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. 57907 ~~42287~~ Blood Type "O" negative

Issued 5-25-52

CONTENTS CHECKED FOR ACCURACY

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

DATE	STATION	BY (NAME AND GRADE)	INITIALS
8-22-53	MARINE INSPECTION OFFICE, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT	
9-14-53	OCCG-09, Cleveland	EARL ELDER, CSCLK By dr.	
9-16-53	CG Base, Milwaukee, Wisconsin	J.W. DODSON, LT, USCG, CO	
1-2-54	CG Base, Milwaukee, Wisconsin	J.W. DODSON, LT. USCG	
JAN 29 1954	CG BASE, SEATTLE, WN.	T. D. GOOLSBY, CHSCLK, USCG Personnel Officer	
2/22/54	CG BASE, SEATTLE, WN.		
2/27/54	USCGC SWEETBRIER (WAGL-405) KETCHIKAN, ALASKA		
2-28-56	CGC SWEETBRIER (WAGL-405)	D. G. VAWTER, LT. XO	
EB 29 1956	Coast Guard Base Ketchikan, Alaska	R.H. HAGADORN, LCDR, USCG, XO	
2 1956	Coast Guard Base Ketchikan, Alaska	H.H. ALLISTER, Lt, USCG, XO	
4-18-56	OCCGD9, Cleveland, Ohio	A.M. ALLISTER, Lt, USCG, XO	
4-21-56	GRP MARQ. MICH.	W.H. HEIL, LTJG, USCGR, BY DIR	
3-24-58	GRP MARQ. MICH.	JOHN KINNUNEN, W-2, CO	
		M. F. CRAMER, CWO, USN 2	

H2 (PE)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

ENLISTMENT CONTRACT
U. S. COAST GUARD

TYPE OF ENLISTMENT (Check): X REGULAR | RESERVE

1. NAME (Last, first, middle)	2. RATE (Abbreviate)	3. SERVICE NO.
CAROLLO, Domenic (n)	BMC(AN)	214-599
4. PLACE OF BIRTH (City and State)	**5. DATE OF BIRTH**	**6. RELIGION**
Iron Mountain, Michigan	2 January 1912	Catholic

7. MARITAL STATUS (Married, single, widowed, divorced, separated)	8. CITIZENSHIP (Check or complete)					9. YEARS OF EDUCATION
					OTHER (Specify)	
Married	XX	NB		NZ		HS4

10. PERMANENT HOME ADDRESS (See instructions on reverse)
Grand Marais Lifeboat Station, Grand Marais, Alger, Michigan

PE-PR-37

11. DATE OF ENLISTMENT			12. NATURE OF ENLISTMENT (Check)				13. ENLISTED FOR (Number of years)	14. TEST SCORE
DAY	MONTH	YEAR		FIRST	XX	REENLISTMENT	THREE	UNK
25	March	1958	15. PRIOR SERVICE (Check)				16. ACCEPTED (City and State)	
			XX	YES		NO	Grand Marais, Michigan	

17. ENLISTED (Unit, city and State)	18. SEL. SERV. LOCAL BOARD NO. (City, county, State)	19. SEL. SERV. REGIS. NO.
Grand Marais LBSta,,Grand Marais, Michigan	- - - - - - - - - - -	- - - - -

20. DATE OF LAST ENLISTMENT			21. BRANCH OF SERV.	22. PRIOR ACT. DY.		23. TYPE OF DISCHARGE	24. DATE LAST DISCHARGED		
DAY	MONTH	YEAR		YEARS	MONTHS		DAY	MONTH	YEAR
25	March	1952	USCG	21	4½	HONORABLE	24	March	1958

25. PRIOR NET SERV. FOR PAY PURPOSES			26. DATE TRANS.			27. TRANSFERRED TO (Check and complete)				
YEARS	MONTHS	DAYS	DAY	MONTH	YR.	LOCATION	XX	FOR ACTIVE DUTY		FOR INACTIVE DUTY
21	4	1920	- -	- - -	- -	Retained on board enlisting unit.				

28. DESCRIPTION SSN: 368 - 40 - 4083

RACE (See Instructions)	SEX	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	COMPLEXION
Caucasian	Male	Hazel	Brown	71"	170	Fair

29. DISTINGUISHING MARKS AND SCARS
None

BT+ 0-

I am not drawing, nor have I a claim pending, on account of my own military 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 CHBOSN W-2, M. F. CRAMER 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 { (3) years from 25 March, 1958 / ~~during good conduct~~ until 24 March 1961 } 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.

RECORD OF EMERGENCY DATA

See instructions on rev.

1. DESIGNATOR'S LAST NAME - FIRST - MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC(AN)	2 Jan 12	CATHOLIC

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Grand Marais Lifeboat Station Grand Marais, Michigan	XX YES ☐ NO 21 Years	- - -
		9. SOCIAL SECURITY NO. # 368 - 40 - 4083

FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica K. Carollo (Wife)	Grand Marais LBSta, Grand Marais, Michigan

11. NAME OF CHILDREN	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Monica Grace Carollo	Same as wife		X	F.	
Angela J. Carollo	"		X	F.	
Mary K. Carollo	"		X	F.	

12. FATHER Anton Carollo (deceased)	ADDRESS ------
13. MOTHER Angela Carollo	ADDRESS 625 E. Main St., Iron Mountain, Michigan
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Catherine Campra (Sister)	ADDRESS 525 E. Main St., Iron Mountain, Michigan

14a. ALL PERSONS RECEIVING MORE THAN 50% OF THEIR SUPPORT FROM ME - (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
- - -			

15. PERSON(S) NAMED ABOVE WHO ARE TO BE NOTIFIED DUE TO ILL HEALTH Monica K. Carollo (Wife)	ADDRESS Grand Marais LBSta, Grand Marais, Michigan

DESIGNATIONS

	FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD (REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 828 - 84th CONGRESS)	Angela Carollo	See Block #13	Mother
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 167, 84th Congress) PERCENTAGE OF SHARES MUST TOTAL 100 PERCENT — 100 %	Monica K. Carollo	Same as Block # 10	Wife
— %			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO REQUEST SAME — PERCENT OF PAY EACH NO. — 100	Monica K. Carollo	"	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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
-	-	-

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG, Grand MaraissLifeboat Station, Grand Marais, Michigan	25 March 1958

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. F. Cramer M. F. CRAMER, CHBOSN W-2, USCG, CO	Domenic Carollo Domenic Carollo

DD FORM 93-1 PREVIOUS EDITIONS ARE OBSOLETE

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
CAROLLO, Domenic (n)	214-599	BMC(AN)	16 SEPT 50

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - Coast Guard	Iron Mountain, Iron, Michigan		2	JAN	12

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
CAUCASIAN	Male	Brown	Hazel	71"	170	X YES ☐ NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School - 4	Academic

PE-PR-37

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Discharged	Grand Marais Lifeboat Sta., Grand Marais, Mich.

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
EE - Sec 12-3-42 A (1) CG Regulations, Code 202		24	MAR	58

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
Grand Marais LBSta, Grand Marais, Michigan	HONORABLE	HONORABLE

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
- - - - - - -	- - - - - - - - - - - - - - - -	- -	- - - - -	-

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

"Not Applicable"

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION DAY	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
- -	- - - - -	- -	☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) X REENLISTED ☐ OTHER:	SIX	25	MAR	52

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
FIFTH	BMC(AN)	Baltimore, Maryland

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)

625 E. Main St, Iron Mountain, Iron, Mich.

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	06	00	00
	(2) OTHER SERVICE ✓	15	04	19 20
	(3) TOTAL (Line (1) + line (2)) ✓	21	04	19 20
b. TOTAL ACTIVE SERVICE ✓		21	04	19 20
c. FOREIGN AND/OR SEA SERVICE		01	00	00

25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
- - - - -	- - - - - - - -

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

NATIONAL DEFENSE SERVICE MEDAL - - - - -

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

None

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
U. S. Naval Firefighters School, Manchester, Washington	2-18-54/2-19-54	Firefighting

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

- - -

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☐ YES X NO	-	-

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
"Not Applicable"	C. "NA"

AUTHENTICATION

32. REMARKS

RECOMMENDED FOR REENLISTMENT
Reenlisted for a period of THREE (3) years on 25 March 1958 at Grand Marais Lifeboat Station, Grand Marais, Michigan.
Previously received Mustering Out Payment.
X X X

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)			DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT
ENLISTMENT	INDUCTION	REENLISTMENT	25 March 1958
XX			
LOCATION (City and state)			PERIOD OF ENLISTMENT OR REENLISTMENT
Grand Marais, Michigan			THREE (3) Years

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
24 March 1958	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	
6	0	0	21	4	19	None

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
26 March 1952	ONE

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)

(SEE REVERSE SIDE)

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		NAME OF A.C.O.	
Grand Marais Lifeboat Station 09-200860			
C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE	
256-58	M. F. CRAMER, CHBOSN W-2, USCG, CO	M. F. Cramer	
NAME (Last, first, middle)		SERVICE NO.	RATE
CAROLLO, Domenic (n)		214-599	BMC(AN)

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, Domenic Carollo (214-599) BMC(AN), USCG, having reenlisted in the Regular Coast Guard on 25 March 1958 for a period of THREE (3) years, being eligible to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under Section 207 of the Careeb Compensation Act of 1949, as amended."

Domenic Carollo
Domenic Carollo

It has been determined from the records available at this unit, that this is the SECOND reenlistment or extension of enlistmnet, in the case of subject-named man, for which the reenlisamtment bonus is payable under the provisions of Section 207 of the Career Compensation Act of 1949, as amended; that he has TWENTY-ONE years, FOUR months and NINETEEN days active Federal service to date of this reenlistment or extension of enlistment, as distingushed from creditable service for basic pay; that he has received previous payment of reenlistmast bonus on the dates and in the amount as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT
25 March 1952	$360.00

M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

3/25/58
PD REEN BONUS SEC 207 CCA 1949, REEN FOR A TOTAL OF (3) YEARS, $90.00

M. D. Hickman
M. D. HICKMAN, CHSPCK, W-2, USCG
ACO, 9th COAST GUARD DISTRICT

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

SAR

DISPOSITION DATA

Grand Marais LBSta, Grand Marais, Michigan (Ship or station) (Location) On 24 March 1958 (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 [X] Continued on active duty

Normal date of expiration of enlistment 24 (Day) March (Month) 1958 (Year)

Reason Expiration of Enlistment **Type discharge certificate** HONORABLE

Authority: Section 12-3-42 A (1) CG Regularions

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Baltimore, Maryland (Place) ON 25 March 1952 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from Baltimore, Maryland (Place) ON 25 March 1952 (Date)

Home address at time of enlistment, induction, or order to active duty 625 E. Main Street, Iron Mountain, Michigan

PE-PR-37

TRAVEL DATA

I hereby elect travel allowance to Baltimore, Maryland (Location)

Place of PAFE (See travel instructions)

SIGNATURE Domenic (n) Carollo

Domenic (n) Carollo

MISCELLANEOUS DATA

[X] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) 60 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter clearage for ____ Days excess leave From ____ To ____

Completed 18 years service for pay purposes on 6 November 1954 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS RECOMMENDED FOR REENLISTMENT
FINAL AVERAGE OF PERFORMANCE OF DUTY MARKS: PIR 3.68, COND 4.0
SURRENDERED ARMED FORCES IDENTIFICATION CARD, DD2CG, # 57907
NOT ENTITLED TO MOP.

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.
M. F. CRAMER	CHBOSN W-2, Commanding Officer	254-58

DISBURSING DATA

Travel allowance credited, $ 61.26 Cash settlement for unused accrued leave (60 days) $ 725.40

NAME OF A. C. O. N. D. HICKMAN

Computation:

DUE AT DISCHARGE, $ XXX

PERSONAL FUNDS, $ XXX

GRATUITY CREDITED, $ XXX

Ship or station OC9CGD CLEVELAND, OHIO

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

Edition of 4-52 may be used

16—66654-2

S/R

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	1600	3 October 1957
LEAVE OR LIBERTY EXPIRED	0800	8 October 1957
RETURNED TO COAST GUARD JURISDICTION	0700	8 October 1957

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: XXXXXXXXXXXXXXXXXX IS COMPLETED

EFFECTIVE FOR ITEM _____ (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	M. F. CRAMER	CHBOSN W-2, Grp Commander	68-58

SHIP OR STATION	NAME OF A. C. O.
Grand Marais LBSta, Grand Marais, Michigan	

NAME (*Last*) (*First*) (*Middle*)	SERVICE NO.	RATE
CAROLLO, Domenic (n)	214-599	BMC(AN)

INDIVIDUAL ORDER TO ADJUST PAY RECORD 10—69873-1 PAGE 12 5

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	1000	11-21-56
LEAVE OR LIBERTY EXPIRED	0900	11-27-56
RETURNED TO COAST GUARD JURISDICTION	1720	11-26-56

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

NUMBER DAYS CHARGED TO LEAVE RECORD five (5)

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 WHEN ITEM IS COMPLETED

EFFECTIVE FOR ITEM	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
one (1) (*Number*)	JOHN KINNUNEN	CHBOSN W-2, Grp Cdr	38-57

SHIP OR STATION	NAME OF A. C. O.
GRAND MARAIS LIFEBOAT STATION, GRAND MARAIS, MICH	

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

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:

2-29-56 Transferred this date at 1630, to CG Base Ketchikan, Alaska for temporary duty awaiting the sailing of the Canadian Steamship from Ketchikan, Alaska to Seattle, Washington for further transfer to Commander, 9th CG District, Cleveland, Ohio.
AUTH: CCGD17(p) Order No. 514593 dtd 12-21-55.

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 8 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	H. H. HAGADORN	LCDR, USCG, XO.	71-56

SHIP OR STATION: CGC SWEETBRIER (WAGL-405) Ketchikan, Alaska

NAME OF A. C. O.:

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	BMC

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		

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

NUMBER DAYS CHARGED TO LEAVE RECORD _____

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	18	0	0
NET SERVICE OF	18	0	0

ON 6 November 1954 (*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 3 (*Number*) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	R. H. HAGADORN,	LCDR, USCG, XO.	165-55

SHIP OR STATION	NAME OF A. C. O.
CGC SWEETBRIER (WAGL-405)	

NAME (*Last*) (*First*) (*Middle*)	SERVICE NO.	RATE
CAROLLO, Domenic (n)	214-599	BMC

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 12

period, if any, excused as unavoidable

☐ ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

☐ WITHOUT LEAVE, not excused as unavoidable

☐ ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

☐ ON SICK LEAVE, AOL period, if any, not excused as unavoidable

☐ OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	1500	1/2/55
LEAVE OR LIBERTY EXPIRED	1100	1/7/55
RETURNED TO COAST GUARD JURISDICTION		

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

NUMBER DAYS CHARGED TO LEAVE RECORD FOUR (4) ALL LEAVE TAKEN IN ALASKA

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. 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 ONE ONLY (Number)	SIGNATURE R. H. HAGADORN	GRADE AND TITLE LCDR, XO, ByDir	C. O. ORDER NO. 104-55
SHIP OR STATION CGC SWEETBRIER (WAGL-405)		NAME OF A. C. O.	

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
CAROLLO DOMENIC (h)	214-599	BMC(AN)

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP MARQUETTE, MICHIGAN (ADMIN)

21 April 1956 - Assigned to duty as Officer in Charge at Grand Marais Lifeboat Station, Grand Marais, Michigan.

John Kinnunen
JOHN KINNUNEN, CHBOSN, W-2, USCG
CMDR, CG GRP MARQUETTE, MICHIGAN

1 August 1957 - Section 137 UCMJ complied with this date.

H. H. Rohr
H. H. ROHR, CHBOSN, W-2, USCG, CO

1 August 1957 - Given course of instruction in "Code of Conduct for Members of the Armed Forces of the U. S." as prescribed in COMDT INSTR # 2-56.

H. H. Rohr
H. H. ROHR, CHBOSN, W-2, USCG, CO

17 December 1958 - Reenlistment Interview held. CAROLLO states intention of reenlisting for a period of THREE (3) years.

M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

24 March 1958 - RECOMMENDED FOR REENLISTMENT. Entitled to the NATIONAL DEFENSE SERVICE MEDAL.

M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

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.
CAROLLO	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP MARQUETTE, MICHIGAN (ADMIN)

21 April 1956 - Assigned to duty as Officer in Charge at Grand Marais Lifeboat Station, Grand Marais, Michigan.

JOHN KINNUNEN, CHBOSN, W-2, USCG
CMDR, CG GRP MARQUETTE, MICHIGAN

1 August 1957 - Section 137 UCMJ complied with this date.

H. H. ROHR, CHBOSN, W-2, USCG, CO

1 August 1957 - Given course of instruction in "Code of Conduct for Members of the Armed Forces of the U. S." as prescribed in COMDT INSTR # 2-56.

H. H. ROHR, CHBOSN, W-2, USCG, CO

17 December 1958 - Reenlistment Interview held. CAROLLO states intention of reenlisting for a period of THREE (3) years.

M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

24 March 1958 - RECOMMENDED FOR REENLISTMENT. Entitled to the NATIONAL DEFENSE SERVICE MEDAL.

M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

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.
CAROLLO	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CGC SWEETBRIER (WAGL-405) Ketchikan, Alaska

2-29-56 Transferred this date at 1630, to CG Base, Ketchikan, Alaska for temporary duty awaiting the sailing of the Canadian Steamship from Ketchikan, Alaska to Seattle, Washington for further transfer to Commander, 9th CG District, Cleveland, Ohio.
AUTH: CCGD17(p) Order No. 514593 dtd 12-21-55.
Served on board this vessel outside the CONLUS for a period of 2 years, oo months, and 1 day.

R. H. Hagadorn
R. H. HAGADORN
By direction

BASE KETch.

29 FEBRUARY 1956 - Reported 1000U for Temporary Duty and for furhter transfer to CG Base, Seattle, Washington for Temporary Duty and further transfer to the Commander, Ninth CG District for assignment to duty. (TONO 514593).

H. McAllister
H. McALLISTER, LT., USCG
Executive Officer

MAR 2 1956 - Transferred to CG Base, Seattle, Washington for Temporary Duty and for further transfer to the Commander, Ninth CG District for Assignment to Duty.

H. McAllister
H. McALLISTER, LT., USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
	CCGD17(p) Order No. 514595 dtd 21 December, 1955		
RATE: BMC	DATE OF RATE: 8-16-50	SIGNATURE: R. H. HAGADORN	GRADE AND TITLE: LCDR, USCG, Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

GRP Seattle:
2200 hours. No marks adverse to the character of discipline. Rptd 5 March 1956 Dptd 0915, 6 March 1956 Attached less than 48

R. J. MOHR, CHSCLK, W-3, USCG
Personnel Officer

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
Grand Marais LES	4/21/56	JOHN KINNUNEN, CHBOSN, W-2, CDR, CG GRP MARQ. MICH.

NAME (Last)	(First)	(Middle)	SERVICE NO.
CAROLLO,	Domenic	(n)	214-599

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG Base, Milwaukee, Wisconsin

CG BASE, Seattle, Washington
22 February, 1954 - Transferred to CG-95301, Seattle, Washington, FFT SWEETBRIER (WAGL-405), Ketchikan, Alaska for assignment to duty.

J. D. GOOLSBY, CHSLK, USCG,
PERSONNEL OFFICER.

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
2 January 1954	TA 514951		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
BMC(AN)	2-20-43	J. W. Dodson	Lieutenant, Commanding Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):
CG BASE, Seattle, Wn. - Rptd 1200 fm CO, CGB, Milwaukee, Wisconsin, upon comp of 14LV, 29 January 1954 09TT & 04PT FASTD FFT to C17CGD FASD.

J. D. GOOLSBY, CHSCLK, PO, USCG

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)	
SWEETBRIER (WAGL-405)	2-27-54	D. G. VAWTER, LT, XO	
NAME (Last)	**(First)**	**(Middle)**	**SERVICE NO.**
CAROLLO	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG Marine Inspection Office, Baltimore, Md.

9-19-52
Served outside CONLUS on or after 27 June 1950, on the CGC INGHAM (6-12-51 to 2-18-52).

Harry A. Walker
HARRY A. WALKER, CDR., USCG
Acting OCMI, Baltimore, Md.

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
22 August 1953	ORDER NO. 1465-53; HQ/ltr(PE-2)dtd 6-17-53 file MM/P16-3/5 & C5CGD/ltr dtd 6-23-53 file GD5/MM/P16-4/1 & 162035Z		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
BMC(AN)	8-16-50	Alfred W. Kabernagel	ALFRED W. KABERNAGEL, CAPT, OCMI

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

Rptd OCCGD9 9-12-53 for fasdu. Dptd 9-14-53 enroute Milwaukee Base.

EARL ELDER
By direction

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CG Base, Milw, Wis.	9-16-53	J. W. DODSON, LT, USCG, CO

NAME (Last)	(First)	(Middle)	SERVICE NO.
CAROLLO,	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

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
*9-30-55	RQM	BMCAN	3.7	3.8	4.0	SWEETBRIER (WAGL-405)	L. J. CLARK, LCDR, CO.
12-31-55	RQM EQM	BMCAN	3.7	3.8	4.0	SWEETBRIER (WAGL-405)	L. J. CLARK, LCDR, CO.
2-28-56	TRANS	BMCAN	3.7	3.8	4.0	SWEETBRIER (WAGL-405)	L. J. CLARK, LCDR, CO.
MAR 2 1956	TRANS	BMCAN	PIT	PIT	4.0	Coast Guard Base Ketchikan, Alaska	L.G.HAVERLAND,CDR,USCG,CO
*3-31-56	RQM	BMC(AN)	3.7	3.8	4.0	OCCGD9,Cleveland,O.	W.H.HEIL,LTJG,USCGR,ByDir.
4-18-56	TRAN	BMC(AN)	PIT	PIT	4.0	OCCGD9,Cleveland,O.	W.H.HEIL,LTJG,USCGR,ByDir.
*30 June 56	EQM	BMC(AN)	3.6	3.6	4.0	GRP MARQ. MICH.	JOHN KINNUNEN, CHBOSN, CO
*30 Sept 56	EQM	BMC(AN)	3.7	3.6	4.0	GRP MARQ. MICH	JOHN KINNUNEN,CHBOSN,CO
30 Sept 56	ADAPTABILITY FOR WARRANT GRADE: 3.5 GRP MARQ. MICH						JOHN KINNUNEN,CHBOSN,CO
*31 Dec 56	EQM	BMC(AN)	3.7	3.7	4.0	GRP MARQ. MICH	JOHN KINNUNEN,CHBOSN CO
*31 Mar 57	EQM	BMC(AN)	3.7	3.7	4.0	GRP MARQ MICH	JOHN KINNUNEN,CHBOSN CO
31 MAR 57	ADAPTABILITY FOR WARRANT GRADE: 3.5 GRP MARQ MICH						JOHN KINNUNEN,CHBOSN,CO
*30 Jun 57	EQM	BMC(AN)	3.7	3.7	4.0	GRP MARQ MICH	JOHN KINNUNEN,CHBOSN,CO
5 SEP 57	Det of CO	BMC (AN)	3.7	3.7	4.0	Coast Guard Group Marquette, Michigan	H. H. ROHR, CWO-2, USCG Commanding Officer
*30 SEP 57	EQM	BMC (AN)	3.6	3.6	4.0	Grand Marais LBSta. CG Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
*31 JAN 58	RQM	BMC (AN)	3.6	3.6	4.0	Grand Marais LBSta. CG Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
24 MAR 58	DISC-HARGE	BMC (AN)	3.6	3.6	4.0	Grand Marais LBSta. CG Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
24 MAR 58	AFWG		3.5			Grand Marais LBSta. CG Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
Final Average			3.68	-	4.0	Grand Marais LBSta. CG Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer

NAME (Last) CAROLLO, (First) Domenic (Middle) N. | SERVICE NO. 214.599

MARKS

16—66852-1

		3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*9-30-52	RQM	BMC(AN)	3.7	3.7	4.0	Marine Inspection, Balto.	ALFRED W. KABERNAGEL, CAPT.
9-30-52 ADAPTABILITY FOR WARRANT GRADE 3.7						Mar. Insp. Office, Balto.	ALFRED W. KABERNAGEL, CAPT.
*12-31-52	RQM	BMC(AN)	3.7	3.7	4.0	MIO, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT.
* 3-31-53	RQM	BMC(AN)	3.7	3.8	4.0	MIO, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT.
3-31-53 ADAPTABILITY FOR WARRANT GRADE 3.8						MIO, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT.
*6-30-53	RQM	BMC(AN)	3.7	3.8	4.0	MIO, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT.
8-22-53	Trans	BMC(AN)	3.7	3.8	4.0	MIO, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT.
8-22-53 ADAPTABILITY FOR WARRANT GRADE 3.8						MIO, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT.
9-14-53	TRAN	BMC(AN)	PIT	PIT	4.0	OCCGD9 Cleve., O.	EARL ELDER, CHSCLK, Bydir.
*9-30-53	EQM RQM	BMCAN	3.7	3.8	4.0	CG Base, Milw. Wis.	J. W. DODSON, LT, GrpCdr.
9-30-53 ADAPTABILITY FOR WARRANT:					3.8	CG Base, Milw. Wis.	J. W. DODSON, LT, GrpCdr
*12-31-53	EQM RQM	BMC(AN)	3.7	3.8	4.0	CG Base, Milw. Wisc.	J. W. DODSON, LT, CO
1-2-54	TRANS	BMC(AN)	3.7 AFWG	3.8	4.0 3.8	CG Base, Milw. Wisc.	J. W. DODSON, LT, CO
22 Feb. 1954	TRANS	BMC(AN)	PIT	PIT	4.0	CG BASE, SEATTLE, WN.	D. P. BOOLSBY, CHSCLK, USCG Personnel Officer
3-31-54	EQM RQM*	BMCAN	3.6	3.7	4.0	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO
3-31-54	AFWG	BMCAN	3.8	-	-	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO
JUN 30 1954	RQM*	BMCAN	3.8	3.8	4.0	USCGC SWEETBRIER	L. J. GLATZ, LCDR, CO
9-30-54	RQM*	BMCAN	3.7	3.8	4.0	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO
9-30-54	AFWG	BMCAN	3.6	-	-	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO
* 12-31-54	RQM	BMCAN	3.7	3.8	4.0	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO
*31 MARCH 1955	RQM	BMCAN	3.7	3.8	4.0	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO
31 MAR 1955	AFWG	BMCAN	3.6	- -	- -	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO
* 30 JUN 55	RQM	BMCAN	3.7	3.8	4.0	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO.
30 JUN 55	AFWG	BMCAN	3.7	--	--	SWEETBRIER (WAGL-405)	L. J. GLATZ, LCDR, CO.

NAME (Last) CAROLLO, (First) Domenic (Middle) (n) SERVICE NO. 214-599

MARKS

16—66652-1

SERVICE RECORD

RECORD OF CAROLLO, Domenic (n) 214-599
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			REENL 3-25-52		
			MIO, Balto., Md.	2-19-52/s	/ALFRED W. KABERNAGE CAPT., USCG

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Waukegan Hbr. Lt. Station	CR fm BM1(AN) to BMC(AN) - Auth: Art.561(1),CG Regs. H/L PE-C-73, dtd 8/7/50	8/16/50	/s/ H. M. WARNER, CDR, Bydir.

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF CAROLLO, Domenic (n) 214-599
(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature
CG Training Center, Groton, Conn.	7-1-46	Successfully completed a 21 weeks course in Aids to Navigation. Awarded (AN) Designator	/s/ G. W. GENTNER By direction

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
3-24-52	BMC(AN)	3.7	3.6	3.6	3.6	4.0	MIO,Balto. Lloyd W. Taberner CAPT.,USCG
3-31-52	BMC(AN)	3.7	3.6	x	3.6	4.0	MIO,Balto. Lloyd W. Taberner CAPT.,USCG
6-30-52	BMC(AN)	3.7	3.8	x	3.7	4.0	MIO,Balto. Lloyd W. Taberner CAPT,USCG
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
Port Washington Brkw. Lt. Sta.	8-8-47	Awarded World War Victory and American Defense Medal: AUTH: Act of Congress 6 July, 1945 and General Order No. 10, CG Reg. /s/

16—9676-2

Marks.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 5 April 1957 — Credit brought forward from previous record 42 DAYS — AUTHENTICATED BY John Kinnunen JOHN KINNUNEN, CHBOSN CO

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
		05	K			37		
4-1-57	4-5-57	06	A			36	GRP MARQUETTE	John Kinnunen JOHN KINNUNEN, CHBOSN CO
2 Jun 57	8 Jun 57	07	A			30	GRP MARQ MICH	John Kinnunen JOHN KINNUNEN, CHBOSN CO
				ANCR 30 Jun 57	30	60	GRP MARQ MICH	John Kinnunen JOHN KINNUNEN, CHBOSN CO
4 OCT 57	7 OCT 57	4	A			56	Grand Marais Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
CR(DISCH)				24 MAR 58	22	60	Grand Marais Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
"Entitled to & elects to receive cash compensation for 60 days unused leave computed to date of discharge"							Grand Marais Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
CREDIT $ 225.40 .....ON CURRENT PAY RECORD, COMPENSATION FOR -60- .....DAYS "ACCRUED LEAVE" TO DATE OF DISCHARGE ON 3/24/58								
				H. D. HICKMAN, CHSPCK, W-2, USCG ACO, 9th COAST GUARD DISTRICT				
REENL				25 MAR 58		00	Grand Marais Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.				Grand Marais Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer

NAME (Last) CAROLLO, (First) Domenic (Middle) (n) — SERVICE NO. 214-599

LEAVE RECORD — 16—66741-1

DATE: 7-2-52 — Credit brought forward from previous record: 8 DAYS — AUTHENTICATED BY: ALFRED W. KABERNAGEL, CAPT., USCG

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 JUN 53	30	38	MIO,Balto,Md.	ALFRED W.KABERNAGEL,CAPT.
12 AUG 1953	21 AUG'53	10				28	MIO,Balto,Md.	ALFRED W. KABERNAGEL,CAPT.
"No leave taken since date of last entry, leave rations credited are not in excess of leave taken." (4 pt, 2 tt) 12 M.T.O.							MIO,Balto,Md.	ALFRED W. KABERNAGEL,CAPT.
23 Aug 53	6 Sept 53	15	A			13	OCCGD9,Cleve.	EARL ELDER, CHSCLK, Bydir.
14 Oct 53	23 Oct 53	10	A			03	CG Base, Milwaukee, Wis.	J.W. DODSON, LT, CO
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY: LEAVE RATIONS CREDITED NOT IN EXCESS OF LEAVE TAKEN:							CG Base, Milwaukee, Wisc.	J.W. DODSON, LT, CO
0800 2 JAN 54	1200 29 JAN 54	14	A	(Incl 9TT & 4PT)		-11	CG BASE, SEATTLE, WN.	P. GOOLSBY, CHSCLK, USCG, Personnel Officer
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY AND LEAVE RATIONS CREDITED ARE NOT IN EXCESS OF LEAVE TAKEN. CG BASE, SEATTLE, WN							CG BASE, SEATTLE, WN.	P. GOOLSBY, CHSCLK, USCG, Personnel Officer
				30 JUNE 54	30	19	SWEETBRIER	R.H.HAGADORN,LT,XO,ByDir
1-3-55	1-6-55	4	A			15	SWEETBRIER	R.H.HAGADORN,LCDR,XO,ByDir
				30 JUN 55	30	45	SWEETBRIER	R.H.HAGADORN,LCDR,XO,ByDir
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY LEAVE RATS ARE NOT IN EXCESS OF LEAVE TAKEN						45	SWEETBRIER	R.H.HAGADORN,LCDR,By dir
NO LEAVE TAKEN WHILE ATTACHED TO THIS COMMAND							Coast Guard Base Ketchikan, Alaska	H.McALLISTER,LT,USCG,XO
7 MAR 56 (04 pt, 10 tt)	17 APR 56	28	A			17	OCCGD9,Cleve.	W.H.HEIL,LTJG,USCGR,ByDir.
				ANCR 30 Jun 56	30	47	GRP MARQ MICH	JOHN KINNUNEN, CHBOSN, CO
22-11-56	26-11-56	5 A	A			42	GRP MARQ MICH	JOHN KINNUNEN,CHBOSN, CO

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.				MIO,Balto,Md.	ALFRED W.KABERNAGEL, CAPT.
No Deductible Time While Attached To This Unit				CG Base, Milwaukee, Wisc.	J. W. DODSON, LT, CO
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				SWEETBRIER	R.H.HAGADORN,LCDR, Bydir

NAME (Last) CAROLLO, (First) Donemic (Middle) (n) — SERVICE NO. 214-599

LEAVE RECORD — 16—66741-1 — PAGE 5 | 1 |

(Rev. 4-49)

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service number) Sheet 2

8. LEAVE RECORD

ACCRUED LEAVE: Reason and Date	Creditable service for leave purposes: Months	Days	Number of days earned	LEAVE TAKEN: Departed Hour	Departed Date	Returned Hour	Returned Date	Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
REEN 3-25-52	- - - - - - - - -			MIO, Baltimore, Maryland - - - - - - - - -						0	Alfred W. Kabernagel ALFRED W. KABERNAGEL
	3- 26-52			Paid this date, $602.10 for 60 days unused leave as listed: LSL (BP&L) 60 DAYS $482.10, LSL (Allow) 60 days $117.00, in the accounts of Paul D. Banning, Chief Disbursing Officer, Symbol 1376. W.H.REED Authorized Certifying Officer, PSU, Baltimore, Md.						
ANCR 6-30-52	3	6	8							8	
BBF 7-1-52										8	Alfred W. Kabernagel CAPT. USCG

9. 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— (Inclusive dates)	Reason	Months	Days	Signature and Unit

16—9676-3

Leave Record 1A

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U.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
CAROLLO, Domenic (n)	214-533	BMC(AN) 8-16-50	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
- - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -	24	March	52	DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Section 12-3-42A(1) CG Regulations	Marine Inspection Office, Baltimore, Md.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
2	Jan.	12	Iron Mountain, Michigan	Male	Caucasian	Dark	Hazel	71"	175

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: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BMC(AN)

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)
22	March	49	Waukegan, Illinois	625 E. Main St., Dickinson, Iron Mountain, 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	12	4	16
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	3
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	0	0	0
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	15	4	19

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY	MONTH	YEAR	AMOUNT
- -	- - - - -	- - - -	- - - - - - - -

26. FOREIGN AND/OR SEA SERVICE: YEARS	MONTHS	DAYS
0	8	7

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

Issued Certificate of Service (DD217-CG)

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Waukegan Harbor Light Station Waukegan, Illinois	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	- - - - - - - - - -	- - - - - - - - - -	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
$13.50	$2.02	Allotment condinued	- - - - - - - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$667.32	$65.22	W. H. REED, PCLK, USCG, Symbol 1376

AUTHENTICATION

38. REMARKS (Continue on reverse)

Recommended for Reenlistment

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

ALFRED V. KARLHAGEN

NAME, GRADE AND TITLE (Typed)

[illegible]
Officer in Charge, Marine Inspection Office, Baltimore

PERSONAL DATA

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2500C (Sheet 3) (8-49)

TERMINATION OF SERVICE

NAME	SERVICE NO.	RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
UNIT	**LOCATION**	**DATE REPORTED**
USCG Marine Inspection Office	Baltimore, Md.	2-19-52
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING**	**CONDUCT**
	3.52	4.0

DEDUCTIBLE TIME WHILE ATTACHED — [XX] NONE — [ ] ENTERED IN DEDUCTIBLE TIME ARTICLE OF RECORD

DISPOSITION OF IDENTIFICATION CREDENTIALS — [XX] SURRENDERED — [ ] NOT SURRENDERED *(Explanation below)*

STATEMENTS OF DISCHARGEE

EXPLANATION OF NON-SURRENDER OF IDENTIFICATION CREDENTIALS

Armed Forces ID Card No. surrendered and destroyed. Issued Card No. on 3-25-52.

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Iron Mountain, Michigan

DISPOSITION OF UNUSED LEAVE

- [ ] NOT ELIGIBLE FOR CASH COMPENSATION
- [X] ELECTS TO RECEIVE CASH COMPENSATION in the amount of sixty (60) days.
- [ ] ELECTS OR REQUIRED TO CARRY OVER UNUSED LEAVE TO NEW ENLISTMENT

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [ ] HONORABLE DISCHARGE BUTTON
- [ ] SATISFACTORY SERVICE CARD NO.
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [X] Certificate of Service (DD217-CG)

ADDRESS SUBSEQUENT TO DISCHARGE *(If to be reenlisted on day following discharge, so state)*

625 E. Main St., Iron Mountain, Michigan

SIGNATURE OF DISCHARGEE

Domenic Carollo

DOMENIC CAROLLO

REMARKS

3-25-52 - MIO, Baltimore, Md. Reenlisted in the Regular Coast Guard for a period of six (6) years as BMC(AN). AUTH: Article 1-G-57, Personnel Manual.

DISCHARGE

DATE	TYPE OF DISCHARGE
3-24-52	HONORABLE

REASON

Expriation of enlistment

AUTHORITY

Section 12-3-42A(1) CG Regulations

MUSTERING OUT PAY Previously paid

[ ] ENTITLED [X] NOT ENTITLED

AMOUNT PAID	VOUCHER NO.	CHECK NO.

TRAVEL ALLOWANCE AND PAY

PAID TA FROM	TO
Baltimore, Maryland	Iron Mountain, Mich.

TOTAL TA	TOTAL TA & PAY *(In full to date of discharge)*

CHECK NO.	NAME OF PAY OFFICER

CREDITABLE SERVICE THIS ENLISTMENT

YEARS	MONTHS	DAYS
3	0	3

REENLISTMENT RECOMMENDATION

[X] RECOMMENDED [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
COMMANDING OFFICER

Officer in Charge, MIO, Baltimore, Md.

B 4530

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
8-16-50	BMC	AN		Art.561(1),CG Regs. H/L PE-C-73, dtd 8-7-50.	/s/ H. M. WARNER,CDR,Bydir Station	Waukegan Hbr. Lt.

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION: Aids to Navigation, CG Tra.Sta.,Groton,Conn.

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
UNK	UNK	21 weeks	BM1(AN)

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
7-1-46	GRADUATED ____ IN CLASS OF UNK	UNK

GRADUATED *If no, give reason.
[X] YES [ ] NO*

SIGNATURE: /s/ G. W. GENTNER, By direction

NAME AND LOCATION: U. S. NAVAL FIRE FIGHTERS' SCHOOL, MANCHESTER, WASHINGTON

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
2-18-54	C-441	2-Day	-

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
2-19-54	GRADUATED ____ IN CLASS OF ____	80%

GRADUATED *If no, give reason.
[X] YES [ ] NO*

SIGNATURE: D. G. YAWTER, LT, XO, ByDir (SWEETBRIER)

NAME AND LOCATION:

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
	GRADUATED ____ IN CLASS OF ____	

GRADUATED *If no, give reason.
[ ] YES [ ] NO*

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:

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
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

RECORD OF EMERGENCY DATA

See instructions on rev.

1. DESIGNATOR'S LAST NAME - FIRST - MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK / RATE	4. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC	1-2-12	Catholic

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.	9. SOCIAL SECURITY NO.
625 E. Main Street Iron Mountain, Mich.	☐ YES ☒ NO	NONE	368-40-4083

FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica G. Carollo	2220 N. 20th St., Sheboygan, Wisconsin

11. NAME OF CHILDREN	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Angela J. Carollo	Same as No. 10		X	F	8-9-52
Mary K. Carollo	Same as No. 10		X	F	7-16-53

12. FATHER DECEASED	ADDRESS
13. MOTHER Angela Carollo	ADDRESS Same as No. 6
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Mrs. John Campra	ADDRESS 525 E. Main St., Iron Mountain, Mich.

14a. ALL PERSONS RECEIVING MORE THAN 50% OF THEIR SUPPORT FROM ME - (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE			

15. PERSON(S) NAMED ABOVE WHO ARE TO BE NOTIFIED DUE TO HIS HEALTH	ADDRESS
NONE	

DESIGNATIONS

		FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 88) - 84th CONGRESS)		Angela Carollo	Same as No. 6	Mother
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress) PERCENTAGE OF SHARES MUST TOTAL 100 PERCENT	100 %	Monica K. Carollo	Same as No. 10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO WITHDRAW FUNDS	PERCENT OF PAY EACH NO. 100%	Monica K. Carollo	Same as No. 10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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
USGI	Treasury Dept., Washington, D. C.	UNK

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Grand Marais Lifeboat Station, Grand Marais, Mich. (Grp Marquette)	26 December 1957

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. F. Cramer	Domenic Carollo
M. F. CRAMER, CHBOSN W-2, USCG	Domenic Carollo

DD FORM 1 JULY 93-1 PREVIOUS EDITIONS ARE OBSOLETE

NCG 2500
(Rev. June, 1942)

RE ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ } BT: O-
SSN-368-40-4083

RE ENLISTMENT OF CAROLLO, Domenic (n) (Full name, surname to left); 214-599 (Service number); $242.55 (Pay per month)

Accepted for enlistment at Baltimore, Maryland; BMC (AN) (Rating in which enlisted)

RE Enlisted at Marine Inspection Office, Baltimore, Maryland; 25 March 1952 (Date of enlistment)

Transferred to ---

Occupation U.S. Coast Guardsman Citizenship * NB If naturalized, place

and date of naturalization --- Certificate No. ---

Date of birth 2 January 1912 Place of birth Iron Mountain, Michigan

Home address 625 E. Main Street, (Street and number) Iron Mountain, (Town) Dickinson (County) Michigan (State)

Married or single Married Name and address of next of kin or legal guardian

Monica Katherine Carollo (Wife), (Relationship) 2220 North 20th St., Sheboygan, Wisconsin (Address)

Continuous Service Certificate --- (Number) Previous service { Coast Guard / Reserve } 15 (Years) 4 (Months) 19 (Days)

First enlisted 6 November 1936 (Date) at Sheboygan, Wisconsin (Place) and was

last discharged 24 March 1952 (Date) from Marine Inspection Office, Baltimore, Md. (Unit)

with HONORABLE (Character) discharge as Chief Boatswain's Mate (AN) (Rate) No. ---

Previous Navy service --- (Years) (Months) (Days) Previous Marine Corps service --- (Years) (Months) (Days)

Previous Army service --- (Years) (Months) (Days) Age 40 years 3 months.

Height 5 feet 11 inches. Weight 175 pounds.

Eyes Hazel Sex Male Hair Dark Complexion Fair Color Caucasian

Personal characteristics --- marks, etc. ---

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 ALFRED W. KABERNAGEL, Captain 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 { SIX (6) years from 25 March, 1952 / during minority until ---, 1--- } 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, Domenic Carollo, 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 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.

Domenic Carollo

DOMENIC CAROLLO
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 25 day of March, A. D. 19 52

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPTAIN, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Officer-in-Charge
Marine Inspection Office, Balto, Md.
(Title)

Citizenship substantiated and contract perfected.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL

CAPTAIN, *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

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 March 1958	" I have been informed of the results of my physical examination for Discharge and Reenlistment and I concur with the same."
	Domenic Carollo ✓
	Domenic Carollo

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	CAU	BMC(AN)	USCG	Grand Marais LBSta.	Treasury Dept.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
CAROLLO, Domenic (n)	2 January 1912	214-599

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.
CAROLLO, Domenic (n)	BMC(AN), U.S.C.G.	214-599
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
CG Location, Grand Marais, Michigan	Discharge	19 March 1958

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	CAU	21		Treasury Department	Grand Marais Lifeboat Station

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2 Jan 12	Iron Mt., Michigan	Monica G. Carollo 2220 N. 20th St. Sheboyan, Wis. - Wife

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
	Religion: Catholic Blood Type: O RH Fact: Neg.

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)
✓		18. HEAD, FACE, NECK, AND SCALP
✓		19. NOSE
✓		20. SINUSES
✓		21. MOUTH AND THROAT
✓		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
✓		23. DRUMS (*Perforation*)
✓		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
✓		26. PUPILS (*Equality and reaction*)
✓		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
✓		28. LUNGS AND CHEST (*Include breasts*)
✓		29. HEART (*Thrust, size, rhythm, sounds*)
✓		30. VASCULAR SYSTEM (*Varicosities, etc.*)
✓		31. ABDOMEN AND VISCERA (*Include hernia*)
✓		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
✓		33. ENDOCRINE SYSTEM
✓		34. G-U SYSTEM
✓		35. UPPER EXTREMITIES (*Strength, range of motion*)
		36. FEET
✓		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
✓		38. SPINE, OTHER MUSCULOSKELETAL
✓		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
✓		40. SKIN, LYMPHATICS
✓		41. NEUROLOGIC (*Equilibrium tests under item 78*)
✓		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.)*

Septal deviation to right.

glasses for reading.

patient has 1 cm circular skin depression on medial side of rt calf of leg.

(*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
	X												X			X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

No change in dental record

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
No	No	—		neg.

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
	O NEG.	

16—62288-1

COMDT(PE)

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
(in) 5-11"	170	Brown	Brown	☐ / ☒ / ☐ / ☐	98.6

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

		SYS.	DIAS.
SITTING		110	70
RECUMBENT			
STANDING (3 min.)			

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
78				

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. CX	CORR. TO BY

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

63. ACCOMMODATION RIGHT LEFT	64. COLOR VISION (*Test used and result*) Normal	65. DEPTH PERCEPTION (*Test used and score*) UNCORRECTED / CORRECTED	
66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

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*)

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

25 March 1958

Grand Marais Lifeboat Station, Grand Marais, Michigan

Subject man reenlisted in the regular Coast Guard for a period of THREE (3) years. Contract validated this date and place.

M. F. Cramer

M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

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

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

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Reenlistment

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN G. B. WICKSTROM, M. D. MUNISING, MICH. SIGNATURE G B Wickstrom

80. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE G B Wickstrom

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 3

U. S. GOVERNMENT PRINTING OFFICE : 1953—O-243413 16-67288-1

IV - QUESTIONS

(For each answer checked "Yes" under question 2 set forth a full explanation under "Remarks" below)

	YES	NO
1. I have read the list of names or organizations, groups, and movements set forth under Part II of this form and the explanation which precedes it.	X	
2. Concerning the list of organizations, groups and movements set forth under Part II above:		
a. Are you now a member of any of the organizations, groups, or movements listed?		X
b. Have you ever been a member of any of the organizations, groups, or movements listed?		X
c. Are you now employed by any of the organizations, groups, or movements listed?		X
d. Have you ever been employed by any of the organizations, groups, or movements listed?		X
e. Have you ever attended any meeting of any of the organizations, groups, or movements listed?		X
f. Have you ever attended any social gathering of any of the organizations, groups, or movements listed?		X
g. Have you ever attended any gathering of any kind sponsored by any of the organizations, groups, or movements listed?		X
h. Have you prepared material for publication by any of the organizations, groups, or movements listed?		X
i. Have you ever corresponded with any of the organizations, groups, or movements listed or with any publication thereof?		X
j. Have you ever contributed money to any of the organizations, groups, or movements listed?		X
k. Have you ever contributed services to any of the organizations, groups, or movements listed?		X
l. Have you ever subscribed to any publication of any of the organizations, groups, or movements listed?		X
m. Have you ever been employed by a foreign government or any agency thereof?		X
n. Are you now a member of the Communist Party of any foreign country?		X
o. Have you ever been a member of the Communist Party of any foreign country?		X
p. Have you ever been the subject of a loyalty or security hearing?		X
q. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons not on the Attorney General's list which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?		X
r. Have you ever been known by any other last name than that used in signing this questionnaire?		X

REMARKS

REMARKS (Continued)

CERTIFICATION

IN REGARD TO ANY PART OF THIS QUESTIONNAIRE CONCERNING WHICH I HAVE HAD ANY QUESTION AS TO THE MEANING, I HAVE REQUESTED AND HAVE OBTAINED A COMPLETE EXPLANATION. I CERTIFY THAT THE STATEMENTS MADE BY ME UNDER PART IV ABOVE AND ON ANY SUPPLEMENTAL PAGES HERETO ATTACHED, ARE FULL, TRUE, AND CORRECT.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (If any)	SIGNATURE OF PERSON MAKING CERTIFICATION
DOMENIC CAROLLO	214-599	Domenic Carollo
TYPED NAME OF WITNESS	DATE	SIGNATURE OF WITNESS
M. F. CRAMER, CHBOSN W-2, USCG	25 March 1958	M. F. Cramer

(EMERGENCY) NAVY--DPPO 9ND, GREAT LAKES, ILL.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3681A (5-56)

REPORT OF REENLISTMENT INTERVIEW

REPORT CONTROL SYMBOL
PE-1028

NAME	SERVICE NO.	RATE	DATE OF BIRTH
CAROLLO, Domenic (n)	214-599	BMC(AN)	2 Jan 12

DATE DUE FOR DISCHARGE	YEARS OF SERVICE	MARRIED	NUMBER OF DEPENDENTS
24 Mar 58	4 5 6 7 8 9 10 11 12 13 14 15 16 **18**	[X] YES [ ] NO	1 2 3 **4** 5 6 7 8 9

SECTION I INITIAL INTERVIEW

DATE	SHIP OR STATION	REENL. INTENT	EXTEND	UNDECIDED
17 Dec 58	Grand Marais LBSta	[X] YES [ ] NO	[ ] YES [ ] NO	

HIS REASONS FOR REENLISTING OR NOT REENLISTING

Reenlisting for 3 years
(3,4, or 6)

IF NOT REENLISTING, WHAT ARE HIS REAL REASONS

FURTHER ACTION RECOMMENDED

	NONE		RE-INTERVIEW BY ME	XX	CONGRATULATORY INTERVIEW		FOLLOW UP INTERVIEW BY CO OR XO

SIGNATURE AND RATE OF INTERVIEWER M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG, Commanding Officer

SECTION II FOLLOW UP INTERVIEWS

(A) FIRST: ANALYSIS AND ACTION TAKEN

DATE	SIGNATURE AND GRADE/RATE OF INTERVIEWER

(B) SECOND: ANALYSIS AND ACTION TAKEN

DATE	SIGNATURE AND GRADE/RATE OF INTERVIEWER

SECTION III CONGRATULATORY INTERVIEWS

DATE	SIGNATURE, GRADE, AND TITLE OF INTERVIEWER
25 March 1958	M. F. CRAMER, CHBOSN W-2, USCG, Commanding Officer
DATE	SIGNATURE, GRADE, AND TITLE OF INTERVIEWER

SECTION IV FINAL ACTION BY SHIP OR STATION

XX	REENLISTED		EXTENDED		DISCHARGED		TRANSFERRED TO RESERVE

ADDRESS GIVEN ON SEPARATION *(Permanent home)*

Number *Street* *City* *State*

FORM FORWARDED TO

☐ COMMANDANT (PE) ☒ COMMANDER, 9th COAST GUARD DISTRICT (p)

SECTION V ACTION BY RECRUITER

METHOD OF CONTACT ☐ IN PERSON ☐ BY LETTER DATE ATTEMPTED

	TALKED TO HIM		LETTER REPLY		UNABLE TO LOCATE		NO REPLY TO LETTER

COMMENTS ON CONTACT

STATUS

	REENLISTED		MEMBER CG RESERVE		MEMBER OTHER SERVICE RESERVE		CIVILIAN

SIGNATURE AND RATE OF RECRUITER	PLACE	DATE FORWARDED

SECTION VI INSTRUCTIONS

1. Complete original only - May be in longhand - For all expirations of enlistment.
2. Initial interviewer fill out Section I and Section II(A) if reinterview is held.
3. CO or XO complete Section II(A) or (B) and Section III when applicable.
4. CO or XO fill out Section IV and forward to Commandant(PE) for reenlistments. Otherwise forward to appropriate District Commander(p).
5. District Commander(p) send to recruiter nearest to home address given.
6. Recruiter forward completed form to Commandant(PE).

GPO 910352

MILITARY PAY ORDER

MILITARY PAY ORDER NO. 769-54

ORGANIZATION AND STATION
U.S.C.G. BASE, SEATTLE, WASHINGTON

DATE
29 January 1954

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 1954 FROM—	TO—
214-599	CAROLLO, Domenic (n)	Rptd 1200 fm CO, CGB, Milwaukee Wis., upon comp of 14LV, 9TT, & 4PT, FASTD FFT to C17CGD FASD.	1/29	FO
		LV RATS: (0800 12-2-54 to 1200 1-29-54)(Incl 9TT & 4PT)	1/16	1/29

Attached original orders for certification.

SERVICE RECORD COPY

SYMBOL NO. (*Entered by D. O.*)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	J. D. COOLSEY, CHSCLK, PO, USCG	

LV OK

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

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

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
RECEIVED
MAY 15 1957
MARQUETTE GROUP OFFICE

UNIT	ADDRESS	DATE
Grand Marais LB Station	Grand Marais, Michigan	5-20-57

FROM (REQUESTER): CAROLLO, DOMENIC (214-599)BMC

TO: ~~Commander 9th Coast District~~ Group Commander

VIA: ~~CG Group Marquette, Michigan~~ Officer in Charge GM/LBSTA

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON
Seven (7)	1 June, 1957	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2220 N. 20th St., Sheboygan, Wisconsin

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 Domenic Carollo
Domenic Carollo BMC

End.-1 Unit: Grand Marais LB Station
Grand Marais, Michigan
Date 20 May, 1957

Date current leave accounting period began 7-1-56

Balance brought forward beginning of present accounting period 47

Number days' leave used during current accounting period Ten (10)

Date of expiration of current enlistment 3-20-58

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG GROUP OFFICE MARQUETTE(Date 17 May 1957

☒ Returned, GRANTED 07 days.

☐ ADVANCE Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

John Kinnunen
JOHN KINNUNEN, CHBOSN W-2, Grp Cdr
(Signature, grade, and title)

End.-4 Unit: GRAND MARAIS LB STATION
GRAND MARAIS, MICHIGAN
Date 1 JUNE 1957

Departed at 0900, this date. This leave expires before 0900, 9 JUNE 1957

at GRAND MARAIS LB STATION, GRAND MARAIS and is subject to the instructions on the reverse hereof.

Domenic Carollo
DOMENIC CAROLLO BMC, OinC
(Signature, grade, and title)

End.-5 Unit: Grand Marais LBSTA
Grand Marais, Mich.
Date 8 June, 1957

Reported at 2230, this date, having used 07 days' leave.

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

16—40220-4

(Over)

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

APPLICATION FOR LEAVE OF ABSENCE

DRIVE SAFELY--BRING YOURSELF BACK ALIVE

UNIT	ADDRESS	DATE
Grand Marais LB Station	Grand Marais, Michigan	3-5-57

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (214-599) BMC	Commander 9th CG District Cleveland 13, Ohio	Commander CG Group Marq. Marquette, Michigan

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR	☐ REENLISTMENT
Five (5)	31 March, 1957	☐ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2220 N. 20th St.,Sheboygan, Wisconsin

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 Domenic Carollo
Domenic Carollo BMC

End.-1 Unit: Grand Marais LB Station
Grand Marais, Michigan
Date 5 March, 1957

Date current leave accounting period began	Balance brought forward beginning of present accounting period
7-1-56	47
Number days' leave used during current accounting period	**Date of expiration of current enlistment**
Five (5)	3-20-58

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Domenic Carollo
Domenic Carollo BMC, OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Marquette Group Office Date 11 March 1957

☒ Returned, GRANTED five (5) days. ☐ ADVANCE ☒ ACCRUED Regular (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

John Kinnunen
JOHN KINNUNEN, CHEOSN W-2, Group Cdr
(Signature, grade, and title)

End.-4 Unit: Grand Marais LBSTA. Grand Marais, Mich. Date 31 March,1957

Departed at 0900, this date. This leave expires before 0900, 6 April 1957

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

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

End.-5 Unit: Grand Marais LB Station
Grand Marais, MIchigan Date 6 April, 1957

Reported at 0830, this date, having used five (5) days' leave.

DRIVE SAFELY--BRING YOURSELF BACK ALIVE

Domenic Carollo
Domenic Carollo BMC, OinC
(Signature, grade, and title)

16—40220-4

(Over)

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

APPLICATION FOR LEAVE OF ABSENCE

DRIVE SAFELY--BRING YOURSELF BACK ALIVE

UNIT: Grand Marais LB Station | ADDRESS: Grand Marais, Michigan | DATE: 11-5-56

FROM (REQUESTER): CAROLLO, DOMENIC (214-599) BMC

TO: Commander 9th CG District, Cleveland 13, Ohio

VIA: Commander CG Group Marq. Marquette, Michigan

UNITED STATES COAST GUARD
RECEIVED
NOV 07 1956
MARQUETTE GROUP OFFICE

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON
Five (5)	21 Nov; 1956	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2220 N. 20th St., Sheboygan, Wis.

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).

Domenic Carollo
Domenic Carollo BMC
SIGNATURE OF APPLICANT

End.-1 Unit: Grand Marais LB Station Grand Marais, Mich. Date 5 Nov;1956

Date current leave accounting period began 7-1-56

Balance brought forward beginning of present accounting period 47

Number days' leave used during current accounting period ~~7-1-56~~ None

Date of expiration of current enlistment 3-20-58

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG GROUP OFFICE MARQUETTE Date 8 November 1956

☒ Returned, GRANTED five (5) days.

☐ ADVANCE ☒ ACCRUED Regular (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

John Kinnunen
JOHN KINNUNEN, CHBOSN W-2, Grp Cdr
(Signature, grade, and title)

End.-4 Unit: Grand Marais LB Station Grand Marais, Mich. Date Nov;21, 1956

Departed at 1000, this date. This leave expires before 0900 27 November, 1956

at Grand Marais, Mich. and is subject to the instructions on the reverse hereof.

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

End.-5 Unit: Grand Marais L/B Station, Grand Marais, Mich. Date 26 Nov; 1956

Reported at 1720, this date, having used Five (5) days' leave.

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

DRIVE SAFELY--BRING YOURSELF BACK ALIVE

16-40220-4 (Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-52)

8:15 AM

APPLICATION FOR LEAVE OF ABSENCE

in at gate 1100

UNIT	ADDRESS	DATE
CGC SWEETBRIER (WAGL-405)	Ketchikan, Alaska	31 December 1954

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (n) (214-599) BMC	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR	☐ REENLISTMENT
4	2 January 1955	☐ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE 317 Ferris Apts., Ketchikan, T. A.

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).

Domenic Carollo
SIGNATURE OF APPLICANT DOMENIC CAROLLO

Ind.-1 Unit: SWEETBRIER Date 12/31/54

Date current leave accounting period began 7-1-54	Balance brought forward beginning of present accounting period 19
Number days' leave used during current accounting period none	Date of expiration of current enlistment 3-24-58

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

R. H. Hagadorn
R. H. HAGADORN, LCDR, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: SWEETBRIER Date 12/31/54

☒ Returned, GRANTED 4 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE regular Leave.
(Reason for leave)
☒ ACCRUED

L. J. Glatz
L. J. GLATZ, LCDR, CO
(Signature, rank, and title)

Ind.-4 Unit: SWEETBRIER Date 2 January 1955

Departed at 1500, this date. This leave expires before 1200, 7 January 1955

at on board and is subject to the instructions on the reverse hereof.

H. R. Daniels
H. R. DANIELS, CHBOSN, O.O.D.
(Signature, rank, and title)

Ind.-5 Unit: CGBASE, KETCH.T.A. Date 7 January 1955

Reported at 1100, this date, having used 4 days' leave.

TRF SWEETBRIER 0815 1/20/55
RESREGDUTY.

H. McAllister
H. MCALLISTER, LT, USCG. XO.
(Signature, rank, and title)

OK

16—40220-8

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CG Base, Milw, Wisconsin	Milwaukee, Wisconsin	13 October 1953

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (214-599) BMC	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
10	13 October 1953	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1607 Erfedom Way, Baltimore 13, MD, 416 W. Orchard St., Milwaukee, Wis.

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 Domenic Carollo
Domenic Carollo

Ind.-1 Unit: USCGC Base, Milwaukee Date 13 October 1953

Date current leave accounting period began 1 July 1953	Balance brought forward beginning of present accounting period 38
Number days' leave used during current accounting period 25	Date of expiration of current enlistment 24 March 1958

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

J. M. Barker
J. M. BARKER, BOSN, USCG, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: USCGC Base, Milwaukee Date 13 October 1953

☒ Returned, GRANTED 10 days.
☐ ADVANCE REGULAR Leave.
(Reason for leave)
☐ Returned, NOT GRANTED, because
☒ ACCRUED

J. W. Dodson
J. W. DODSON, TLT, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: USCGC Base Milwaukee Date 13 October 1953

Departed at 1630, this date. This leave expires before 0900, 24 October 1953

at CG Base, Milwaukee, Wisconsin and is subject to the instructions on the reverse hereof.

J. M. Barker
J. M. BARKER, BOSN, USCG, XO
(Signature, rank, and title)

Ind.-5 Unit: CG Base, Milwaukee, Wisconsin Date 23 October 1953

Reported at 1800, this date, having used 10 days' leave.

P. E. Barnard
P. E. BARNARD, BOSN, Personnel Officer
(Signature, rank, and title)

114
3040

16—40220-3

(Over)

ON

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
U. S. Coast Guard Marine Inspection Office	209 Chamber of Commerce Bldg., Baltimore 2, Maryland	16 June 1953

FROM (REQUESTER):	TO	VIA:
BMC(AN) CAROLLO, Domenic (n)(214-599)	OCMI, Baltimore, Md.	- - - -

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
TEN (10)	on or about 7 July 1953.	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1607 Freedom Way, Baltimore, Maryland

Leave 10 21

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 Domenic Carollo
DOMENIC CAROLLO

Ind.-1 Unit: Date

Date current leave accounting period began 7-1-53	Balance brought forward beginning of present accounting period THIRTY-EIGHT (38)
Number days' leave used during current accounting period N O N E	Date of expiration of current enlistment 24 March 1958

☐ 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: MIO, Baltimore, Md. Date 16 June 1953

☒ Returned, GRANTED TEN (10) days.

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

Alfred W. Kabernagel
ALFRED W. KABERNAGEL, CAPT, USCG, OCMI, Baltimore
(Signature, rank, and title)

Ind.-4 Unit: MIO, Baltimore, Md. Date 11 August 1953

Departed at 0800, this date. This leave expires before ~~XXXXXXXX~~ 0900 22 August 1953

at THIS UNIT and is subject to the instructions on the reverse hereof.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL, CAPT, USCG, OCMI, Baltimore
(Signature, rank, and title)

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

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Grand Marais LBSTA	Grand Marais , Mich;	16 September, 1957

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic BMC (214-599)	Commander CG Group Marquette Marquette, Michigan	OinC Grand Marais LBSTA Grand Marais, Michigan

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Five (5)	3 October, 1957	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2220 North 20th Street, Sheboygan, Wisconsin

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 Domenic Carollo
Domenic Carollo BMC

End.-1 Unit: Grand Marais LBSTA
Grand Marais, Michigan
Date 16 Sept; 1957

Date current leave accounting period began 7-1-57

Balance brought forward beginning of present accounting period 60

Number days' leave used during current accounting period None

Date of expiration of current enlistment 3-20-58

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG Group Marquette, Mich. Date 18 September 1957

☒ Returned, GRANTED -05- days.

☐ ADVANCE Annual Leave.
☒ ACCRUED (Reason for leave)

☐ Returned, NOT GRANTED, because

M. F. Cramer
M. F. CRAMER, CHBOSN, W-2, USCG, CO
(Signature, grade, and title)

End.-4 Unit: Grand Marais LB Sta Date 3 October 1957

Departed at 1600, this date. This leave expires before 8 October, 1957 - 0900

at Grand Marais LB Sta.
Grand Marais, Michigan
and is subject to the instructions on the reverse hereof.

Domenic Carollo
Domenic Carollo BMC, OinC
(Signature, grade, and title)

End.-5 Unit: GRAND MARAIS LB STATION
GRAND MARAIS, MICHIGAN
Date 8 October 1957

Reported at 0700, this date, having used 4 days' leave.

Domenic Carollo
Domenic Carollo BMC, OinC
(Signature, grade, and title)

16—40220-4

(Over)

ORIGINAL

UNITED STATES COAST GUARD

Address reply to
COMMANDER
17th CG District
P.O. Box 2631
Juneau, Alaska

21 December 1955
P16-4/MM

ORDER NO: 514593

From: Commander, Seventeenth Coast Guard District
To: CAROLLO, Domenic (214-599) BMC, USCG.
Via: Commanding Officer, CGC SWEETBRIER (WAGL-405)

RECEIVED
SEP 27 1955
USCGC SWEETBRIER

Subj: Orders, transfer; travel

Ref: (a) Enlisted Transfer Order No. 25-56

1. On or about 28 February 1956 you are detached from all duties previously assigned. Proceed to Seattle, Washington, and report to the Commanding Officer, CG Base for transportation and further transfer to: Commander, Ninth CG District, for assignment to duty.

2. Travel necessary to the execution hereof is required by the public interests and the expense incident thereto is chargeable against Headquarters travel allotment, Symbol 99-20.

3. Travel via government transportation is directed outside the continental limits of the United States where available. For MATS, Class Three priority is certified. Commercial transportation is authorized where no government transportation is available. For travel via commercial air, excess baggage not to exceed 100 pounds is authorized.

4. This order consitutes a permanent change of station for you from Ketchikan, Alaska to such station as may be assigned.

5. You are hereby authorized to delay 30 days (provided no excess leave is involved) in reporting in compliance with this order, such delay to count as leave.

6. Upon detachment, the responsible reporting unit for PAS will be the CG BASE, Seattle, Washington.

C. A. PHILBRICK
By direction

Copy to:
COMSEVENTEENTHCGD (f) (o)

Ind. Dependents!
Certified for payment this date 5-29-56, travel, per diem, Sub. & Qtrs.

* * * - - -

From: Commanding Officer, CGC SWEETBRIER (WAG
To: CAROLLO, Domenic (n) (214-599) BMC, USCG

Subj: Orders; transfer

1. Upon receipt hereof and in accordance with CCGD17(p) ltr dtd 21 Dec, 1955, you are relieved of all duties previously assigned. Proceed and report to the Commanding Officer, CG Base, Ketchikan, Alaska for temporary duty, while awaiting the sailing of the Canadian National Steamship, to Seattle, Washington. Upon arrival at Seattle, Washington, you will report to the Commanding Officer CG Base, for further transfer to Commander, 9th CG District.

2. Your service, health records and PDC card are handed you herewith for safe delivery at your destination. Pay record will be forwarded by CCGD17(f) office.

3. This order constitutes a permenent change of station for you from Ketchikan, Alaska to such station as may be assigned by CCGD9, Cleveland, Ohio.

4. Delivered and departed at 0945, 2-29-56.

L. J. GLATZ

December 1956; File P16-4/MM

ORDER NO. 514593

ORIGINAL

29 February 1956
P16-4/MM

From: Commanding Officer, CG Base, Ketchikan, Alaska
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG

1. Having reported 1000U this date you are hereby directed to proceed and report to the Commanding Officer, CG Base, Seattle, Washington for Temporary Duty and for further transfer to the Commander, Ninth Coast Guard District, Cleveland, Ohio in accordance with your basic orders.

2. Government subsistence and quarters were available and furnished to you during entire period of Temporary Duty at this unit.

3. Upon detachment, responsible reporting unit for the PAS will be CG Base, Seattle, Washington.

4. Handed you herewith is your Personnel Data Card, Service and Health Records for safe delivery at your ultimate destination.

5. Delivered and departed 0945, 2 March 1956 enroute to CG Base, Seattle, Washington to report not later than 2400, 5 March 1956.

H. McALLISTER
By direction

p
18 April 1956
P16-4/MM

FIFTH ENDORSEMENT on COMSEVENTEENCGD (p) ltr P16-4/MM of 12-21-55, TA #514593

From: Commander, 9th CG District
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG

Subj: Orders; transfer; travel

1. You reported to this office (Admin) in compliance with basic orders at 0900, 17 April 1956, having executed 28 days leave, 04 days proceed time and 10 days travel time enroute. Proceed and report to Commander, CG Group, Marquette, Michigan, for further transfer to Grand Marais Lifeboat Station, Grand Marais, Michigan for assignment to duty as Officer in Charge, relieving ST. SAUVER, Oliver A. (109-105) BMC. Your attention is directed to Section 7-1-25, CG Regulations, relative to relief of command.

2. This order constitutes a permanent change of station for you from Ketchikan, Alaska to Grand Marais, Michigan.

3. Government quarters and messing facilities were available for your use while attached to this office (Admin).

4. The following records are handed you for safe delivery at destination: Service Record, Health Record and Personnel Data Card. Your Pay Record will be retained in the District Office.

5. You are authorized 03 days travel time enroute.

6. You are authorized to travel by privately owned conveyance, subject to reimbursement in accordance with Joint Travel Regulations.

7. Delivered and departed at 1000, this date. EDA: Prior 2400, 4-21-56.

G. A. LITTLEFIELD
Chief of Staff

Copy to:
Statistics (OinC Cardex File)
Personnel Log
COMGRU, Marquette, Mich.
OinC, Grand Marais, Mich.

ORIGINAL

FOURTH ENDORSEMENT to CCGD17 ltr dtd 21 December 1955, file P16-4/MM

6 March 1956
P16-4/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG

1. Having reported at 2200, 5 March 1956 from CG Base, Ketchikan, Alaska, you are directed to comply with basic orders and proceed and report to the Commander, 9th Coast Guard District, Cleveland, Ohio for assignment to duty.

2. Your service and health record are delivered herewith for safe delivery at your destination.

3. You are authorized four (4) days proceed time, eleven (11) days travel time and thirty (30) days delay enroute, such delay to count as leave, you will report to the Commander, 9th CG District prior to 2400, 20 April 1956. You have given your address on leave as:

625 East Main St.
Iron Mt. Mich.

4. Upon detachment responsible reporting unit for the PAS will be Commander, 9th CG District.

5. Subsistence and quarters were available and furnished you while attached to this unit.

6. Delivered and departed 0915 this date and place. EDA: 4-20-56

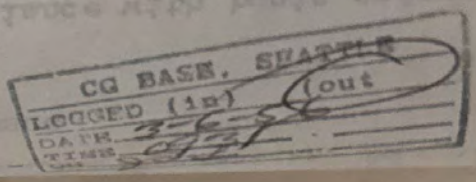
R. J. MOHR
By direction

Copy to:
CCGD9

CG BASE, SEATTLE
LOGGED (in) (out)
DATE 3-6-56
TIME 0931

M. J. MOHR
By direction

Copy to:
CCGD9



Group Office
Marquette, Michigan

21 April 1956
P16-4/MM

SIXTH ENDORSEMENT on COMSEVENTEENCGD (p) ltr P16-4/MM of 12/21/55, TA# 514593

1. You reported to this unit at 1515 this date in compliance with basic orders for further transfer to Grand Marais LB Station, Grand Marais, Michigan as Officer in Charge of that unit.

2. All travel from Cleveland, Ohio to Marquette, Michigan was performed via privately owned conveyance at own expense subject to reimbursement.

3. Departed this unit at 1530 this date for Grand Marais Lifeboat Station for assignment to duty as Officer in Charge of that unit.

John Kinnunen
JOHN KINNUNEN

Grand Marais LB Station
Grand Marais, Michigan

21 April 1956
P16-4/MM

SEVENTH ENDORSEMENT on COMSEVENTEENCGD ltr P16-4/MM of 12/21/55, TA # 514593

1. Reported this unit at 1900 this date in compliance with basic orders.

2. All travel from Marquette, Michigan to Grand Marais, Michigan was performed via privately owned conveyance at own expense subject to reimbursement.

Newman J. Farrell
NEWMAN J. FARRELL, BM1, USCG, (Acting)

I certify that above man has been paid mileage in the amount of $ 197.52 for travel from Seattle, Wash. to Grand Marais, Mich. 3292 miles @ $.06 per mile and that this am't has been credited on members pay record.
xvia Cleveland + Marquette.

CREDITED 28 DAYS LV RATS, 04 DAYS COMRATS
(PRO) IN THE TOTAL AMOUNT OF 33.60 ON 5/24/56

R. E. HOLLEY, CHPCLK, W-3, USCG
ACO, 9TH COAST GUARD DISTRICT

I, CAROLLO, Domenic (n) 25 April 1956
(Payee Name: Surname, first name, middle initial) 214-599 (Date) BMC
(Service No.) (Rank or rate)

Attached to: Grand Marais Lifeboat Station, Grand Marais, Michigan
(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
Monica Katherine Carollo	Wife	
Monica Grace Carollo	Daughter	20 August 1950
Angela Jane Carollo	"	21 July 1952
Mary Katnerine Carollo	"	9 July 1953

Location of dependents (on date of receipt of orders/authority) (Address - city and state): 317 Ferris Apts, Ketchikan, Alaska

Date of departure: 29 February 1956

Designated destination of dependents - (Address - city and state): Grand Marais, Michigan

Date of Arrival: 21 April 1956

This is the 1st claim for dislocation allowance based on a permanent change of station during fiscal year 1956.

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.

Domenic Carollo
Domenic Carollo
(Signature of Payee)

NINTH ENDORSEMENT
OC9CGD, Cleveland, Ohio
(Name of CG Activity)

24 May 1956
(Date)

Certified for payment of dislocation allowance in the amount of $ 96.90 on Military Pay Record (DD Form 113) opened 1 January 1956, in the accounts of J. F. CANNON, CDO, Div. of Disb., Treasury Department, Symbol No. 1379.

R. E. HOLLEY, CHPCLK, W-3, USCG
(Signature of Authorized Certifying Officer)

UNITED STATES COAST GUARD

Address reply to:
Authorized Certifying Officer
9th Coast Guard District
Main Post Office Bldg.
Cleveland 13, Ohio

fp
24 May 1956
L16-3

From: Authorized Certifying Officer, 9th CG District
To: Commander, CG Group Marquette, Michigan

Subj: CAROLLO, Domenic (n) (214-599) BMC, USCG

Ref: (a) Travel Order No. 514593

1. Reference (a) indicates that subject man used (28) days leave and (4) days proceed time enroute from Seattle, Washington to Grand Marais, Michigan. It is therefore requested that this office be furnished with forms DD-114 or CG-3312 to substantiate payment of Leave Rations and/or Commuted Rations (Proceed Time). Your Pay Order should indicate (28) days Leave Rations from 3/7 to 4/3 and/~~or~~ (04) days Commuted Rations from 4/4 to 4/7.

2. You are advised that it is the responsibility of the final unit to which the member reports on a permanent change of station to account for all delay enroute during such permanent change, as indicated in paragraph (1) above.

R. E. HOXLEY

INITIALS
rds

RECEIVED
NOV 16 1953
COAST GUARD DEPOT
MILWAUKEE, WIS.

UNITED STATES COAST GUARD

Address reply to
Commander, 9th CG District
Cleveland 15, Ohio

13 November 1953
P16-3/MM

TRAVEL AUTHORIZATION 514951

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (214-599) BMC(AN), U.S.C.G.
Via: Commander, CG Group, Milwaukee, Wisconsin

Subj: Orders; transfer; travel

Ref: (a) HL 9 November 1953 (MM)(TA 514951)

1. Upon receipt hereof, and when directed by your present , 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, Seattle, Washington for further transfer to the Commander, 17th CG District for further assignment to duty.

2. This order constitutes a permanent change of station for you from Milwaukee, Wisconsin to such station as may be assigned by the Commander, 17th 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 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. Compliance with Article 4-B-36, Personnel Manual is directed.

6. 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.

7. Upon detachment from the 9th CG District the CG Base, Seattle, Washington 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 2 January 1954.

Earl Elder

EARL ELDER
By direction

Copy to:
Commander 17th CG District
CO, CG Base Seattle, Washington
File

Certified for Payment Date SEP 24 1954 for TRAVEL (DEPENDENT). Between 8/31/54 and 9/2/54
From Milwaukee, Wis. to Seattle, Wn. 2103 miles @ .06 per mile Total of $ 126.18
Acct's of J.F. Cannon, CDO, 1391. Vou No. 0415. Date SEP 24 1954
E. NEWSOME, PCLK, USCG, AUTHORIZED CERTIFYING OFFICER

FIRST ENDORSEMENT to COMNINECGD/L 13 Nov 53, P16-3/MM, TA 514951
U. S. Coast Guard Base
Milwaukee, Wisconsin

11 December 1953

Travel orders of CAROLLO, Dominic (214-599) DMC(AN), USCG are forwarded to the Authorized Certifying Officer, 9th CG District for payment of advance mileage allowance. Travel to be performed via Privately-Owned-Conveyance.

J. W. DODSON

Date: 12/15/53
Paid advanced mileage this date for transportation
from Milwaukee, Wis. to Seattle, Wash.,
2103 miles at $.06 per mile, total Adv/T $ 126.18,
in the accounts of PAUL D. BANNING, CDO, Symbol 1379

M. Heilman A.C.O.

RECEIVED
DEC 18 1953
COAST GUARD DEPOT
MILWAUKEE, WIS.

SECOND ENDORSEMENT to COMNINECGD/L 13 Nov 53, P16-3/MM, TA 514951

2 January 1954

From: Commander, CG Group, Milwaukee, Wisconsin
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG

Subj: Orders; transfer; travel

1. Forwarded for compliance with basic orders.

2. Travel is authorized via privately owned conveyance, for which advance mileage in the amount of $126.18 has been received by you.

3. You are handed herewith your Service and Health records, for safe delivery to competent authority upon arrival at your ultimate destination. Your Pay Record will be forwarded by Commander, Ninth Coast Guard District.

4. You are granted fifteen (15) delay enroute, such delay to count as leave, nine (9) days travel time and four (4) days proceed time. Your EDA, CG Base, Seattle, Washington is prior 2400, 30 January 1954.

SECOND ENDORSMENT to COMNINECGD/L 13 Nov 53, P16-3/MM, TA 514951
CG Base, Milwaukee, Wisconsin (Continued)

2 January 1954

5. You were examined at USPHS Hoppital, Chicago, Illinois and found to be physically (medically & dentally) qualified for overseas assignment. You have indicated that all arrangements for your dependents have been made.

6. Article 4-B-36, Personnel Manual has been complied with.

7. Delivered and departed at 0800, this date: EDA, CG Base, Seattle, Washington is prior 2400, 30 January 1954.

8. Adress Whilenon leave, 416 W. Orchard St., and 2220 N. 20th St., Sheboygan, Wisconsin.

J. W. DODSON

THIRD ENDORSEMENT TO COMNINECGD/L 13 NOV 53, P16-3/MM, TA 514951
CG BASE, MILWAUKEE, WISCONSIN

29 January 1954

From: Commanding Officer, CG Base, Seattle, Washington
To: CAROLLO, Domenic (n), (214-599) BMC(AN), USCG

1. Reported 1200 from Commanding Officer, CG Base, Milwaukee, Wisconsin, upon completion of fourteen (14) days leave, nine (09) days travel time and four (04) days proceed time, for assignment to temporary duty and further transfer to Commander, 17th CG District, for assignment to duty.

J. D. GOOLSBY
By direction

Ind—4
O, C18CGD
Seattle, Wn.
FEB 1 - 1954
Paid Lv Rats $15.40
FEB 1 - 1954
Paid $4.40 for Com Rats (PRO) for period — 1-31-54

C. M. McHENRY, PCLK, USCG
Authorized Certifying Officer

FIFTH ENDORSEMENT to CCGD9/L 11-13-53 p P16-3/MM ORDER NO. 514951

22 February, 1954
P16-4/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG

1. In accordance with basic orders and Comdr. 17th CG District dispatch 200120Z (Feb. 54) and upon receipt hereof you are relieved of all duties previously assigned. Proceed and report to the Commanding Officer, CG-95301, Seattle, Wash., for further transportation to Ketchikan, Alaska, upon arrival thereat to report to the Commanding Officer, SWEETBRIER (WAGL-405) for assignment to duty as replacement for NAGY BMC.

2. Travel necessary to the execution of this portion of your orders will be performed via government vessel.

3. This order constitutes a permanent change of station for you from Milwaukee, Wisconsin to Ketchikan, Alaska.

4. Service and health records carried on transfer. Pay account will be forwarded by the Office, Comdr. 13th CG District (f).

5. Upon detachment, responsible reporting unit for the Personnel Accounting System will be CG-95301.

6. I certify that government quarters were available to CAROLLO, Domenic (n) (214-599) BMC(AN), USCG, on the following dates: 1-29-54 thru 2-21-54 and that the following number of meals were furnished by the Government on the dates indicated: two (2) 1-29-54; forty-six (46) 1-30-54 thru 2-21-54; one (1) 2-22-54.

7. Delivered and departed at 0830 this place and date. EDA 2/22/54.

L. D. GOOLSBY,
By direction.

SIXTH ENDORSEMENT TO CCGD9/L 11-13-53 p P16-3/MM ORDER NO. 514951

CG 95301, P.O. Box 2598
Juneau, Alaska

22 February 1954

Reported on board this unit 1207 this date at CG Base, Seattle, Washington for transportation to Ketchikan, Alaska.

W.E. Harris, Lt.
Commanding Officer

SEVENTH ENDORSEMENT TO CCGD9/L 11-13-53 p P16-3/MM ORDER NO. ~~XX~~ 514951

CG 95301
P.O. Box 2598
Juneau, Alaska

27 February 1954

Departed this unit 1500 this date at CG Base, Ketchikan, Alaska.

W.E. Harris
W.E. Harris, Lt.
Commanding Officer

EIGHTH ENDORSEMENT to CCGD9/L 11-13-53 p P16-3/MM ORDER NO. 514951

27 February 1954
P16-4/MM

From: Commanding Officer, SWEETBRIER (WAGL-405)
To: ~~EM~~ CAROLLO, Domenic (n) (214-599) EMC(AN)

You reported this unit at 2000, this date for assignment to duty in accordance with basic orders.

D. G. Vawter
D. G. VAWTER
By direction

Certified for payment (date) MAR 8 1954
Travel performed Milwaukee, Wisc., to Seattle, Wn
Between 1/2/54 and 2/27/54
Mileage/~~Per diem/Transp. Exp.~~ $ 126.18
Accounts of PAUL D. BANNING, CDO, Sym 1391
Vou. # 426 1010 Date MAR 8 - 1954

E. Newsome
E. NEWSOME, PCLK, USCG
Authorized Certifying Officer

EIGHTH ENDORSEMENT ON TO#514951. 2 Sept., 1954

Issued GTR #TC 233,438 in favor of Pan American World Airways to cover first class air transportation for MONICA K. CAROLLO, MONICA G. CAROLLO, ANGELA J. CAROLLO, and MARY K. CAROLLO, dependent wife and children respectively of DOMENEC CAROLLO, BMC, USCG, from Seattle, Washington to Ketchikan, Alaska at a total cost of $102.00 no surface transportation available.

J. A. LEVASSEUR, CHPCLK, USXG
TRANSPORTATION OFFICER, CCGD13

SECOND ENDORSEMENT TO COMFIVECGD ltr GD5/MM/P16-4/1 of 23 Junep1953

14 September 1953

TRAVEL AUTHORIZATION 519193

P16-3/MM

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (214-599) BMC(AN), USCG - PRESENT

Subj: Orders; transfer, travel

1. You reported in compliance with the basic order at 1730, 12 September 1953 having taken 15 days leave, 4 days proceed time and 2 days travel time enroute. You are directed to proceed to Milwaukee, Wisconsin with and in charge of the below-named men and upon your arrival thereat, to report to the Commander, CG Group Milwaukee for assignment to duty.

2. I certify that during the period covered by this voucher government quarters as defined in paragraph 1150-5 of Joint Travel Regulations were not available except on the following dated: 9-12-53, 9-13-53
and that government mess as defined in paragraph 1150-4 of Joint Travel Regulations was not available except for the number of meals indicated on the following dates:
9-13-53 (3), 9-14-53 (1).

3. Your service, health, and pay records are handed you herewith, together with those of the men in your charge, for safe delivery to proper authority upon arrival at your destination.

4. You are hereby authorized NO days delay enroute, such delay to count as leave and Two (2) days travel time.

5. Delivered and departed at 1130, this date.

Earl Eider

By direction

CC:
Statistics
File
CO, Milwaukee Grp

EDA: 2400, 16 September 1953

OK
LVJ

THIRD ENDORSEMENT on COMFIVECGD(P) ltr of 6-23-53, P16-4/1MM, TA 519193
Coast Guard Base
Milwaukee, Wisconsin 16 September, 1953

Reported this unit at 1700 this date fasdu. Travel from Cleveland, Ohio, to Milwaukee, Wisconsin, performed at personal expense, via privately-owend conveyance, reimburseable in accordance with existing JTR. Used two (2) days travel time enroute, NO OTHER DELAY.

Assigned duty at CG Base, Milwaukee, Wisconsin.

J.M. Barker
J.M. BARKER, BOSN, XO

CREDITED 15 DAYS LEAVE RATIONS IN AMOUNT OF $16.50 ON 9/22/53.

X H. B. Sherman
H. B. SHERMAN, CPCLK., USCG
Auth. Cert. Officer, 9th CG Dist.
1700 Keith Bldg., Cleveland, Ohio

Ind-
Certified for payment this date SEP 23 1953, travel, per diem, Sub. & Other travel performed 8/22/53 to 9/16/53 inclusive, between Cleveland and Milwaukee in amount of $ 53.46 accounts of PAUL D. BANNING, CDO, Symbol No. 1379, paid SEP 24 1953, Voucher No. 416 1119

H. B. SHERMAN, CPCLK., USCG
X H. B. Sherman
AUTHORIZED CERTIFYING OFFICER

Ind- Dependents
Certified for payment this date OCT 28 1953, travel, per diem, Sub. & Other travel performed 10/17/53 to 10/19/53 inclusive, between Cleveland and Milwaukee, in amount of $ 52.86 accounts of PAUL D. BANNING, CDO, Symbol No. 1379, paid OCT 29 1953, Voucher No. 416 1614

H. B. SHERMAN, CPCLK., USCG
H. B. Sherman
AUTHORIZED CERTIFYING OFFICER

AUTHORIZED CERTIFYING OFFICER

Dependents

OCT 26 1953

Certified for payment this date travel, per diem, Subsistence
and/or transportation 10/12/53 to 10/19/53 inclusive, between Baltimore
in amount of $52.86 accounts of PAUL D. BANNING,
OCT 29 1953 Voucher No. 1614
AUTHORIZED CERTIFYING OFFICER, USCG

PE-2
2 September 1953
MM

FIRST ENDORSEMENT on Commander, Fifth CG District
ltr CD5/MM/P16-4/1 of 23 June 1953

From: Commandant
To: CAROLLO, Domenic (214-599) BMC(AN), USCG

Subj: Orders, transfer, travel

1. Reported to CG Headquarters, Washington, D. C., while on authorized leave.

2. In view of home conditions, your basic orders are amended in that you will report to the Commander, Ninth CG District, Cleveland, Ohio, for further assignment to duty instead of to the CG Base, Seattle, Washington, for further transfer to the Seventeenth CG District.

3. Your orders are further amended in that you are granted two (2) days travel time instead of twelve (12) and you will report to your destination not later than 2400 on 12 September 1953.

4. This order constitutes a permanent change of station from Baltimore, Maryland, to such station as may be assigned by the Commander, Ninth CG District.

5. Delivered and departed 1540 this date.

K. O. A. ZITTEL
By direction

Copy to:
COMSEVENTEENCGD(p)
CO, CG Base, Seattle, Wash.
COMNINECGD(p)

CERTIFIED TO BE A TRUE COPY

J.M. BLACK, LT, USCG

1730
12 Sept 1953

UNITED STATES COAST GUARD
209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

ADDRESS REPLY TO
Officer in Charge
Marine Inspection
REFER TO FILE

GN
22 August 1953
P16-4/MM

ORDER NO. 1465-53

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG - PRESENT

Subj: Orders, transfer, travel

1. In accordance with COMDT (PE-2) ltr. dated 17 June 1953, file MM/P16-3/5 and C5CGD ltr. dated 23 June 1953, file GD5/MM/P16-4/1,as amended by C5CGD/D 162035Z (JULY'53), you are directed to proceed and report to the Commanding Officer, CG Base, Seattle, Washington, for further transfer to the Commander, Seventeenth CG District for assignment to duty.

2. Travel necessary to the execution hereof is required by the public interests and is chargeable against HQ allotment symbol 99-20, authorization number 519193. Travel by government transportation when available outside the continental limits of the United States is directed. For government aircraft, priority three is certified.

3. Your Service, Health and Pay Records are handed you herewith for safe delivery to your destination.

4. This order constitutes a permanent change of station from the USCG Marine Inspection Office, Baltimore, Maryland to such station as may be assigned by the Commander, Seventeenth CG District.

5. In accordance with the requirements of, (1), Personnel Circular No. 37-50, you appeared before a medical board at the USPHS Hospital, Baltimore, Maryland and were found physical qualified for overseas duty; (2), Finance and Supply Circular No. 3-52, all financial arrangements for your dependents and other obligations have been made with the Authorized Certifying Officer handling your Pay Records.

6. You are hereby granted fifteen (15) days delay enroute to count as leave, four (4) days proceed time and twelve (12) days travel time. Departed 0900 this place and date via privately owned conveyance. EDA: 2400, 22 September 1953.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL

Copy to:
C5CGD(p)
C17CGD(p)
CO, CG Base, Seattle, Wash.
ACO, PSU, Baltimore, Md.
Commander, Baltimore GROUP

RECEIVED
NOV 16 1953
COAST GUARD DEPOT
MILWAUKEE, WIS.

UNITED STATES COAST GUARD

Address reply to
Commander, 9th CG District
Cleveland 15, Ohio

13 November 1953
P16-4/MM

TRAVEL AUTHORIZATION 090632

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (214-599) BMC(AN), U.S.C.G.
Via: Commander, CG Group, Milwaukee, Wisconsin

Subj: Orders; temporary additional duty; travel

Ref: (a) HL 9 November 1953 (MM)(TA 514951)

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, Chicago, Illinois, 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 2 January 1954.

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 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 hereof.

4. Your present GRUCOM 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

Copy to:
Accounting
File

THIRD ENDORSEMENT to COMNINECGD/L 13 Nov 53, P16-4/MM, TA 090632
U. S. Coast Guard Base
Milwaukee, Wisconsin 3 December 1953

Reported to this unit at 1700, this date from TAD at USPHS Hospital, Chicago Illinois. Travel performed via common carrier.

Jm. Barker
J. M. BARKER
Executive Officer

Ind-

Certified for payment this date DEC 10 1953, travel, per diem, Sub. & Qtrs.
travel performed 12-3 to 12-3 inclusive, between Milwaukee
and Chicago in amount of $ 10.00 accounts of PAUL D. BANNING,
CDO, Symbol No. 1379, paid DEC 11 1953, Voucher No. 416 2256

H. B. SHERMAN, CPOMK., USCG
AUTHORIZED CERTIFYING OFFICER

3 December 1953
P16-4/MM

FIRST ENDORSEMENT to COMNINECGD/L 13 Nov 53, P16-4/MM, TA 090632

From: Commander, CG Group, Milwaukee, Wisconsin
To: CAROLLO, Domenic (214-599) BMC(AN), USCG

Subj: Orders; temporary additional duty; travel

1. Upon receipt hereof, you are directed to proceed and report in compliande with basic instructions. Upon completion of temporary addition duty you will return to the CG Base, Milwaukee and resume your regular duty status.

2. You are handed your health record for safe delivery to competent authority at the USPHS Hospital, Chicago, Illinois.

3. Travel is authorized via privately owned conveyance, railroad, bus, water, and/or air.

4. NO delay is authorized in the execution of these orders.

5. Delivered and departed at 0800, this date.

1030 12-3-53

J. W. DODSON 3 December, 1953

SECOND ENDORSEMENT to COMNINECGD/L 13 Nov 1953, P16-4/MM TA 090632

FROM: Coast Guard Representative USPHS Hospital Chicago, Illinois
TO : CAROLLO, Domenic (214-599) BMC (AN) , USCG

1. You reported this facility in accordance with your basic orders at 1030 12-3-53 for Overseas physical examination. This examination being completed you are hereby directed to carry out the remainder of your basic orders.

2. Subsistance and Quarters were not furnished while you were attached.

3. Necessary travel time only is authorized. No delay enroute.

4. Delivered and departed 1330, 12-3-53

Clifford B. Greathouse HM1
Coast Guard Representative

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)
Reenlistment - Bonus)

RECEIVED
OFFICE, CHIEF PERSONNEL DIV.
5TH COAST GUARD DIST.
MAR 27 1952

USCG MARINE INSPECTION OFFICE, Baltimore, Maryland
(Unit)

CAROLLO, Domanic (n) — 24 March, 1952
(Name in full—surname to the left) (Date)

214-599 — Chief Boatswain's Mate (Aids to Navigation)
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for THREE years)	1949	March	22			
* Enlistment extended (for ..... years from)						
Date of discharge (HONORABLE) (Character of discharge)	1952	March	24			
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		

* Enlistment extended on 3-21-52 for a period of three (3) days due to date of reenlistment falling on Saturday. AUTH: Section 12-3-32B(5) (c) CGRegs.

Previous paid enlistment allowance in the amount of $100.00 on 3-22-49 upon reenlistment for three (3) years.

Previous creditable Service U.S. Coast Guard	12	4	16
Total Absence (0 days)	0	0	0
Creditable time served during last enlistment period	3	0	3
TOTAL CREDITABLE SERVICE AS OF 24 MARCH 1952	15	4	19

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.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL

Date 24 March, 1952 (Rank) CAPTAIN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 March, 1952 — USCG Marine Inspection Office, Baltimore, Md.
(Unit and place)

I CERTIFY that the above-named man REENLISTED IN THE REGULAR COAST GUARD for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX (6) years from this date.

Paid Reenlistment Bonus in amount of $360.00 on 26 March 1952 by Paul D. Banning, Ch. Disb. Offr.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL

(Rank) CAPTAIN, U. S. C. G.
Commanding officer.

W.H.REED, PCLK, USCG
Auth.Cert.Officer

16—20908-1

STANDARD FORM 116
AUGUST, 1949
PROMULGATED BY
EXECUTIVE ORDER 10033

APPLICATION FOR TRANSPORTATION OF HOUSEHOLD GOODS

(SEE INSTRUCTIONS ON REVERSE SIDE ITEMS 1 THRU 24 TO BE COMPLETED BY APPLICANT)

1. SHIP OR STATION	2. DATE	3. SHIPMENT NO. (No of shipments to show sequence)
CGC SWEETBRIER (WAGL-405).	29 March 1954	2

4. FROM (Last name - First name - Middle initial)	5. GRADE, RANK OR RATING	6. SERVICE SERIAL NO.	7. STATE TEMPORARY OR PERMANENT CHANGE OF STATION
CAROLLO, Domenic (n)	BMC	214-599	Permanent

8. TO (Submit to nearest shipping officer)
Shipping Officer, 9th CG District

9. IT IS REQUESTED THAT ACTION BE TAKEN TO HAVE HOUSEHOLD GOODS TRANSPORTED AS PROVIDED BY LAW AND REGULATIONS BASED ON CHANGE OF STATION ORDERS ISSUED BY Comdr., 9th CG District AT Cleveland, Ohio
UNDER DATE OF 13 November 1953 PARAGRAPH NUMBER 1 ORDERS NUMBER 514951
WHICH ORDERED ME TO DUTY AT Ketchikan, Alaska, (station assigned by CCGD17).

10. TO BE SHIPPED FROM (Street address)	CITY OR TOWN	DATE INSPECTION MAY BE MADE	11 TELEPHONE NO.
United Fireproof Warehouse Co. 2122 N. Prospect Ave.	Milwaukee 2, Wisc.	Any time	

12. TO BE SHIPPED TO (Street address)	CITY OR TOWN	DESIGNATED AGENT TO RECEIVE PROPERTY AT DESTINATION
625 E. Main Street	Iron Mountain, Mich.	

13. APPROXIMATE AMOUNT TO BE SHIPPED	A. NO. OF POUNDS OR ROOMS	B. APPROXIMATE WT. OF PROFESSIONAL BOOKS, PAPERS & EQUIPMENT INCLUDED	SHIPMENT INCLUDES (Check) ☒ WASHING MACHINE ☐ REFRIGERATOR ☐ PIANO ☒ OTHER (Specify)	D. NO. OF BARRELS OF CHINA
	4500 lb.	none	Gas Range	4

14. METHOD OF SHIPMENT REQUESTED (Check one) ☒ AS DESIGNATED BY SHIPPING OFFICER REGARDLESS OF SHIPPING OFFICER'S DESIGNATION ☐ RAIL, ☐ VAN, ☐ EXPRESS, OR ☐ AIR

15. DATE BAGGAGE TO BE PICKED UP: Upon approval

16. OFFICIAL HOME: 625 E. Main St. Iron Mountain, Mich.

CERTIFICATIONS

17. I CERTIFY THAT THE ABOVE REQUESTED SHIPMENT CONSISTS OF HOUSEHOLD GOODS WHICH BELONG TO ME AND HAS BEEN IN USE BY MYSELF (or family) PREVIOUS TO DATE OF THIS REQUEST AND IS NOT INTENDED DIRECTLY OR INDIRECTLY FOR ANY OTHER PERSON OR PERSONS OR FOR SALE.

18. I FURTHER CERTIFY THAT THE ABOVE MENTIONED PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT, ARE IN FACT PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT WHICH ARE NECESSARY IN THE PERFORMANCE OF MY OFFICIAL DUTIES.

19. I WILL ACCEPT THE METHOD OF SHIPMENT DESIGNATED BY THE SHIPPING OFFICER TO BEST SERVE THE INTERESTS OF THE UNITED STATES AND MYSELF, OR WILL PAY ANY EXCESS COSTS OCCASIONED BY MY SELECTION OF ANY OTHER METHOD.

20. I WILL PAY ALL HANDLING, STORAGE, OR OTHER COSTS, NOT AUTHORIZED BY REGULATIONS.

21. IF MY ORDERS ARE MODIFIED OR CANCELLED AND AFFECT THIS SHIPMENT, I WILL NOTIFY IMMEDIATELY SHIPPING OFFICERS AT POINT OF ORIGIN (or port if any), AND DESTINATION.

22. IN THE EVENT OF FAILURE ON THE PART OF MYSELF OR MY AGENT TO FURNISH THE SHIPPING OFFICER AT DESTINATION WITH PROMPT REMOVAL INSTRUCTIONS, I HEREBY AUTHORIZE THE ABOVE SHIPMENT TO BE PLACED IN LOCAL COMMERCIAL STORAGE IN MY NAME AND FOR MY ACCOUNT AND RISK.

23. UPON RECEIPT OF STATEMENT(S) SHOWING EXCESS COSTS I WILL REMIT AN AMOUNT SUFFICIENT TO COVER SUCH COSTS, OR PERMIT THE APPLICATION OF SO MUCH OF MY PAY AS MAY BE NECESSARY TO COVER SUCH COSTS. THIS AGREEMENT IS MADE WITH THE UNDERSTANDING THAT IT DOES NOT PREJUDICE MY RIGHT OF APPEAL TO THE COMPTROLLER GENERAL AND THE COURTS OF ADJUDICATION AFTER SUCH PAYMENT OR DEDUCTION HAS BEEN MADE IF I CONSIDER THE AMOUNT THEREOF TO BE ERRONEOUS.

24. PREVIOUS SHIPMENTS UNDER IDENTICAL ORDERS (If none, indicate "None")

FROM (A)	TO (B)	BILL OF LADING, CONTRACT OR PURCHASE ORDER NUMBER (If known) (C)	POUNDS HOUSEHOLD GOODS UNPACKED (D)	POUNDS HOUSEHOLD GOODS PACKED (E)	POUNDS PROFESSIONAL BOOKS, PAPERS, & EQUIPMENT (F)
416 W. Orchard St.	2122 N. Prospect Ave.	UNKNOWN			
Milwaukee, Wisc.	Milwaukee 2, Wisc.			for temporary storage	

SIGNATURE OF APPLICANT
DOMENIC CAROLLO

25. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE:
(To be accomplished only by the Commanding Officer or his authorized representative, by signature or official seal)

THE PROPERTY IS PERSONAL BAGGAGE, HOUSEHOLD GOODS, OR PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT AUTHORIZED TO BE SHIPPED AT GOVERNMENT EXPENSE.

REASON FOR NONAVAILABILITY OF SIGNATURE	NECESSITY FOR SHIPMENT
	CERTIFIED BY (Signature and Title)

26. CERTIFICATE OF SHIPPING OFFICER

DESIGNATED METHOD OF SHIPMENT	BILL OF LADING NUMBER
Storage auth point origin Van carrier at actual weight goods	CO 057392
METHOD OF SHIPMENT USED	CONTRACT NUMBER
Van - United Fire Proof Ware Co.	09-0187, 15 April 1954 - Est cost $250.00
EXCESS COST OF PACKING, CRATING, AND HAULING (When required by the service concerned) ☐ GOVERNMENT ☐ COMMERCIAL $	PURCHASE ORDER NUMBER
POUNDS HOUSEHOLD GOODS Net wt 4500 lbs	POUNDS PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT

SIGNATURE OF SHIPPING OFFICER
M. J. Connelly, CHCCS USCG, Ship's Pay Off.

STANDARD FORM 116

Standard Form No. 1103 a
Form prescribed by
Comptroller General, U. S.
January 21, 1946
General Regulations No. 97–Revised

U. S. GOVERNMENT BILL OF LADING

MEMORANDUM COPY

CG 057392

NAME OF INITIAL TRANSPORTATION COMPANY → United Fire Proof Warehouse Co.

TRAFFIC CONTROL NO.

CAR INITIALS AND NO.

STOP THIS CAR AT FOR

RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, SUBJECT TO CONDITIONS NAMED ON THE REVERSE HEREOF, THE PUBLIC PROPERTY HEREINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE.

IMPORTANT

WHEN THE ORIGINAL OF THIS BILL OF LADING IS SURRENDERED TO THE INITIAL CARRIER A MEMORANDUM COPY THEREOF SO CERTIFIED MUST BE FORWARDED TO THE CONSIGNEE IMMEDIATELY.

Car Length, Feet & Inches†		Marked Capacity of Car†		Date Car Furnished†	Date B/L Issued
Ordered	Furnished	Ordered	Furnished		
					4-15-54

FROM 2122 N. Prospect Ave. from storage
(SHIPPING POINT) → Milwaukee, Wisconsin

FROM (FULL NAME OF SHIPPER)
Commander, 9th CG District

MARKS
Domenic Carello, BMC, USCG
625 East Main Street,
Iron Mountain, Michigan

CONSIGNEE
Domenic Carello, BMC, USCG
625 East Main Street,

DESTINATION
Iron Mountain, Michigan

VIA (ROUTE JOURNEY ONLY WHEN SOME SUBSTANTIAL INTEREST OF THE GOVERNMENT IS SUBSERVED THEREBY)

CHARGES TO BE BILLED TO (DEPARTMENT OR ESTABLISHMENT AND BUREAU OR SERVICE AND LOCATION)
Commander, 9th CG District,
1700 Keith Bldg., Cleveland 15, Ohio

APPROPRIATION CHARGEABLE
20102O1 OR CG 09-19.54 925040 0311

ISSUING OFFICE
CCYCGD, 1700 Keith Bldg., Cleveland, O.

NAME AND TITLE OF ISSUING OFFICER
M.J.Connolly, CHPCLK,USCG,Chief, Supply Section

Van carrier at actual weight goods

PICK-UP SERVICE AT ORIGIN.....
(INSERT "WAS" OR "WAS NOT")
BY THE GOVERNMENT OR ITS AGENT.

INITIALS OF SHIPPER'S AGENT.....

B/L SYMBOL AND NO.
CG 057392

†FURNISH THIS INFORMATION IN CASE OF CARLOAD SHIPMENTS ONLY.
*SHOW ALSO CUBIC MEASUREMENTS FOR SHIPMENTS VIA OCEAN CARRIER IN CASES WHERE REQUIRED.

PACKAGES NO.	PACKAGES KIND	DESCRIPTION OF ARTICLES (USE CARRIERS' CLASSIFICATION OR TARIFF DESCRIPTION IF POSSIBLE, OTHERWISE A CLEAR NONTECHNICAL DESCRIPTION)	NUMBERS ON PACKAGES	WEIGHTS*
		(From authorized temporary storage)		
		HOUSEHOLD EFFECTS		
		Weight certificate required. Released value of 30¢ per pound per article for non-military use		

COPY FOR CONSIGNEE

CERTIFICATE OF ISSUING OFFICER

CONTRACT NO. OR PURCHASE ORDER NO. OR OTHER AUTHORITY FOR SHIPMENT 09-0167, Form 116, 15 April 1954 DATED

F.O.B. POINT NAMED IN CONTRACT Milwaukee, Wis.

SIGNATURE OF ISSUING OFFICER M. J. Connolly, Chief Pay Clerk, USCG

NAME OF TRANSPORTATION COMPANY → United Fire Proof Warehouse Co.

DATE OF RECEIPT OF SHIPMENT

SIGNATURE OF AGENT

PER

MEMORANDUM COPY

United States Coast Guard,
1700 Keith Building,
Cleveland 15, Ohio

fs 2233
15 April 1954
L-19

United Fire Proof Warehouse Co.,
2122 N. Prospect Avenue
Milwaukee 2, Wisconsin

Gentlemen:

Complying with the request of Domenic Carollo, BMC, USCG, inclosed herewith is Government Bill of Lading CG 057392 covering shipment of his household effects from storage in your warehouse to Mrs. Carollo at 625 East Main Street, Iron Mountain, Michigan.

Telephone numbers not indicated on the application for shipment, although it does show that movement should be as soon as possible.

This movement of household effects to be at actual weight of goods, and not as an expedited shipment.

Sincerely yours,

M. J. CONNOLLY
Chief Pay Clerk, USCG
Chief, Supply Section
By direction of District Commander

Encls:
GBL 057392 (4)

Copy to:
D. Carollo ~~(4)~~ -- for your information and guidance. Also inclosed for your personnel jacket are your various original travel orders.
Mrs. Carollo

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3490 (10-53)

ELECTION OF OPTIONS UNDER THE UNIFORMED SERVICE CONTINGENCY OPTION ACT OF 1953

DATE: 4/8/54

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE OR RATE
CAROLLO	DOMENIC	(n)	214-599	BMC(AN)

PERMANENT ADDRESS: CGC SWEETBRIER (WAGL-405)
KETCHIKAN, ALASKA

STATUS: [X] ACTIVE [ ] INACTIVE [ ] RETIRED

DATE OF BIRTH: 1-2-12

YEARS SERVICE FOR PAY PURPOSES: 16

IF RETIRED, DATE OF RETIREMENT:

CHECK APPROPRIATE SQUARES

A. [X] I DO *NOT* DESIRE TO ELECT ANY OF THE OPTIONS UNDER PUBLIC LAW 239. *(See Note 1 on reverse of form)*

B. I HEREBY ELECT THE FOLLOWING OPTION OR OPTIONS: *(See Note 2 on reverse of form)*

OPTION	1/8	1/4	1/2	
1				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW. *(See Note 3 on reverse of form)*
2				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY SURVIVING CHILDREN. *(See Note 4 on reverse of form)*
3				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW *AND* SURVIVING CHILDREN. *(See Note 5 on reverse of form)*
4	[ ] NO FURTHER DEDUCTIONS SHALL BE MADE FROM MY RETIRED PAY COMMENCING WITH THE FIRST DAY OF THE MONTH FOLLOWING THE DATE ON WHICH THERE IS LEFT NO BENEFICIARY ELIGIBLE TO RECEIVE THE ANNUITY SELECTED. I WISH TO COMBINE THIS OPTION WITH OPTION NUMBER_____. *(See Note 6 on reverse of form)*			

C. *IMPORTANT:* IF EITHER OPTION 1 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION:

FULL NAME OF SPOUSE	DATE OF BIRTH OF SPOUSE
PLACE OF MARRIAGE *(City, County, State)*	DATE OF MARRIAGE

HAVE YOU BEEN MARRIED PREVIOUSLY? [ ] YES [ ] NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

DATE DISSOLVED	PLACE OF DISSOLUTION	METHOD OF DISSOLUTION

HAS YOUR SPOUSE BEEN MARRIED PREVIOUSLY? [ ] YES [ ] NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

DATE DISSOLVED	PLACE OF DISSOLUTION	METHOD OF DISSOLUTION

D. *IMPORTANT:* IF EITHER OPTION 2 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION:
(If child is step-child or adopted child, so indicate in remarks column)

NAME OF EACH ELIGIBLE CHILD	DATE OF BIRTH	REMARKS

I UNDERSTAND THAT IF I HAVE AN OPTION IN EFFECT DURING ANY PERIOD WHEN I AM NOT RECEIVING RETIRED PAY FROM THE COAST GUARD I WILL BE REQUIRED TO DEPOSIT WITH THE TREASURER OF THE UNITED STATES THE AMOUNT OF MONEY THAT WOULD HAVE BEEN WITHHELD FROM MY RETIRED PAY WERE I RECEIVING SUCH PAY. I REALIZE THAT A FAILURE TO MAKE ANY SUCH DEPOSIT WILL MAKE ME LIABLE FOR THE AMOUNT OF SUCH REQUIRED DEPOSIT, AND I HEREBY CONSENT TO THE DEDUCTION, FROM ANY COMPENSATION SUBSEQUENTLY DUE TO ME FROM THE COAST GUARD, OF AN AMOUNT SUFFICIENT TO PAY ANY SUCH ARREARS, PLUS COMPOUND INTEREST. I HAVE CAREFULLY READ THE COMPLETED FORM, AND I CERTIFY THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Domenic Carollo
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS_____DAY

OF_____, 19_____.

SIGNATURE AND TITLE OF ATTESTING OFFICER OR NOTARY PUBLIC *(Note 7)*

CGC SWEETBRIER (WAGL-405)
Ketchikan, Alaska

NAME CAROLLO, Domenic RATE BMC(AN) SERVICE NO. 214-599

REPORTED FROM CG-95301 DATE 2-27-54 TIME 2000

AUTHORITY TONO 514951

CHECK OF LIST:

SERVICE RECORD ENTRIES (PAGES 5 & 7) X MARKS CARD X

PERSONNEL DATA CARD X HEALTH RECORD X ORDERS X

DD 114 (or Pay Record 510) X DAILY DIARY X

RADIO SHACK X

DETACH THIS PART OF SLIP AND FILE IN SERVICE RECORD

17CG DISTRICT

U. S. COAST GUARD
SEATTLE, WASHINGTON

NAME CAROLLO, Domenic (n) SERVICE NO. 214-599 RANK/RATE BMC(AN)

RECORDS OK / SERVICE (ALL ENTRIES) OK / HEALTH (ALL ENTRIES) 13CG DISTRICT / PAY ACCOUNTS (ALL ENT

MARITAL STATUS Married NO. OF DEPENDENTS Four BAQ Yes

COMPLETE SEA BAG OK
As required by Art. 7-50; U. Regs.

IDENTIFICATION CARD No. 42287 DATE QUALIFIED FOR TRANSFER 1-29-54

DATE TRANSFERRED 2-22-54 TO SWEETBRIER for ASDU.

MEDICAL AND DENTAL SECTION
PHYSICAL EXAMINATION 12/3/53 QUALIFIED YES ID TAGS ✓

SMALLPOX DATE 6/51 TYPHOID IMM. 6/53 TETANUS 6/51 BLOOD O

YELLOW FEVER ____ (Required for Asia, Africa SA and SW Pacific) TYPHUS IMM ____ (Required for SA, Near East and South America)

CHOLERA ____ (Required for Egypt, Near East, SW Pacific exclusive of Austrailia & New Zealand) PLAGUE ____ (Required for SA, Near East, India, Burma and China)

DENTAL TREATMENT NONE REQUIRED
Required / commenced / completed

REMARKS EXPLAINING ANY MEDICAL OR DENTAL DISCREPANCIES, i. e., NO DENTAL TREATMENT OBTAINED PRIOR REPORTING THIS UNIT, IMMUNIZATION SERIES NOT COMPLETED, ETC

MEDICALLY AND DENTALLY QUALIFIED FOR TRANSFER ON: 1/29/54

REMARKS EXPLAINING ANY DISCREPANCIES IN SERVICE, HEALTH OR PAY RECORDS.

J. D. GOOLSBY
Personnel Officer

Outfit check off list for enlisted men being transferred to overseas assignment to d

ITEM	QUANTITY	
Belts:		
Web, black	1	✓
Web, white	1	✓
Blankets, wool	2	✓
Caps:		
Blue w/ribbon	1	
Watch	1	✓
Clothes stops	3 pkg	✓
Drawers, cotton	6	✓
Gloves, black leather	1 pr	✓
Hats, white	4	
Insignia	As required	✓
Jersey, blue	1	✓
Jumpers:		
Dress, blue	1	
Undress, blue	2	
Undress, white	4	
Mattress covers	2	✓
Neckerchief, black	1	
Overcoat, blue	1	✓
Pillow	1	✓
Pillow covers	2	✓
Raincoat, blue	1	✓
Shirts, chambray	3	✓
Shoes:		
High black	1 pr	✓
Low, black	2 pr	✓
Socks:		
Cotton, black	6 pr	✓
Cotton, white or natural	4 pr	✓
Towels:		
Large	2	✓
Small	2	✓
Trousers:		
Blue	3 pr	✓
Dungaree	3 pr	✓
White	4 pr	
Trunks, swim	1 pr	✓
Undershirts, cotton	6	✓
Seabag	1	✓
ID Card		✓
ID Tags		✓
Prophylactic Immunization		✓

U. S. COAST GUARD
RECEIVED
AUG 5 1953
BALTIMORE, MARYLAND
MARINE INSPECTION

p
3 August 1953
GD5/MM/P16-4

SECOND ENDORSEMENT on CAROLLO, Domenic (n) (214-599) BMC(AN) ltr of 31 July 1953, P16-4/MM

From: Commander, Fifth CG District
To: Officer-in-Charge, Marine Inspection, Baltimore, Md.

Subj: Orders; transfer, request for delay in departure

1. Returned disapproved.

V. O. JOHNSON
By direction

GN
5 August 1953
P16-4/MM

THIRD ENDORSEMENT to CAROLLO, Domenic (n) (214-599) BMC(AN) ltr of 31 July 1953, P16-4/MM

MIO, Baltimore, Md.

1. Received and subject man notified.

ALFRED W. KABERNAGEL

UNITED STATES COAST GUARD
209 Chamber of Commerce Bldg.
Baltimore - 2, Maryland

ADDRESS REPLY TO
Officer in Charge,
Marine Inspection
REFER TO FILE

RECEIVED
OFFICE, CHIEF PERSONNEL DIV.
5TH COAST GUARD DIST.
AUG 3 1953

RECEIVED
MAILROOM
1953 AUG 3

GN
31 July 1953
P16-4/MM

COMMANDER, FIFTH
COAST GUARD DISTRICT
NORFOLK VIRGINIA

From: CAROLLO, Domenic (n) (214-599), BMC(AN), USCG
To: Commander, Fifth Coast Guard District (p)
Via: Officer in Charge, Marine Inspection, Baltimore, Md.

Subj: Orders; transfer, request for delay in departure

Ref: (a) CCGD5 ltr dtd 6/23/53 (GD5/MM/P16-4/1
(b) My ltr dtd 6/29/53 (P16-4/MM)
(c) CCGD5 dispatch 162035Z
(d) Doctor's ltr dtd 7/28/53

1. It is requested that I be favorably considered for an additional Thirty(30) day delay in departing from this unit in compliance with reference (a) as amended by reference (c).

2. Reference (d), which is enclosed herewith, is self-explanatory and sets forth my reason for making this request.

Domenic Carollo
DOMENIC CAROLLO

Encl: (1) Dr's ltr dtd 7/28/53

---

31 July 1953
P16-4/MM

FIRST ENDORSEMENT to CAROLLO's ltr dtd 7/31/53, P16-4/MM

From: Officer in Charge, Marine Inspection, Baltimore, Md.
To: Commander, Fifth Coast Guard District (p)

1. Forwarded approved.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL

Returned Disapproved
vol

209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

GN
26 June 1953
P16-4/MM

From: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
To: Commander, Fifth CG District (p)
Via: Officer in Charge, Marine Inspection Office, Baltimore, Md.

Subj: Orders; transfer, request for delay in departure

1. With reference to transfer orders contained in CGCGD letter dated 23 June 1953, file GD5/MM/P16-4/1, it is requested that I be permitted to delay my departure from this unit an additional thirty (30) days.

2. My reason for making this request is that my wife is in an advanced stage of pregnancy and we expect the child to be born in the month of July. My dependents will not be able to travel to her home in Wisconsin until several weeks afterwards and it is my desire to escort them safely myself. In addition to the expected child, we have two other small children, one (1) and three (3) years old respectively and it would be impossible for my wife to manage this move alone.

DOMENIC CAROLLO
(214-599), BMC(AN)

- - - -

p
9 July 1953
GD5/MM

From: Commander, Fifth CG District
To: Officer-in-Charge, Marine Inspection Office, Baltimore, Md.

Subj: COROLLO, Domenic (n) (214-599) BMC(AN), USCG; request for delay in execution of orders

1. Advise subject named man that his request for delay in execution of orders as contained in his letter of 29 June 1953 file P16-4/MM is disapproved.

J. W. BOLDING
By direction

GN
10 July 1953
P16-4/MM

FIRST ENDORSEMENT to CDR 5 CG District ltr dtd 7-9-53

MIO, Baltimore, Md.

1. Received.

ALFRED W. KABERNAGEL

209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

GN
30 December 1952
P16-4/2/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Maryland
To: Commander, 5th CG District (f)

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); Original orders; return of

Ref: (a) CCGD5 ltr dtd 16 September 1952, file P16-4/2/MM

1. Forwarded in compliance with reference (a).

ALFRED W. KABERNAGEL

Encl: (1) Original orders of CAROLLO

209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

GN
24 September 1952
L16-6/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Maryland
To: Authorized Certifying Officer, PSU, Baltimore, Maryland

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); Application for BAQ allotment, waiver of

1. It is hereby certified that the delay in initiating the allotment was caused by the exigencies of the service. It is requested the allotment requirement be waived for the retroactive period of AUGUST & SEPTEMBER 1952.

ALFRED W. KABERNAGEL

p
16 September 1952
P16-4/2/MM

From: Commander, 5th Coast Guard District
To: Officer in Charge, Marine Inspection Office, Baltimore, Maryland

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); Original orders; return of

Ref: (a) OinC MIO Balto., Md. ltr dtd 8 September 1952, file P16-4/2/MM

It is requested that inclosed original orders be endorsed, stating what subsistance, if any, CAROLLO was furnished in temporary duty status while attached your command. Upon completion return original orders of CAROLLO to this office.

L. G. COLEMAN, CSCLK, USCG
By direction

Copy to: File

Encl: Original orders of CAROLLO

209 Chamber of Commerce Bldg.,
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

GH
8 September, 1952
P16-4/2/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Maryland
To: Commander, 5th CG District (f)

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); Original orders, temporary duty made permanent, return of

1. On 11 June, 1952, this Office mailed the original of CGD5/L, dated 3-11-52, file CG5/MM/P16-4/2 in reference to subject-named man.

2. CAROLLO wishes that the original order be returned to this office, as he desires to receive transportation for dependents.

ALFRED W. KABERNAGEL

Standard Form No. 1103a
Form prescribed by
Comptroller General, U. S.
January 21, 1946
General Regulations No. 97-Revised

U. S. GOVERNMENT BILL OF LADING

MEMORANDUM COPY

NAVCO No. 194609

NAME OF INITIAL TRANSPORTATION COMPANY — CAR INITIALS AND NO.: Southern Storage & Warehouse Co., Inc.

TRAFFIC CONTROL NO.

STOP THIS CAR AT ____ FOR ____

IMPORTANT
WHEN THE ORIGINAL OF THIS BILL OF LADING IS SURRENDERED TO THE INITIAL CARRIER A MEMORANDUM COPY THEREOF SO CERTIFIED MUST BE FORWARDED TO THE CONSIGNEE IMMEDIATELY.

CAR LENGTH, FEET & INCHES† ORDERED	CAR LENGTH, FEET & INCHES† FURNISHED	MARKED CAPACITY OF CAR † ORDERED	MARKED CAPACITY OF CAR † FURNISHED	DATE CAR FURNISHED †	DATE B/L ISSUED
					4-28-52.

RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, SUBJECT TO CONDITIONS NAMED ON THE REVERSE HEREOF, THE PUBLIC PROPERTY HEREINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE.

FROM (SHIPPING POINT) → 2912 Shelter Road, Norfolk, Virginia.

FROM (FULL NAME OF SHIPPER) Domenic (n) Carollo (214-599), HAC(AR), USCG

MARKS: "SAME AS CONSIGNEE"

CONSIGNEE: Domenic (n) Carollo (214-599) HAC(AR),USCG
1675 Freedom Way,
Baltimore, Maryland.

DESTINATION: Baltimore, Maryland.

VIA (ROUTE JOURNEY ONLY WHEN SOME SUBSTANTIAL INTEREST OF THE GOVERNMENT IS SUBSERVED THEREBY)

V A E

PICK-UP SERVICE AT ORIGIN (INSERT "WAS" OR "WAS NOT") BY THE GOVERNMENT OR ITS AGENT: WAS NOT

INITIALS OF SHIPPER'S AGENT: ____

B/L SYMBOL AND NO.

CHARGES TO BE BILLED TO (DEPARTMENT OR ESTABLISHMENT AND BUREAU OR SERVICE AND LOCATION)
Commander, Fifth Coast Guard District
P. O. Box 540, Norfolk 1, Virginia.

APPROPRIATION CHARGEABLE 1080201, CG, CG, 05-21-52 925040 0311

ISSUING OFFICE: Comdr., FIFTH CG District (Transportation)

NAME AND TITLE OF ISSUING OFFICER: H. H. HARKER, LT, USCG Chief, Supply Section.

† FURNISH THIS INFORMATION IN CASE OF CARLOAD SHIPMENTS ONLY.
* SHOW ALSO CUBIC MEASUREMENTS FOR SHIPMENTS VIA OCEAN CARRIER IN CASES WHERE REQUIRED.

PACKAGES NO.	PACKAGES KIND	DESCRIPTION OF ARTICLES (USE CARRIERS' CLASSIFICATION OR TARIFF DESCRIPTION IF POSSIBLE, OTHERWISE A CLEAR NONTECHNICAL DESCRIPTION)	NUMBERS ON PACKAGES	WEIGHTS*
1.		Packing and crating as necessary and hauling household effects of CAROLLO, Domenic (n) (214-599) HAC(AR), USCG "The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $0.30 per pound for each article". CMD 052570-52 dated 18 February 1952.		

CERTIFICATE OF ISSUING OFFICER

CONTRACT NO. OR PURCHASE ORDER NO. OR OTHER AUTHORITY FOR SHIPMENT: 050173-52. DATED 4-28-52.

F. O. B. POINT NAMED IN CONTRACT: Norfolk, Virginia.

SIGNATURE OF ISSUING OFFICER: H. H. HARKER, LT, USCG.

NAME OF TRANSPORTATION COMPANY: Southern Storage & Warehouse Co., Inc.

DATE OF RECEIPT OF SHIPMENT

SIGNATURE OF AGENT — PER

MEMORANDUM COPY
RETAIN THIS COPY

Rec'd 5-5-52

DELIVERY SERVICE AT DESTINATION BY THE GOVERNMENT OR ITS AGENTS

UNITED STATES COAST GUARD

ADDRESS REPLY TO THE
COMMANDER,
FIFTH COAST GUARD DISTRICT
POST OFFICE BOX 540
NORFOLK 1, VIRGINIA

p
26 May, 1952
GD5/MM/P16-4/2

From: Commander, FIFTH Coast Guard District
To: Commanding Officer, Marine Inspection Office, Baltimore, Maryland

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); orders, request for

It is requested that orders terminating subject-named man's temporary duty at Marine Inspection Office, Baltimore, thereby making it permanent, be forwarded this command in order that CAROLLO may be reimbursed for travel performed.

U. S. COAST GUARD
RECEIVED
MAY 27 1952
BALTIMORE, MARYLAND
MARINE INSPECTION

C. K. SCARBOROUGH
By direction

CC: File

6a Pet is requesting that original orders under Ref (b) be forwarded to Cdr Fifth Dist as requested by Ref (a).

COPY

UNITED STATES COAST GUARD

Address reply to
Commander
Fifth Coast Guard District
Post Office Box 540
Norfolk 1, Virginia

p
12 June, 1951
GD5/MM/P16-4/2

ORDER NO. 1239-51

From: CO, Enlisted Personnel, 5th CG District Office
To : CAROLLO, Domenic (n) (214-599) BMC, USCG - PRESENT

Subj: Orders; transfer; travel

1. Upon receipt hereof, you are directed to proceed, with and in charge of the below-named men to Berkley, Norfolk, Virginia, and upon arrival thereat, report to the Commanding Officer, Coast Guard CUTTER INGHAM (WPG-35), that place for assignment to duty.

NONE

2. As no travel is indicated, none is authorized.

3. Your Service, health and pay records are handed you herewith.

4. Your permanent duty station remains, Norfolk, Virginia.

5. No proceed time is allowed under this order.

6. Delivered and departed this office at 1100, this date. EDA 6-12-51.

/s/ J. W. BOLDING
Executive Officer

CC:

Ind-1
Norfolk, Va. 12 June, 1951

Pay record never received at this office. If and as soon as received it will be forwarded.

/s/ E. E. HELFST, A.C.C.

~~Ind-2~~
Ind-2
CGC INGHAM

12 June, 1951
WPG/MM/P16-4

1445, this date, reported aboard from CO, Enlisted Personnel, 5th CG District Office, Norfolk, Virginia, for assignment to duty.

/s/ S. F. HEWINS

Ind-3
5th CGD Office
Norfolk, Virginia

P
27 June, 1951
GD5/MM/P16-4/2

Paragraph 4 of basic orders is hereby amended, in that this order constitutes a permanent change of station, for CAROLLA, from Waukegan, Illinois to Norfolk, Virginia.

/s/ J. W. BOLDING
By direction

CERTIFIED TO BE A TRUE COPY:

E. W. RINEHART, LT, USCGC

209 Chamber of Commerce Bldg.
Baltimore - 2, Maryland

Officer-in-Charge
Marine Inspection

GN
28 May 1952
P16-4/2

From: Officer-in-Charge, Marine Inspection Office, Baltimore, Md.
To: Commandant (PE)

Subj: CAROLLO, Domenic (n) (214-593) orders; request of

Ref: (a) Original orders of subject CAROLLO, making temporary duty permanent, ltr. dtd. 11 March 1952, file GD5/MM/P16-4/2

(b) Commander, FIFTH Coast Guard District ltr. dtd. 26 May 1952, file GD5/MM/P16-4/2

1. It is requested that original orders of reference (a) be forwarded to Commander FIFTH Coast Guard District in order that CAROLLO may be reimbursed for travel performed.

2. Subject named man was discharged on 24 March 1952 and reenlisted on 25 March 1952 for Six (6) years. The orders requested were inadvertently included in the Service Record forwarded to Headquarters subsequent to his discharge and reenlistment.

ALFRED W. KABERNAGEL

Incl: Ref. (b) ltr.

CC: CO, CGD5 (p)

UNITED STATES COAST GUARD
Office of Shipping Commissioner
9 Custom House
Baltimore -2, Maryland

ADDRESS REPLY TO
Shipping
Commissioner
REFER TO FILE

COMMANDER
5th COAST GUARD DISTRICT
MAR 19 1952
RECEIVED
RECEIVED MAIL ROOM
1952 MAR 19 09 44

12 March 1952

COMMANDER, FIFTH
COAST GUARD DISTRICT
NORFOLK, VIRGINIA
RECEIVED
OFFICE, CHIEF PERSONNEL
5TH COAST GUARD DIST
MAR 19 1952

From: CAROLLO, Domenic (214-599) BMC (AN)
To: Commander, FIFTH Coast Guard District
Via: Officer-in-Charge, Marine Inspection office, Baltimore, Md.

Subj: Per diem allowance; request for

1. It is requested that my temporary duty orders to the Marine Inspection Unit, issued by the CO, CGC INGHAM (WPG-35), dated 18 February 1952, file WPG/MM, be amended to read that a per diem allowance is authorized.

2. The request is being made because of the high cost of living involved. I must maintain two homes inasmuch as I am married and my permanent duty station remains at Norfolk, Virginia. Therefore I am not getting re-imbursement for quarters required at Baltimore.

3. The Pay Officer at the Port Security Barracks, Baltimore, Maryland advises me that I am not entitled to a per diem allowance while on present temporary duty at Baltimore.

4. Because of above stated facts it is requested that the amending of my original orders be given favorable consideration.

Domenic Carollo
DOMENIC CAROLLO

Incls.
Copy of T.D. Orders.
Copy of T. D. made permanent.

GN
17 March, 1952
L20/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: Commander, FIFTH Coast Guard District

Forwarded.

Alfred W. Kabernagel Jr.
ALFRED W. KABERNAGEL

CAROLLO, Domenic (214-599) BMC(AN) to
Commander, FIFTH CG District

U. S. COAST GUARD
RECEIVED
APR 4 1952
BALTIMORE, MARYLAND
MARINE INSPECTION

12 March, 1952

Ind-2

P
3 April, 1952
GD5/MM/L16-3

From: Commander, FIFTH Coast Guard District
To: CAROLLO, Domenic (214-599) BMC(AN), USCG
Via: Officer-in-Charge, Marine Inspection Office, Baltimore, Maryland

Subj: Per diem allowance; request for

Returned, disapproved. Inasmuch as your temporary duty status lasted but approximately twenty-three (23) days, and was made permanent on 13 March, 1952, it is not felt by this office that per diem allowances should be authorized for that period.

J. W. BOLDING,
By direction.

Ind-3

GN
4 April, 1952
L16-3/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: CAROLLO, Domenic (214-599) BMC(AN)

Forwarded.

ALFRED W. KABERNAGEL

Ind-4

GN
4 April, 1952
L16-3/MM

From: CAROLLO, Domenic (214-599) BMC(AN)
To: Officer in Charge, Marine Inspection Office, Baltimore, Md.

Received.

DOMENIC CAROLLO

CAROLLO, Domenic (n)	214-599	BMC(AN)
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	25 March, 1952
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

25 March, 1952: REENLISTED in the Regular Coast Guard for a period of six (6) years as BMC(AN). Elects to receive Reenlistment Bonus in the amount of $360.00. (Issued HD on 3-24-52).

PAYE: Baltimore, Maryland

AUTH: Art. 1-G-57 Personnel Manual.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
OCMI, Baltimore

CAROLLO, Domenic (n)	214-599	BMC(AN)
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	24 March, 1952
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

24 March, 1952: Issued HD by reason of EE. Elects to receive cash compensation for unused accrued leave in the amount of sixty (60) days. Not entitled

CAROLLO, Domenic (n)	214-599	BMC(AN)
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	24 March, 1952
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

24 March, 1952: Issued HD by reason of EE. Elects to receive cash compensation for unused accrued leave in the amount of sixty (60) days. Not entitled to MOP (Previously paid). Elects to receive TA from Baltimore, Md. (POD) to Iron Mountain, Michigan (HA)on enlistment contract). Completed 15 years 4 months and 19 days creditable service as of 24 March, 1952.

AUTH: Section 12-3-42A(1) CG Regulations & PC 19-48.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
OCMI, Baltimore

TRANSCRIPT OF ARTICLE 5, SPECIAL QUALIFICATIONS, AS TAKEN FROM PREVIOUS SERVICE REDORD OF CAROLLO, Domenic (n) (214-599), BMC(AN), USCG

Ship or Station	Date	Remarks
GG Traning Senter Groton, Conn.	7-1-46	Successfully conpleted 21 weeks course in Aids to Navigation. Awarded (AN) Designator. /s/ G.W.GENTNER By direction

TRANSCRIPT OF ARTICLE 6, EFFICIENCY MARKS, AS TAKEN FROM PREVIOUS SERVICE RECORD OF CAROLLO, Domenic (n) (214-599), BMC(AN), USCG

date	rate	PIR	SNS	MECA	ABLM	COND	Signature
3-31-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ F.H. SCHONEWOLF, LTJG
6-30-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ F.W.HERMES,Jr.LTJG
9-30-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ F.W.HERMES,Jr.LTJG
12-31-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ H.M.WARNER, CDR
3-31-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER, CDR
6-30-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER,CDR
9-30-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER,CDR
12-31-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER,CDR
3-31-51	BMC	3.6	3.6	3.6	3.5	4.0	/s/ W.P.HAWLEY,CO
4-30-51	BMC(AN)	LESS THAN ONE MONTH				4.0	/s/ W.P.HAWLEY,CO
ADAPTIBILITY FOR WARRANT GRADE 3.3							/s/ W.P.HAWLEY,CO
6-12-51	BMC(AN)	LESS THAN ONE MONTH				4.0	/s/ J.W.BOLDING,LTJG,XO
6-30-51	BMC(AN)	LESS THAN ONE MONTH				4.0	INGHAM /s/ M.W.CASKEY,CO
9-30-51	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM /s/ S.F.HEWINS,CO
12-31-51	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM /s/ S.F.HEWINS,CO
2-18-52	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM /s/ S.F.HEWINS,CO
ADAPTIBILITY FOR WARRANT GRADE 3.3.							INGHAM /s/ S.F.HEWINS,CO
3-24-52	BMC(AN)	3.7	3.6	3.6	3.6	4.0	ALFRED W. KABERNAGEL, CAPT

TRANSCRIPT OF ARTICLE 7, COMMENDATIONS AND AWARDS, AS TAKEN FROM PREVIOUS SERVICE REDORD OF CAROLLO, Domenic (n) (214-599), BMC(AN), USCG

Ship or Station	Date	Remarks
Port Washington Brkw. Lt. Sta.	8-8-47	Awarded World War Victory and American Defense Medal: AUTH: Act of Congress 6 July, 1945 and General Order No. 10, CG Regs.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL
OCMI, Baltimore

ARTICLES FROM MANUAL FOR COURTS-MARTIAL, UNITED STATES 1951

I have read Articles 2, 3, 7 through 15, 25, 27, 31, 37, 38, 55, 77 through 134, 137 through 139, of the Uniform Code of Military Justice, the Articles have been carefully explained to me, and I have had the opportunity to ask questions as to meaning or information concerning the Articles.

Date 25 March, 1952

Domenic Carollo
DOMENIC CARCLLO
(Signature)

Witnessed this 25th
day of MARCH 1952.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL, CAPT., USCG

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. 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 by stating in the space indicated "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.

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 these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking 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.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement 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.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
Domenic Carollo CAROLLO, Domenic (n)	214-599	Reenlistment-U.S. COAST GUARD
Station to Which Certification Submitted	Typed Name and Grade of Witnessing Officer	
Marine Inspection Office, Baltimore, Md.	Alfred W. Kabernagel ALFRED W. KABERNAGEL, CAPT., USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking 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:

1. Which practices, seeks to practice, or advocates either:

(*a*) 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

(*b*) 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.

2. 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.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. 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.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	
NONE							
NONE							
NONE							

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

NONE

Given under my hand this 25 day of March 19 52

Signature of Witnessing Officer

FRED W. KABERNAGEL, CAPT., USCG

Signature of Person Making Certification

DOMENIC CAROLLO

U. S. GOVERNMENT PRINTING OFFICE : 1950—O-919201

...ponjin Kai)
... California
...rtue Society of Japan
...apan)
... Nokubei Heieki Gimusha Kai,
...eiyaku Gimusha Kai, and Zaibei
(*Japanese residing in America Military Association*)
... (*Imperial Japanese Reservists*)
...aru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku 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 Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
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 (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
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 Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia

...nated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los ... Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
- Civil Rights Congress for Texas
- Veterans Against Discrimination of Civil Rights Congress of New York

Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
- Citizens Committee of the Upper West Side (*New York City*)
- Committee to Aid the Fighting South
- Daily Worker Press Club
- Dennis Defense Committee
- Labor Research Association, Inc.
- Southern Negro Youth Congress
- United May Day Committee
- United Negro and Allied Veterans of America
- Yiddisher Kultur Farband

Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
- Florida Press and Educational League
- Peoples Educational and Press Association of Texas
- Virginia League for Peoples Education

Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
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
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
- American-Russian Fraternal Society
- Carpatho-Russian Peoples Society
- Cervantes Fraternal Society
- Croatian Benevolent Fraternity
- Finnish-American Mutual Aid Society
- Garibaldi American Fraternal Society
- Hellenic-American Brotherhood
- Hungarian Brotherhood
- Jewish Peoples Fraternal Order
- People's Radio Foundation, Inc.
- Polonia Society of the IWO
- Romanian-American Fraternal Society
- Serbian-American Fraternal Society
- Slovak Workers Society
- Ukranian-American Fraternal Union

Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
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 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 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
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
- Florida Press and Educational League
- Peoples Educational and Press Association of Texas
- Virginia League for Peoples Education

German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
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
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

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Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
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- Peoples Educational and Press Association of Texas
- Virginia League for Peoples Education

Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

NONE

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Domenic Carollo

DOMENIC CAROLLO

SIGNATURE OF WITNESSING OFFICER

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

NCG 2500
(Rev. June, 1942)

PE-PR-19

RE ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

RE ENLISTMENT OF CAROLLO, Domenic (n) (Full name, surname to left); 214-599 (Service number); $242.55 (Pay per month)

Accepted for enlistment at Baltimore, Maryland; BMC (AN) (Rating in which enlisted)

RE Enlisted at Marine Inspection Office, Baltimore, Maryland; 25 March 1952 (Date of enlistment)

Transferred to - - -

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, Domenic Carollo, 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 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.

Domenic Carollo

DOMENIC CAROLLO

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 25 day of March, A. D. 19 52

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPTAIN, USCG

(Commanding officer, notary public, or other officer qualified to administer oaths)

Officer-in-Charge

Marine Inspection Office, Balto, Md.

(Title)

Citizenship substantiated and contract perfected.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL

CAPTAIN, *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)

14—8420-2 U. S. GOVERNMENT PRINTING OFFICE

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking 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:

1. Which practices, seeks to practice, or advocates either:

(*a*) 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

(*b*) 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.

2. 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.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. 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.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	
NONE							
NONE							
NONE							

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

NONE

Given under my hand this 25 day of March 1952

Signature of Witnessing Officer

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG

Signature of Person Making Certification

Domenic Carollo

DOMENIC CAROLLO

U. S. GOVERNMENT PRINTING OFFICE : 1950—O-919201

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. 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 by stating in the space indicated "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.

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 these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking 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.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement 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.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
CAROLLO, Domenic (n)	214-599	Reenlistment-U.S. COAST GUARD
Station to Which Certification Submitted	Typed Name and Grade of Witnessing Officer	
Marine Inspection Office, Baltimore, Md.	ALFRED W. KABERNAGEL, CAPT., USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete.

Consolidated List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

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 Hemusha 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 Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku 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 Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
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 Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
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 Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
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
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
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Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
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Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

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  Virginia League for Peoples Education
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Partido del Pueblo of Panama (*operating in the Canal Zone*)
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Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
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Silver Shirt Legion of America

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  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

NONE

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE
Domenic Carollo
DOMENIC CAROLLO

SIGNATURE OF WITNESSING OFFICER
Alfred W. Kabernagel
ALFRED W. KABERNAGEL, CAPT., USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

ARTICLES FROM MANUAL FOR COURTS-MARTIAL, UNITED STATES 1951

I have read Articles 2, 3, 7 through 15, 25, 27, 31, 37, 38, 55, 77 through 134, 137 through 139, of the Uniform Code of Military Justice, the Articles have been carefully explained to me, and I have had the opportunity to ask questions as to meaning or information concerning the Articles.

Date 25 March, 1952

Domenic Carollo
DOMENIC CAROLLO
(Signature)

Witnessed this 25th
day of MARCH 1952.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL, CAPT., USCG

TRANSCRIPT OF ARTICLE 5, SPECIAL QUALIFICATIONS, AS TAKEN FROM PREVIOUS SERVICE REDORD OF CAROLLO, Domenic (n) (214-599), BMC(AN), USCG

Ship or Station	Date	Remarks
CG Traning Center Groton, Conn.	7-1-46	Successfully completed 21 weeks course in Aids to Navigation. Awarded (AN) Designator. /s/ G.W.GENTNER By direction

TRANSCRIPT OF ARTICLE 6, EFFICIENCY MARKS, AS TAKEN FROM PREVIOUS SERVICE RECORD OF CAROLLO, Domenic (n) (214-599), BMC(AN), USCG

date	rate	PIR	SNS	MECA	ABLM	COND	Signature
3-31-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ F.H. SCHONEWOLF, LTJG
6-30-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ F.W.HERMES,Jr.LTJG
9-30-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ F.W.HERMES,Jr.LTJG
12-31-49	BM1	3.6	3.6	3.5	3.5	4.0	/s/ H.M.WARNER, CDR
3-31-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER, CDR
6-30-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER,CDR
9-30-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER,CDR
12-31-50	BM1	3.6	3.6	3.6	3.5	4.0	/s/ H.M.WARNER,CDR
3-31-51	BMC	3.6	3.6	3.6	3.5	4.0	/s/ W.P.HAWLEY,CO
4-30-51	BMC(AN)	LESS THAN ONE MONTH				4.0	/s/ W.P.HAWLEY,CO
ADAPTIBILITY FOR WARRANT GRADE 3.3							/s/ W.P.HAWLEY,CO
6-12-51	BMC(AN)	LESS THAN ONE MONTH				4.0	/s/ J.W.BOLDING,LTJG,XO
6-30-51	BMC(AN)	LESS THAN ONE MONTH				4.0	INGHAM /s/ M.W.CASKEY,CO
9-30-51	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM /s/ S.F.HEWINS,CO
12-31-51	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM /s/ S.F.HEWINS,CO
2-18-52	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM /s/ S.F.HEWINS,CO
ADAPTIBILITY FOR WARRANT GRADE 3.3.							INGHAM /s/ S.F.HEWINS,CO
3-24-52	BMC(AN)	3.7	3.6	3.6	3.6	4.0	ALFRED W. KABERNAGEL, CAPT

TRANSCRIPT OF ARTICLE 7, COMMENDATIONS AND AWARDS, AS TAKEN FROM PREVIOUS SERVICE REDORD OF CAROLLO, Domenic (n) (214-599), BMC(AN), USCG

Ship or Station	Date	Remarks
Port Washington Brkw. Lt. Sta.	8-8-47	Awarded World War Victory and American Defense Medal: AUTH: Act of Congress 6 July, 1945 and General Order No. 16, CG Regs.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL
QCMI, Baltimore

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 3-20

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
REPORTING UNIT	**LOCATION**	**DATE**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	24 March, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

24 March, 1952: Issued HD by reason of EE. Elects to receive cash compensation for unused accrued leave in the amount of sixty (60) days. Not entitled to MOP (Previously paid). Elects to receive TA from Baltimore, Md. (POD) to Iron Mountain, Michigan (HA on enlistment contract). Completed 15 years 4 months and 19 days creditable service as of 24 March, 1952.

AUTH: Section 12-3-42A(1) CG Regulations & PC 19-48.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
(Signature—Grade and Title)
OCMI, Baltimore

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-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 3-21

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
REPORTING UNIT	**LOCATION**	**DATE**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	25 March, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

25 March, 1952: REENLISTED in the Regular Coast Guard for a period of six (6) years as BMC(AN). Elects to receive Reenlistment Bonus in the amount of $360.00. (Issued HD on 3-24-52).

PAFE: Baltimore, Maryland

AUTH: Art. 1-G-57 Personnel Manual.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
(Signature—Grade and Title)
OCMI, Baltimore

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

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
CAROLLO, Domenic (n)	214-599	BMC(AN)	☐ 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)*: Angela none Carollo — RELATIONSHIP *(If friend, so state)*: Mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street, Iron Mountain, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Monica Katherine Carollo — ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street, Sheboygan, Wisconsin

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Monica Grace Carollo	2220 N. 20th St. Sheboygan, Wisconsin		x		x	2yrs.

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Anton Carollo deceased — ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Angela Carollo — ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street, Iron Mountain, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Angela Carollo — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street, Iron Mountain, 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: Catherine (none) Campra — RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: 525 E. Main Street, Iron Mountain, 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.
	(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: Monica Katherine Carollo — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street, Sheboygan, Wisconsin — RECEIVE EACH MONTH: 50 % OF MY PAY.

MILITARY ADDRESS: USCG Marine Inspection Office, 209 Chamber of Commerce Building, Baltimore 2, Maryland

DATE SIGNED: 3-25-52

SIGNATURE OF DESIGNATOR: Domenic Carollo

DOMENIC CAROLLO

DD FORM 1 JAN 50 93 REPLACES 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.

16—61480-1

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 personnel record (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 officer's 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, zone, and State*)	CHECK ONE MARRIED	 SINGLE	SEX M	 F	AGE

(*Continuation of Item 12*)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS:

All previous designations pf principal and contingent beneficiaries, if any, under the Serticemen's Indemnity Actof 1951, are hereby concelled, and it is directed that said indemnity be paid to:

	NAME	RELATIONSHIP	SHARE
PRINCIPAL(S)	Monica K. Carollo	Wife	100%
CONTINGENT(S)	Monica G. Carollo	Da ughter	100%

Witnessed this 25 day
Of March, 1952.

Alfred W. Kabernagel
ALFRED W. KABERNAGEL, CAPT., USCG
(Signature of wittnessing officer)

Domenic Carollo
DOMENIC CAROLLO

16—61480-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

N. C. G.-2500 C
Revised 1938

Dem C

Waukegan Hbr. LT.

Service Record

PE-PR-19

CAROLLO,
(Surname)

Domenic	214-599	NB
(Christian names)	(Service No.)	(Citizenship)

BM1(AN)	22 March, 1949	THREE (3) REG. EST.
(Enlisted as)	(Date)	(Term of years)

Waukegan Hbr. Light Station	Waukegan, Illinois
(Ship or station)	(Place)

16—9677-1

NOT ELIGIBLE FOR MUSTERING OUT PAY

B 4530

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2500C (Sheet 3) (8-49)

TERMINATION OF SERVICE

NAME	SERVICE NO.	RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
UNIT	**LOCATION**	**DATE REPORTED**
USCG Marine Inspection Office	Baltimore, Md.	2-19-52
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING**	**CONDUCT**
	3.52	4.0

DEDUCTIBLE TIME WHILE ATTACHED — [XX] NONE — [ ] ENTERED IN DEDUCTIBLE TIME ARTICLE OF RECORD

DISPOSITION OF IDENTIFICATION CREDENTIALS — [XX] SURRENDERED — [ ] NOT SURRENDERED *(Explanation below)*

STATEMENTS OF DISCHARGEE

EXPLANATION OF NON-SURRENDER OF IDENTIFICATION CREDENTIALS

Armed Forces ID Card No. surrendered and destroyed. Issued Card No. on 3-25-52.

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Iron Mountain, Michigan

DISPOSITION OF UNUSED LEAVE

- [ ] NOT ELIGIBLE FOR CASH COMPENSATION
- [X] ELECTS TO RECEIVE CASH COMPENSATION in the amount of sixty (60) days.
- [ ] ELECTS OR REQUIRED TO CARRY OVER UNUSED LEAVE TO NEW ENLISTMENT

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [ ] HONORABLE DISCHARGE BUTTON
- [ ] SATISFACTORY SERVICE CARD NO.
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [X] Certificate of Service (DD217-CG)

ADDRESS SUBSEQUENT TO DISCHARGE *(If to be reenlisted on day following discharge, so state)*

625 E. Main St., Iron Mountain, Michigan

SIGNATURE OF DISCHARGEE

Domenic Carollo

DOMENIC CAROLLO

REMARKS

3-25-52 - MIO, Baltimore, Md. Reenlisted in the Regular Coast Guard for a period of six (6) years as BMC(AN).
AUTH: Article 1-G-57, Personnel Manual.

DISCHARGE

DATE	TYPE OF DISCHARGE
3-24-52	HONORABLE

REASON

Expriation of enlistment

AUTHORITY

Section 12-3-42A(1) CG Regulations

PE-5B-15

MUSTERING OUT PAY Previously paid

- [ ] ENTITLED
- [X] NOT ENTITLED

AMOUNT PAID	VOUCHER NO.	CHECK NO.

TRAVEL ALLOWANCE AND PAY

PAID TA FROM	TO
Baltimore, Maryland	Iron Mountain, Mich.
TOTAL TA	**TOTAL TA & PAY** *(In full to date of discharge)*
$65.22	$667.32
CHECK NO.	**NAME OF PAY OFFICER**
Pd. in Cash	W.H.REED,PCLK,USCG,Sym.1376

CREDITABLE SERVICE THIS ENLISTMENT

YEARS	MONTHS	DAYS
3	0	3

REENLISTMENT RECOMMENDATION

- [X] RECOMMENDED
- [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG

Officer in Charge, MIO, Baltimore, Md.

B 4530

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE

DEPARTMENT: U.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
CAROLLO, Domenic (n)	214-599	BMC(AN) 8-16-50	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
- - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -	24	March	52	DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Section 12-3-42A(1) CG Regulations	Marine Inspection Office, Baltimore, Md.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
2	Jan.	12	Iron Mountain, Michigan	Male	Caucasian	Dark	Hazel	71"	175

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	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - - -

17. MEANS OF ENTRY OTHER THAN BY INDUCTION	18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE
☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY	BMC(AN)

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)
22	March	49	Waukegan, Illinois	625 E. Main St., Dickinson, Iron Mountain, Mich.

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	12	4	16
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	3
23. OTHER SERVICE (*Act of 16 June 1942 as amended*) COMPLETED FOR PAY PURPOSES	0	0	0
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	15	4	19

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

DAY	MONTH	YEAR	AMOUNT
- -	- - - - -	- - - -	- - - - - -

26. FOREIGN AND/OR SEA SERVICE

YEARS	MONTHS	DAYS
0	8	7

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

Issued Certificate of Service (DD217-CG)

28. MOST SIGNIFICANT DUTY ASSIGNMENT

Waukegan Harbor Light Station
Waukegan, Illinois

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	- - - - - - - - - -	- - - - - - - - - -	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
$13.50	$2.02	Allotment condinued	- - - - - - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$667.32	$65.22	W. H. REED, PCLK, USCG, Symbol 1376

AUTHENTICATION

38. REMARKS (*Continue on reverse*)

Recommended for Reenlistment

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

ALFRED W. KAHERNAGEL

NAME, GRADE AND TITLE (*Typed*)

CAPTAIN, USCG
Officer in Charge, Marine
Inspection Office, Baltimore

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
☒ YES ☐ NO	Married	8	4	0	- - - - - - - - - -	- - - - - - - - - - - - - - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	48. SIGNATURE OF PERSON BEING SEPARATED
625 E. Main Street, Dickinson County, Iron Mountain Michigan	Domenic Carollo DOMENIC CAROLLO

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

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
(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.
Carollo, Domenic (n)	BMC (AN)	214-599
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
625 E. Main St., Iron Mountain, Michigan	Reenlistment	

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	White	MILITARY 15 CIVILIAN	USCG	Marine Inspection Office

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-36	Iron Mountain, Mich.	Monica Katherine Carroll (W) Sheboygan, Wisconsin

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHSH, Baltimore, Maryland	

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)
	NE	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.)

cm VA

Septum deflected

Rx given for glasses

(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 (8 × 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
			X											X			
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class III
Malocalusion

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
neg.	neg.	neg.	Chest neg	VDRL neg.
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
normal	not done		not done	

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.
70½	177	Brown	Hazel		97.5

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

		SYS.	DIAS.
SITTING		118	70
RECUMBENT			
STANDING (3 min.)		126	80

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
78	126	78		102

59. DISTANT VISION		60. REFRACTION				61. NEAR VISION	
RIGHT 20/ 25	CORR. TO 20/ 20	BY	S. -0.75	CX 90		14/14	CORR. TO BY
LEFT 20/ 50-1	CORR. TO 20/ 20	BY	S. -1.50	CX 80		14/14	CORR. TO BY

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

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT 4D LEFT 4D	Plates - Normal		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
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								
LEFT								

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

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

No Comment

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

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

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR reenlistment

PHYSICAL CATEGORY

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

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
Jack Hovikc, SAS USPHS (R)
SIGNATURE Jack Hovikc

80. TYPED OR PRINTED NAME OF PHYSICIAN
Alvin L. Cain, Surg. USPHS
SIGNATURE Alvin L. Cain

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
R. B. Lloyd, Den Dir, USPHS
SIGNATURE R B Lloyd

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

NUMBER OF ATTACHED SHEETS

U. S. COAST GUARD
MAR 22 1952
PHILADELPHIA, PA.

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

NCG 2500
(Rev. June, 1942)

RE-ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~XXXXXXXXXXXXXXXX~~ }

ENLISTMENT OF CAROLLO, Domenic (Full name, surname to left); 214-599 (Service number); $162.00 (Pay per month)

Accepted for enlistment at Waukegan Hbr. Light Sta., Waukegan, Illinois; BM1(AN) (Rating in which enlisted)

Enlisted at Waukegan Hbr. Light Sta., Waukegan, Illinois; 22 March, 1949 (Date of enlistment)

Transferred to Retained at this unit.

Occupation Coast Guardsman Citizenship * NB If naturalized, place and date of naturalization - Certificate No. - - - - -

Date of birth 2 January, 1912 Place of birth Iron Mountain, Michigan

Home address 625 E. Main St., (Street and number) Iron Mountain, (Town) (County) Michigan (State)

Married or single Married Name and address of next of kin or legal guardian

Monica Katherine Carollo (Wife), (Relationship) 2220 North 20th St., Sheboygan, Wisconsin (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / ~~Reserve~~ } 12 (Years) 4 (Months) 16 (Days)

First enlisted 6 November, 1936 (Date) at Sheboygan, Wisconsin (Place) and was

last discharged 21 March, 1949 (Date) from Waukegan Hbr. Light Sta., Waukegan, Ill. (Unit)

with Honorable (Character) discharge as BM1(AN) (Rate) No. Form 2510

Previous Navy service 0 (Years) 0 (Months) 0 (Days) Previous Marine Corps service 0 (Years) 0 (Months) 0 (Days)

Previous Army service 0 (Years) 0 (Months) 0 (Days) Age 37 years 2 months.

Height 5 feet 11 inches. Weight 175 pounds.

Eyes Hazel Sex Male Hair Dark Complexion Fair Color White

Personal characteristics None marks, etc. ____

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 H. M. WARNER, Cdr. 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 22 March, 1949 / during minority until 21 March, 1952 } 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, Domenic Carollo 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.

Domenic Carollo

Domenic Carollo

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 22nd day of March, A. D. 1949

Carl A. Kamenwurf

(Commanding officer, notary public, or other officer qualified to administer oaths)

Notary Public

(Title)

My Commission Expires March 22, 1952

Citizenship substantiated and contract perfected.

H. M. WARNER,

Commander, U. S. C. G., *Enlisting Officer.*
Chief, Military Personnel Division

EXTENSION OF ENLISTMENT CONTRACT

U.S.C.G. Marine Inspection Office (Unit) Baltimore, Maryland (Place) 21 March, 1952 (Date)

Enlistment extended until 24 March, 1952 by reason of

date of reenlistment falls on Saturday 22 March, 1952.

under authority of Section 12-3-32B(5)(c) CG Regulations.

Domenic Carollo

DOMENIC CAROLLO

(Signature of man)

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG

OCMI, Baltimore

(Signature of commanding officer)

16—8420-2

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
Waukegan Hbr. LS	4-30-51	W. P. HAWLEY, CO	Reenlisted WaukeganHbrLtSta.	3-22-49	A. C. WISE, CSCLK By direction
5th CGD Office	6/12/51	J.W. BOLDING, LTJG, USCG XO, BY DIRECTION	5TH CGD OFFICE	MAY 20 1951	J. W. BOLDING, LTJG, USCG XO, BY DIRECTION
INGHAM (WPG-35)	2-18-52	S. F. Hewins, Cdr, By Dir.	CGC INGHAM	6/12/51	S.F. HEWINS, CDR, CO
			MIO, Balto., Md.	2-19-52	ALFRED W. KABERNAGEL CAPT., USCG

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Waukegan Hbr. Lt. Station	CR fm BM1(AN) to BMC(AN) - Auth: Art.561(1),CG Regs. H/L PE-C-73, dtd 8/7/50	8/16/50	H. M. WARNER, CDR, Bydir.

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
5TH CGD OFFICE	MAY 20 1951	MAY 21 1951	TAD, CG Base, Ports., Va.	J.W. BOLDING, LTJG, USCG XO, BY DIRECTION
5th CGD Office	5/28/51	JUN 2 1951	TAD, PineyPt.Lt. Sta. Piney Pt. Md.	J.W. BOLDING, LTJG, USCG XO, BY DIRECTION
5TH CGD OFFICE	JUN 2 1951	6/12/51	TAD, CG Base, Ports., Va.	J.W. BOLDING, LTJG, USCG XO, BY DIRECTION

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF CAROLLO, Domenic 214-599
(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature
CG Training Center, Groton, Conn.	7-1-46	Successfully completed a 21 week course in Aids to Navigation. Awarded (AN) Designator	/s/G. W. GENTNER By direction

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
4/30/51	BMC(AN)	LESS THAN ONE MONTH				4.0	W. P. HAWLEY, CO
ADAPTIBILITY FOR WARRANT GRADE 3.7							W. P. HAWLEY, CO
6/12/51	BMC(AN)	LESS THAN ONE MONTH				4.0	5th CGD Office J. W. BOLDING, LT.(J.G.) USCG A.O. BY DIRECTION
6/30/51	BMC(AN)	LESS THAN ONE MONTH				4.0	INGHAM M. W. Askey CDR, CO
9/30/51	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM S. F. HEWINS, Capt., CO
12/31/51	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM S. F. Hewins CAPT, CO
2-18-52	BMC(AN)	3.7	3.6	3.6	3.6	4.0	INGHAM S. F. Hewins CAPT., CO.
ADAPTABILITY FOR WARRANT GRADE 3.6							INGHAM S. F. Hewins CAPT., CO.
3-24-52	BMC(AN)	3.7	3.6	3.6	3.6	4.0	MIO, Balto. ALFRED W. KABERNAGEL
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
Port Washington Brkw. Lt. Sta.	8-8-47	Awarded World War Victory and American Defense Medal: AUTH: Act of Congress 6 July, 1945 and General Order No. 10, CG Reg. /s/

16—9676-2

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature

		in rating	ship	ability	as leader of men	conduct	Signature
3-31-49	BM1	3.6	3.6	3.5	3.5	4.0	F. H. SCHONEWOLF Lieut (jg) By dir.
6-30-49	BM1	3.6	3.6	3.5	3.5	4.0	F. W. HERMES, JR. LTJG By dir.
9-30-49	BM1	3.6	3.6	3.5	3.5	4.0	F. W. HERMES, JR. LTJG By dir.
12/31/49	BM1	3.6	3.6	3.5	3.5	4.0	H. M. WARNER, CDR, Bydir.
3/31/50	BM1	3.6	3.6	3.6	3.5	4.0	H. M. WARNER CDR, Bydir.
6/30/50	BM1	3.6	3.6	3.6	3.5	4.0	H. M. WARNER, CDR, Bydir.
9/30/50	BM1	3.6	3.6	3.6	3.5	4.0	H. M. WARNER, CDR, Bydir.
12/31/50	BM1	3.6	3.6	3.6	3.5	4.0	H. M. WARNER, CDR, Bydir.
3/31/51	BMC	~~3.6~~	~~3.6~~	~~3.6~~	~~3.5~~	~~4.0~~	W. P. HAWLEY, 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
Port Washington Brkw. Lt. Sta.	8-8-47	Awarded World War Victory and American Defense Medal: AUTH: Act of Congress 6 July, 1945 and General Order No. 10, CG Reg. /s/

16—9676-2

CG 2500-C
(Rev. 4-49)

RECORD OF CAROLLO, Domenic (n) 214-599
(Full name, surname to the left) (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
BBF	7-1-49		8							8	/s/F.H.SCHONEWOLF LTJG, By dir.
ANCR 6/30/50	11	30	30							38	A. O'D. WISE CSCLK, Bydir.
BBF 7/1/50			38							38	A. O'D. WISE CSCLK, Bydir.
				1600	11-13-50	1600	11-28-50	ACC-REG	15	23	A. O'D. WISE CSCLK, Bydir.
				1200	4/30/51	1810	5/20/51	ACC-REG	14	9	W. BOLDING, LTJG, USCG FOR CO, BY DIRECTION 5TH CGD OFFICE
				(Four (4) days' PT & two (2) days' TT enroute)							
ANCR 6/30/51	12	0	30	- - - - - - - - - - CGC INGHAM - - - - - - - - - -						39	M.W. CASKEY, CDR, CO
BBF 7/1/51	- - - - - - - - - - - - - - - - - - CGC INGHAM - - - - - - - - - -									39	M.W. CASKEY, CDR, CO
HD3-24-52	8	24	24							60	ALFRED W. KABERNAGEL, CAPT, OC, MIO, BALTO. MD

Elects to receive cash compensation for unused accrued leave in the amount of sixty (60) days.

ALFRED W. KABERNAGEL,
CAPT, OC, MIO, BALTO. MD

9. 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

3-26-52 Paid this date, $602.10 for 60 days unused leave as listed: LSL (BP&L) 60 DAYS $485.10, LSL (Allow) 60 days $117.00, in the accounts of Paul D. Banning, Chief Disbursing Officer, Symbol 1376.

W.H. REED
Authorized Certifying Officer, PSU, Baltimore, Md.

16—9676-3

RECORD OF CAROLLO, Domenic (n) 214-599

(Full name, surname to the left) (Service number)

10. TRIALS BY COURTS MARTIAL

Unit	REMARKS.—Date and kind of court, charges and specifications, findings and sentence, date and action of convening and reviewing authorities, and date of publication of sentence.

11. DEDUCTIBLE TIME

(Includes AOL, AWOL, AOM, Confinement awaiting trial by a Coast Guard Court resulting in conviction and Sentence of Confinement by a Coast Guard Court.) (Under TIME LOST show months and days lost for purposes of longevity credit and actual days to be retained in service beyond the normal date of expiration of enlistment to complete enlistment.)

Period From— To— (Inclusive dates)	Reason (AOL, AOM, etc.)	Time Lost: Longevity Months	Time Lost: Longevity Days	Time Lost: Enlistment Days	Signature and Unit
NO DEDICTUBLE TIME WHILE ATTACHED TO THIS UNIT.					W. P. HAWLEY, CO, CG Gr.Chgo
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT. 5TH CGD OFFICE					W. H. HOLDING, LTJG, USCG XO, BY DIRECTION
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT- CGC INGHAM					XO, ByDir

12. ON DESERTION

Unit	Date	Remarks	Signature

13. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

14. RETIREMENT

Unit	Date	Cause	Authority	Signature

16—9676-3 U. S. GOVERNMENT PRINTING OFFICE

CAROLLO, Domenic (Full name, surmame to the left) 214-599 (Service No.)

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	CO's SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM (Inclusive dates)	TO	TYPE OF LEAVE	REASON FOR LEAVE	NO. DAYS	NO. DAYS	
BBF	7-1-48	50						50	S/F.H.SCHONEWOLF
CR(Dis	3-21-49	22						60	F. H. SCHONEWOLF Lieut (jg) By dir.
			ELECTED TO RECEIVE CASH COMPENSATION FOR 60 DAYS UNUSED LEAVE DUE ON DISCHARGE.						
CR(REEN)	3-22-49	0						0	

CARCILLO, Domenic (n)	214-599	BMC(AN)
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	21 March, 1952
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

21 March, 1952: Enlistment extended for three (3) days by reason of date of reenlistment falls on Saturday, 22 March, 1952.

AUTH: Section 12-3-32B(5)(c) CG Regulations.

ALFRED W. KABERNAGEL, CAPT., USCG
OCMI, Baltimore

Office of Shipping Commissioner
9 Custom House
Baltimore -2, Maryland

Shipping
Commissioner

12 March 1952

From: CAROLLO, Domenic (214-599) EMC (AN)
To: Commander, FIFTH Coast Guard District
Via: Officer-in-Charge, Marine Inspection office, Baltimore, Md.

Subj: Per diem allowance; request for

1. It is requested that my temporary duty orders to the Marine Inspection Unit, issued by the CO, CGC INGHAM (WPG-35), dated 18 February 1952, file WPG/MM, be amended to read that a per diem allowance is authorized.

2. The request is being made because of the high cost of living involved. I must maintain two homes inasmuch as I am married and my permanent duty station remains at Norfolk, Virginia. Therefore I am not getting re-imbursement for quarters required at Baltimore.

3. The Pay Officer at the Port Security Barracks, Baltimore, Maryland advises me that I am not entitled to a per diem allowance while on present temporary duty at Baltimore.

4. Because of above stated facts it is requested that the amending of my original orders be given favorable consideration.

DOMENIC CAROLLO

Incls.
Copy of T.D. Orders.
Copy of T. D. made permanent.

GN
17 March, 1952
L20/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: Commander, FIFTH Coast Guard District

Forwarded.

ALFRED W. KABERNAGEL

CARGLLO, Domenic (n)	214-599	BMC(AN)
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	13 March, 1952
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

Temporary duty made permanent effective 13 March, 1952.

AUTH: CCGD FIVE/L dtd 3-11-52, file GD5/MM/P16-4/2

ALFRED W. KABERNAGEL, CAPT., USCG
OCMI, Baltimore

209 Chamber of Commerce Bldg.,
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

GH
7 March, 1952
P16-4/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: Commander, FIFTH Coast Guard District (p)

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); temporary duty status - change of

Ref: CO, CGC INGHAM/L dated 2-18-52, ORDER NO. 052570-52

1. The subject named-man has been under observation and training at the U.S. Shipping Commissioner's Office since 19 February 1952, and is deemed satisfactory material to continue this training. He will be able to perform the duties of a Deputy Shipping Commissioner in the near future.

2. In the view of this observation, and in accordance with referance listed above, it is requested that CAROLLO's temporary duty at this unit be made permanent as soon as practicable.

ALFRED W. KABERNAGEL

CAROLLO, Domenic (n)	214-599	BMC(AN)
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	19 Feb., 1952
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170

0800 CO, CGC INGHAM (WPG-35)
19 Feb., 1952 Temporary Duty

ORDER NO: 052570-52

ALFRED W. KABERNAGEL, CAPT., USCG
OCMI, Baltimore

CAROLLO, Domenic (n) 214-599 MMC(AN)

USCGC INGHAM (WPG-35) Curtis Bay, Md.

05-052-035 2/18/52

U S COAST GUARD
RECEIVED
FEB 26 1952
BALTIMORE, MARYLAND
MARINE INSPECTION

1600
18 February, 1952 Marine Inspection Office, Baltimore, Md.
Assignment to temporary duty, approximately 30 days duration.

C5CGD Order No. 052570-52

SERVICE RECORD COPY

R. C. DAVIS, LCDR, XO, By dir.

CAROLLO, Domenic 214-599 BMC(AM)

District Office Cleveland, Ohio 29 Mar., 1951

Light Station,Waukegan Harbor Waukegan Harbor,Ill. 09-300605

FOR INSERTION IN SERVICE RECORD

19 Mar., 1951: CG Light Station, Waukegan Harbor, Ill. changed from a sub-unit of Office, Commander, NINTH Coast Guard District to a sub-unit of CG Group, Chicago, Illinois.

AUTH: 9D/L o 3-19-51 A4-2/A4-1

A. O'D. WISE, CSCLK, USCG
Chief, Military Personnel Section

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
CAROLLO, Domenic None	214-599	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Cleveland 9th CGD	Waukegan Hbr. Lt. Sta.	Waukegan, Illinois
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Cleveland 9th CGD	Waukegan Harbor Light Station	11-28-50

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

Leave

AUTH:

CHANGED IN {RANK / RATING} FROM TO EFFECTIVE

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

Reported for duty at 1600 this date from fifteen (15) days leave

DCGO endorsement of form 2519 on 11-3-50

DUTY CODE NO. AUTH:

Domenic Carollo
Domenic Carollo BMC
(Commanding)
Ofnc

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
CAROLLO, Domenic none	214-599	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Cleveland 9th CGD	Waukegan Harbor Light Station	Waukegan, Ill.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
Cleveland 9th CGD	09-241	11-13-50

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)

Departed on 15 day leave at 1600 on 11-13-50
to return prior to 0900 on 11-29-50

DCGO end. of form 2519 on 11-3-50

DUTY CODE NO.
AUTH:

Domenic Carollo
Domenic Carollo BMC 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

United States Coast Guard
608 Keith Building
Cleveland 15, Ohio

608 Keith Building

f
24 July, 1951
L19

Waukegan Storage & Warehouse Company
607 Market Street
Waukegan, Illinois

Gentlemen:

This office has been requested by the 5th CG District of Norfolk, Virginia to make the necessary arrangements and ship the household effects of Domenic Carollo, BMC, now stored in your warehouse, to him in care of the Rental Office, Riverdale Manor, South Norfolk, Virginia, no earlier than 21 August, 1951, or soon as possible thereafter.

To comply with above inclosed herewith is Government Bill of Lading MAVCG No. 401841 with your name as initial carrier. It is presumed you deal with or through one of the national van carriers, and as the goods are in your warehouse believed it best for your firm to initiate movement.

The owner, CAROLLO, stated that the goods should arrive on 21 August, 1951 or as soon thereafter as possible.

By direction of the District Commander.

Very truly yours,

E. LINNEMANN
Pay Clerk, USCG
Ass't Chief, Supply Section

Incl.
GBL 401841(3)

CC: D. Carollo, BMC - for your information and guidance.
Comdr. 5th CGD

Herewith for your file is a yellow memorandum copy of GBL 401841.
When shipment received, kindly complete and sign the short form of receipt of the blue copy GBL herewith and return it to address at top of this letter.

Copy for Carollo

GOVERNMENT BILL OF LADING

MEMORANDUM COPY

NAVCO № 401841

NAME OF INITIAL TRANSPORTATION COMPANY

STOP THIS CAR AT — FOR

Waukegan Storage & Warehouse Co.

TRAFFIC CONTROL NO.

RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, SUBJECT TO CONDITIONS NAMED ON THE REVERSE HEREOF, THE PUBLIC PROPERTY HEREINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE.

SIZE CAR IN FEET †		MARKED CAPACITY OF CAR †		DATE CAR FURNISHED †	DATE B/L ISSUED
ORDERED	FURNISHED	ORDERED	FURNISHED		
					7-24-51

FROM (SHIPPING POINT) Waukegan Storage & Warehouse Co. Whse., Waukegan, Illinois

FROM (FULL NAME OF SHIPPER) Waukegan Storage & Warehouse Co

MARKS

For - Comdr. 9th CG District, Cleveland, Ohio

Domenic Carollo, EMC-USCG
C/O Rental Office, Riverdale Manor,
South Norfolk, Virginia.
(To arrive at destination 21 August, 1951 or soon as possible thereafter)

CONSIGNEE

Domenic Carollo, EMC-USCG
C/O Rental Office, Riverdale Manor,
South Norfolk, Virginia (To arrive destination 21 August, 1951 or soon as possible thereafter)

DESTINATION

South Norfolk, Virginia

VIA (ROUTE JOURNEY ONLY WHEN SOME SUBSTANTIAL INTEREST OF THE GOVERNMENT IS SUBSERVED THEREBY)

Van

PICK-UP SERVICE AT ORIGIN was not BY THE GOVERNMENT OR ITS AGENT.
(INSERT "WAS" OR "WAS NOT")

INITIALS OF SHIPPER'S AUTHORIZED AGENT OR EMPLOYEE

CHARGES TO BE BILLED TO (DEPARTMENT OR ESTABLISHMENT AND BUREAU OR SERVICE AND LOCATION)

U. S. COAST GUARD, WASHINGTON, D. C.
1700 Keith Building, Cleveland 15, Ohio

APPROPRIATION CHARGEABLE

20X0201 Operating Expenses CG 09-21.52 0311 924050

ISSUING OFFICE

Supply, 9th Coast Guard District, Cleveland, Ohio

NAME AND TITLE OF ISSUING OFFICER

K. Linnemann, PCLK-USCG, Ass't Chief, Sup. Sec.

† FURNISH THIS INFORMATION IN CASE OF CARLOAD SHIPMENTS ONLY.
* SHOW ALSO CUBIC MEASUREMENTS FOR SHIPMENTS VIA OCEAN CARRIER IN CASES WHERE REQUIRED.

PACKAGES NO.	PACKAGES KIND	DESCRIPTION OF ARTICLES (USE CARRIERS' CLASSIFICATION OR TARIFF DESCRIPTION IF POSSIBLE, OTHERWISE A CLEAR NONTECHNICAL DESCRIPTION)	NUMBERS ON PACKAGES	WEIGHTS*
		HOUSEHOLD EFFECTS		
		Released value of 30¢ per pound per article for non-military use		

Rel 8-26-51

CERTIFICATE OF ISSUING OFFICER

CONTRACT NO. OR PURCHASE ORDER NO. OR OTHER AUTHORITY FOR SHIPMENT 05-0009, Form 116 DATED 20 July, 1951

Waukegan, Illinois (F. O. B. POINT NAMED IN CONTRACT)

SIGNATURE OF ISSUING OFFICER E. LINNEMANN, PAY CLERK, USCG

NAME OF TRANSPORTATION COMPANY

Waukegan Storage & Warehouse Co.

DATE OF RECEIPT OF SHIPMENT

SIGNATURE OF AGENT — PER

MEMORANDUM COPY

Domenic Carollo

UNITED STATES COAST GUARD

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE:
608 Keith Building

CLEVELAND 15, OHIO

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

f
11 July, 1951
L19

From: Commander, 9th CG District
To: CAROLLO, Domenic (214-599), BMC(AN), USCG
Via: (1) Commander, 5th CG District
(2) Commanding Officer, CGC INGHAM (WPG-35)

Subj: Cartage and storage of household effects

Ref: (a) Your letter of 27 June, 1951

1. Complying with reference (a) inclosed herewith is a copy of the letter dated 11 July, 1951 addressed to the Waukegan Storage & Warehouse Company, 607 Market Street, Waukegan, Illinois, advising them that the charge of carting, storage, and warehouse handling is payable by the Government.

2. Obligation No. 09-0387 covers the expense of carting, storage, and warehouse handling only.

E. LINNEMANN
By direction

Incl.
Copy ltr 7/11/51

Ind- 1
C 5CGD, Norfolk, Va.

Date JUL 13 1951
Forwarded,

H.M. HARGEV
By Direction

Ind-2
CGC INGHAM (WPG-35)
Norfolk, Virginia

16 July, 1951

From: Commanding Officer, CGC INGHAM (WPG-35)
To : CAROLLO, Domenic (214-599) BMC(AN),USCG

Forwarded.

S. F. HEWINS

United States Coast Guard
608 Keith Building
Cleveland 15, Ohio

608 Keith Building

f
11 July, 1951
L19

Waukegan Storage & Warehouse Co.
607 Market Street
Waukegan, Illinois

Gentlemen:

Your statement covering charges on the household effects of Domenic D. Carollo, BMC-USCG, stored in your warehouse, has been received from the owner.

These charges, now amounting to $47.00, are payable by the Government, therefore your bill or invoice in triplicate covering these services should be submitted to this office for payment. Show on the invoice the following:

(a) Address from where goods carted to warehouse
(b) Date goods moved into warehouse for storage
(c) Weight of goods or cubic feet used for storage
(d) This certification on all copies of invoice:

"I certify that the above bill is correct and just; that payment therefor has not been received".

The name of firm doing the billing and signed by a member of the firm, showing his official capacity.

The owner, CAROLLO, states he expects to find suitable quarters toward the end of July, 1951, therefore you may hold above bill in abeyance until goods removed, then submitting your invoice for the complete period. Or you may submit the bill up to date, then send in another one when goods taken out of storage.

Our obligation number 09-0387 covers the expense of servicing the household effects of Domenic D. Carollo, BMC-USCG.

By direction of the District Commander.

Very truly yours,

E. LINNEMANN
Pay Clerk, USCG
Ass't Chief, Supply Section

ARTICLES FROM MANUAL FOR COURTS-MARTIAL, UNITED STATES, 1951

I have read Articles 2, 3, 7 through 15, 25, 27, 31, 37, 38, 55, 77 through 134, 137 through 139 of the Uniform Code of Military Justice, the Articles have been carefully explained to me, and I have had the opportunity to ask questions as to meaning or information concerning the Articles.

Date: 8-23-51

Domenic Carollo
(signature)
DOMENIC CAROLLO (214-599) BMC

From compensation of

APPLICATION FOR ALLOTMENT

RETROACTIVE

CAROLLO, Domenic (214-599) BM[redacted] USCG

PAYABLE TO

Monthly allotment in the amount

ONE HUNDRED SIXTY FIVE & NO CENTS ($ 165.00) Dollars.
(Words) (Figures)

Name Monica Katherine Carollo (Wife)

Street and No. 2220 N. 20th St.,

Post office Sheboygan *State* Wis.

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment support of dependent wife & child

First payment: Month JUNE, 19 51

I hereby request and authorize allotment, chargeable to my pay, as above.

Rank or rating BMC U. S. C. G.

21 May 1951, 19

Approved, allotment granted.

L. G. COLEMAN, CSCIX, USCG

~~Commanding~~ By direction

Commander, 5th CG *District.*

Witnessed and registered 3 July, 19 51

S P MOZEAR, PCIX, ACO, USCG

Pay officer, CGD5, Box 510, Norfolk, Va.

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. A. V. C. G. -2528-A

ALLOTMENT STOPPAGE

REDESIGNATION

From compensation of

CAROLLO, Domenic (214-599) BMC, USCG

Amount $ 50.00

PAYABLE TO

Name Angela Carollo (Mother)

Street and No. 625 E. Main St.,

Post office Iron Mountain, State Mich

Stop allotment after payment

for the month of APRIL MAY 1951

for which checkage has been made alloter's request

REASON FOR STOPPAGE:

(Signature of Allotter)

Rank or rating BMC

APPROVED:

L. G. COLEMAN, CSCLK, USCG

By direction,

Commanding 5th CG or

Commander District

STOPPAGE REGISTERED, Date 3 July 1951

S P ROZEAR, PCLK, ACO, USCG,

U. S. C. G.

Pay Officer CGCD5, Box 510, Norfolk, Va.

DO NOT

WRITE IN THIS

SPACE

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 408
Bu. Vou. No. ~~13555~~ 83

U. S. TREASURY DEPARTMENT, COAST GUARD
(Department, bureau, or establishment)

PAID BY

C. S. C. G. D.
NORFOLK, VA.
JUL 13 1951
PAID BY
PAUL D. BANNING
Ch. Disb. Offr.
Symbol 1376
(For use of paying office)

THE UNITED STATES, DR.,

To Domenic D. Carollo
Address CGC Ingham
PO Box 540
Norfolk, Virginia

Norfolk, Virginia
(Official duty station)

(Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from 22 May 19 51, to 23 May 19 51, as per itemized statement within, under authority No. 516076 dated 12 April 19 51, copy of which is attached,* or has been previously furnished with Voucher No. ....., paid ....., 19....., by .....
(Name of disbursing officer)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence	60 30	
Other		
Travel	60 30	
TOTAL		

(Payee must not use this space)

Differences		
Amount verified; correct for rhm	60 30	
(Signature or initials)		

29 June 1951

Domenic D. Carollo
BMC, USCG

MEMORANDUM

60.30

JUL 10 1951

B. F. ROZEAR, Pay Clerk, USCG
Certifying Officer, OC3CGD
(Date)

The next previous voucher paid under the same travel authority was: D. O. Vou. No. .....

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
~~20-2014-801~~ 20X0201	OPERATING EXPENSES, COAST GUARD, ~~1951~~	~~60.30~~	60.30

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT SYMBOL	COST ACCOUNT AMOUNT	OBJECTIVE CLASSIFICATION SYMBOL	OBJECTIVE CLASSIFICATION AMOUNT
05-20.1 FY1951	NONE	516076	925040	60.30	0200	60.30

Paid by Check No. ....., dated ....., 19....., for $ 60.30 on Treasurer of the United States in favor of payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $....." and over his official title.

16—42615-1

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)

2. Give duty status on first day of voucher period:

Arrived at _____ on _____, 19____, for temporary duty for approximate period _____

Approximate date of return to official headquarters _____, 19____

DATE 19__	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED	
			SUBSISTENCE†	OTHER
	Reimbursement for authorized transportation of my lawful wife, [illegible] from Waukegan, Ill. to Norfolk, Va. Dependent was actually located at Waukegan, Ill. at time of receipt of orders.			
5/22	Dv. Waukegan, Ill. 0900 -			
5/23	Ar. Norfolk, Va. 1730 -			
	Claimed for one adult 1005 miles @ 6¢ per mile.			60 30
	Reimbursement claimed herein is in accordance with Article 7003 JTR.			
	TOTALS (to be carried forward to continuation sheet, if necessary)			

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL		FOR REIMBURSABLE ITEMS ONLY		
				FROM— (Also show meter readings when travel was by automobile)	TO—	MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED Include cash paid public carrier

p
12 April, 1951
P16-3/MM

Address reply to
Commander, 9th CG District

TRAVEL AUTHORIZATION 516067

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic D. (214-599) BMC(AN), USCG - OinC, Waukegan Harbor Lt. Stat.
Via: Commanding Officer, CG Group, Chicago, Illinois

Subj: Orders; transfer, travel

1. Upon receipt hereof, and when directed by the Commanding Officer, CG Group, Chicago, Illinois, you are detached from all duties previously assigned. Under authority of Headquarters' letter dated 3 April, 1951 (MM/P16-3/9) you are deirected to proceed and report to the Commander, 5th CG District, Norfolk, Virginia for assignment to duty. You will be detached hereunder on or before 30 April, 1951.

2. This order constitutes a permanent change of station for you from Waukegan, Illinois District to such station as may be assigned by the Commander, 5th CG District.

3. Travel necessary to the execution of this order is required by the public interests and is chargeable against HQ's Travel Allotment Symbol No. 99-20. Allowances prescribed by the Joint Travel Regulations, dated December 22, 1950, as amended, are authorized. Travel is authorized via railroad, bus, water, and/or air.

4. You are deirected to carry your service and health records and deliver them to the proper authority upon arrival at your ultimate destination.

5. Provided your leave account warrants the Commanding Officer in Charge is authorized to grant you up to Fifteen (15) days delay enroute, such delay to count as leave, Four (4) (NO) days proceed time, and the necessary travel time.

HM M. WARNER
By direction

CC:
Statistics
Accounting
FILE
CO, CGD5

Certified to be a true copy.
S. P. ROZEAR, Pay Clerk, USCG

Ind-1 P16-3/P21

From: Commander, CG Group, Chicago, Ill.
To: CAROLLO, Domenic D. (214-599)BM3(L), USCG

1. Upon receipt hereof, you are detached from all duties previously assigned. You are directed to comply with instructions contained in basic orders.

2. You are granted fifteen days leave, four days Proceed Time and two days Travel Time enroute. You will report to Commander, 5th Coast Guard District, Post Office Bldg., Norfolk, Va. prior 2400, May 21, 1951. Your address while on leave will be: 2220 N. 20th St. Sheboygan, Wisconsin.

3. Appended hereto are Government Requests for Transportation and Gvt. MT's as follows: TC149,838(ONE WAY FIST CLASS) from Waukegan, Ill. to Chicago, Ill. TC149,839(ONE WAY FIRST CLASS) from Chicago, Ill. to Norfolk, Va. TC149,840(PULLMAN) lower berth from Chicago Ill. to Norfolk, Va. Gvt. MT's as follows: 1466917 thru 1466924 incl. for your meals enroute.

4. Handed you herewith are your Service adn Health Records which you are to deliver to proper authority upon arrival at your ultimate destination.

5. Delivered and departed 1200 this date. EDA 2400, 21 May, 1951.

W. P. HAWLEY

Ind-2
CO, Enlisted Personnel
5th CG District Office
Norfolk, Virginia

May 20, 1951

Reported at 1810 this date and place in compliance with basic orders, having taken 14 days leave 4 days proceed time and 2 days travel time enroute. Travel performed via Gov't TR's.

J. W. BOLDING, LTJG, USCG
By direction XO

Ind-3
0050GD., Norfolk, Virginia

27 June, 1951

Coast Guard meal tickets No. 1466922(FOR ONE NOON MEAL) was turned in at this office unuse CG MT's No 1466920(1 NOON MEAL) was turned into this office unused and are herewith cancelled and forwarded the 09th3GD. Cleveland, Ohio for proper disposition.

H. M. HARGER
By direction

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)
2. Give duty status on first day of voucher period:

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

Address reply to
COMMANDER,
FIFTH COAST GUARD DISTRICT
Post Office Box 540
Norfolk, 1, Virginia

p
12 June, 1951
GD5/MM/P16-4/2

ORDER NO. 1239-51

From: C0, Enlisted Personnel, 5th CG District Office
To: CAROLLO, Domenci (n) (214-599) BMC, USCG - PRESENT

Subj: Orders; transfer, travel

1. Upon receipt hereof, you are directed to proceed, with and in charge of the bleow-named men to Berkley, Norfolk, Virginia and upon arrival thereat, report to the Commanding Officer, Coast Guard Cutter INGHAM(WPG-35), that place for assignment to duty;

NONE

2. As no travel is incicated, none is authorized.

3. Your Service, health and pay records handed you herewith.

4. Your permanent duty station remains, Norfolk, Virginia.

5. No proceed time is allowed under this order.

6. Delivered and departed this office at 1100, this date. EDA 6-12-51.

J. W. BOLDING,
Executive Officer

CC:
Ind-1
Norfolk, Va.

12 June, 1951

Pay record never received at this office. If and as soon as received it will be forwarded.

E.E. HELFST, A.C.O.

Ind-2
CGC INGHAM

12 June, 1951
WPG/MM/P16-4

1445, this date, reported aboard from CO, Enlisted Personnel, 5th CG District Office, Norfolk, Virginia, for assignment to duty.

S.F. HEWINS

Ind-3
5th CGD Office
Norfolk, Virginia

27 June, 1951
GD5/MM/P16-4/2

Paragraph 4 of basic orders is hereb amended, in that this order constitutes a permanent change of station, for COROLLA, from Waukegan, Illinois to Norfolk, Virginia.

J. W. BOLDING,
By direction

0,C5CGD., 7/20/51 AUTHO NO 050009-52 05-21-52 924050 0311 EST$350.00

STANDARD FORM 116
AUGUST, 1949
PROMULGATED BY
EXECUTIVE ORDER 10053

APPLICATION FOR TRANSPORTATION OF HOUSEHOLD GOODS

(SEE INSTRUCTIONS ON REVERSE SIDE ITEMS 1 THRU 24 TO BE COMPLETED BY APPLICANT)

1. SHIP OR STATION	2. DATE	3. SHIPMENT NO. *(No of shipments to show sequence)*
CGC INGHAM (WPG-35)	20 JULY, 1951	ONE (1) ONLY

4. FROM *(Last name - First name - Middle initial)*	5. GRADE, RANK OR RATING	6. SERVICE SERIAL NO.	7. STATE TEMPORARY OR PERMANENT CHANGE OF STATION
CAROLLO, Domenic (n)	BMC	(214-599)	Permanent

8. TO *(Submit to nearest shipping officer)*
Shipping Officer, 5th CG District(fs), Norfolk, Virginia

9. IT IS REQUESTED THAT ACTION BE TAKEN TO HAVE HOUSEHOLD GOODS TRANSPORTED AS PROVIDED BY LAW AND REGULATIONS BASED ON CHANGE OF STATION ORDERS ISSUED BY C9CGD AT Cleveland, Ohio
UNDER DATE OF 12 April, 1951 PARAGRAPH NUMBER 2 ORDERS NUMBER 516067
WHICH ORDERED ME TO DUTY AT C5CGD for assignment to duty, Norfolk, Virginia

10. TO BE SHIPPED FROM *(Street address)*	CITY OR TOWN	DATE INSPECTION MAY BE MADE	11 TELEPHONE NO.
Waukegan Storage & Warehouse Co.	Waukegan, Ill.	- - -	- - - - -

12. TO BE SHIPPED TO *(Street address)*	CITY OR TOWN	DESIGNATED AGENT TO RECEIVE PROPERTY AT DESTINATION
Rental Office , Riverdale Manor,	South Norfolk, Va.	My-self

13. APPROXIMATE AMOUNT TO BE SHIPPED	A. NO. OF POUNDS OR ROOMS	B. APPROXIMATE WT. OF PROFESSIONAL BOOKS, PAPERS & EQUIPMENT INCLUDED	C. SHIPMENT INCLUDES *(Check)* ☒ WASHING MACHINE ☐ REFRIGERATOR ☐ PIANO ☐ OTHER *(Specify)*	D. NO. OF BARRELS OF CHINA
	4500	none		none

14. METHOD OF SHIPMENT REQUESTED *(Check one)* ☒ AS DESIGNATED BY SHIPPING OFFICER REGARDLESS OF SHIPPING OFFICER'S DESIGNATION ☐ RAIL, ☐ VAN, ☐ EXPRESS, OR ☐ AIR	15. DATE BAGGAGE TO BE PICKED UP	16. OFFICIAL HOME
	none	Iron Mountain, Mich.

CERTIFICATIONS

17. I CERTIFY THAT THE ABOVE REQUESTED SHIPMENT CONSISTS OF HOUSEHOLD GOODS WHICH BELONG TO ME AND HAS BEEN IN USE BY MYSELF *(or family)* PREVIOUS TO DATE OF THIS REQUEST AND IS NOT INTENDED DIRECTLY OR INDIRECTLY FOR ANY OTHER PERSON OR PERSONS OR FOR SALE.

18. I FURTHER CERTIFY THAT THE ABOVE MENTIONED PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT, ARE IN FACT PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT WHICH ARE NECESSARY IN THE PERFORMANCE OF MY OFFICIAL DUTIES.

19. I WILL ACCEPT THE METHOD OF SHIPMENT DESIGNATED BY THE SHIPPING OFFICER TO BEST SERVE THE INTERESTS OF THE UNITED STATES AND MYSELF, OR WILL PAY ANY EXCESS COSTS OCCASIONED BY MY SELECTION OF ANY OTHER METHOD.

20. I WILL PAY ALL HANDLING, STORAGE, OR OTHER COSTS, NOT AUTHORIZED BY REGULATIONS.

21. IF MY ORDERS ARE MODIFIED OR CANCELLED AND AFFECT THIS SHIPMENT, I WILL NOTIFY IMMEDIATELY SHIPPING OFFICERS AT POINT OF ORIGIN *(or port if any)*, AND DESTINATION.

22. IN THE EVENT OF FAILURE ON THE PART OF MYSELF OR MY AGENT TO FURNISH THE SHIPPING OFFICER AT DESTINATION WITH PROMPT REMOVAL INSTRUCTIONS, I HEREBY AUTHORIZE THE ABOVE SHIPMENT TO BE PLACED IN LOCAL COMMERCIAL STORAGE IN MY NAME AND FOR MY ACCOUNT AND RISK.

23. UPON RECEIPT OF STATEMENT(S) SHOWING EXCESS COSTS I WILL REMIT AN AMOUNT SUFFICIENT TO COVER SUCH COSTS, OR PERMIT THE APPLICATION OF SO MUCH OF MY PAY AS MAY BE NECESSARY TO COVER SUCH COSTS. THIS AGREEMENT IS MADE WITH THE UNDERSTANDING THAT IT DOES NOT PREJUDICE MY RIGHT OF APPEAL TO THE COMPTROLLER GENERAL AND THE COURTS OF ADJUDICATION AFTER SUCH PAYMENT OR DEDUCTION HAS BEEN MADE IF I CONSIDER THE AMOUNT THEREOF TO BE ERRONEOUS.

24. PREVIOUS SHIPMENTS UNDER IDENTICAL ORDERS *(If none, indicate "None")*

FROM (A)	TO (B)	BILL OF LADING, CONTRACT OR PURCHASE ORDER NUMBER *(If known)* (C)	POUNDS HOUSEHOLD GOODS UNPACKED (D)	POUNDS HOUSEHOLD GOODS PACKED (E)	POUNDS PROFESSIONAL BOOKS, PAPERS, & EQUIPMENT (F)
none	none	none			

SIGNATURE OF APPLICANT
Domenic Carollo

25. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE:
(To be accomplished only by the Commanding Officer or his authorized representative, by signature or official seal)

THE PROPERTY IS PERSONAL BAGGAGE, HOUSEHOLD GOODS, OR PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT AUTHORIZED TO BE SHIPPED AT GOVERNMENT EXPENSE.

REASON FOR NONAVAILABILITY OF SIGNATURE	NECESSITY FOR SHIPMENT
MOX	CERTIFIED BY *(Signature and Title)*

26. CERTIFICATE OF SHIPPING OFFICER

DESIGNATED METHOD OF SHIPMENT	BILL OF LADING NUMBER
VAN	
METHOD OF SHIPMENT USED	CONTRACT NUMBER
VAN	
EXCESS COST OF PACKING, CRATING, AND HAULING *(When required by the service concerned)* ☐ GOVERNMENT ☐ COMMERCIAL $	PURCHASE ORDER NUMBER
POUNDS HOUSEHOLD GOODS EST. 4500	POUNDS PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT

SIGNATURE OF SHIPPING OFFICER
H. M. HARGER, LTJG, USCG Shipping Officer. OC5CGD.

STANDARD FORM 116

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

408 70

D. O. Vou. No. [illegible]
Bu. Vou. No. [illegible]

U. S. TREASURY DEPARTMENT, COAST GUARD
(Department, bureau, or establishment)

PAID BY

C. 5 C. G. D.
NORFOLK, VA.
JUL 13 1951
PAID BY
PAUL D. BANNING
Ch. Disb. Offr.
(For use of paying office)
SYMBOL 1575

THE UNITED STATES, DR.,

To Domenic D. Carollo
Address CGC Ingham
PO Box 540
Norfolk, Virginia

Norfolk, Virginia
(Official duty station)

(Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from 30 April 1951, to 20 ~~May~~ May 1951, as per itemized statement within, under authority No. 516067 dated 12 April 1951, copy of which is attached,* or has been previously furnished with Voucher No. ____, paid ____, 19____, by ____
(Name of disbursing officer)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence	10	25
Other		
Travel		
TOTAL	10	25

(Payee must not use this space)

Differences		
Amount verified; correct for	10	25

(Signature or initials) rhm

29 June 1951

Domenic D. Carollo
BMC(L), USCG

MEMORANDUM

10.25

Payed

JUL 10 1951

S. P. ROZEAR, Pay Clerk, USCG
Certifying Officer, OC5CGD
(Date)

The next previous voucher paid under the same travel authority was: D. O. Vou. No. ____, paid ____

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
~~20-1301.001~~ 10X0201	OPERATING EXPENSES, COAST GUARD, ~~1951~~	~~10.25~~	10.25

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
05-20.1 FY1951	NONE	516067	925040	10.25	0211	10.25

Paid by Check No. ____, dated ____, 19____, for $ 10.25 on Treasurer of the United States in favor of payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $_____" and over his official title.

16—42615-1

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)
2. Give duty status on first day of voucher period:
   Arrived at _____ on _____, 19____, for temporary duty for approximate period _____
   Approximate date of return to official headquarters _____, 19____

DATE 19__	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED — SUBSISTENCE†		AMOUNT CLAIMED — OTHER	
4/30	Lv. Waukegan, Ill. 1200 -					
5/20	Ar. Norfolk, Va. 1810 -					
	Per diem 2 days @ 9.00 per day less 2 noon meals @ 1.50 each, less 2 evening meals @ 1.75 each and less 1 morning meal @ 1.25 No government quarters or mess available and none furnished. Train departing Waukegan, Ill. 1030, due to arrive Norfolk, Va. 1800 day following.		10	25		
	TOTALS (to be carried forward to continuation sheet, if necessary)					

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL — FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL — TO—	FOR REIMBURSABLE ITEMS ONLY — MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED Include cash paid public carrier
CC149,838		1st Class		Waukegan, Ill.	Chicago, Ill.			
839		1st Class		Chicago, Ill.	Norfolk, Va.			
840		PULLMAN		Chicago, Ill.	Norfolk, Va.			
Issued CRTF's Nos. 1466917 thru 1466924 for meals enroute.								
CRTF's Nos. 1466918, 1466920, and 1466922 were turned in to this office unused.								

TOTALS (to be carried forward to continuation sheet, if necessary)

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

Transportation Request No.	Agent's Valuation of Ticket Obtained by T/R Not to Be Claimed	Mode of Travel* (If by public carrier show abbreviated name thereof and class of service used)	Date of Travel	Points of Travel: From— (Also show meter readings when travel was by automobile)	Points of Travel: To—	For Reimbursable Items Only: Miles Traveled by Auto.	Rate Per Mile (Cents)	Amount Claimed: Include cash paid public carrier
TC149,838		1st Class		Waukegan, Ill.	Chicago, Ill.			
839		1st Class		Chicago, Ill.	Norfolk, Va.			
840		PULLMAN		Chicago, Ill.	Norfolk, Va.			

Issued CGR's Nos. 1466917 thru 1466924 for meals enroute.

CGR's Nos. 1466918, 1466920, and 1466922 were turned in to this office unused.

April, 1951
P16-3/MM

From: Commander, CG Group, Chicago, Ill.
To: CAROLLO, Domenic D.(214-599)HMC(L), USCG

1. Upon receipt hereof, you are detached from all duties previously assigned. You are directed to comply with instructions contained in basic orders.

2. You are granted fifteen days leave, four days Proceed Time and two days Travel Time enroute. You will report to Commander, 5th Coast Guard District, Post Office Bldg., Norfolk, Va. prior 2400 May, 1951. Your address while on leave will be: 2220 N. 20th St., Sheboygan, Wisconsin.

3. Appended hereto are Government Requests for Transportation and Gvt. MT's as follows: TC149,838(ONE WAY FIRST CLASS) from Waukegan, Ill. to Chicago, Ill. TC149,839(ONE WAY FIRST CLASS) from Chicago Ill. to Norfolk, Va. TC149,840(PULLMAN)lower berth from Chicago Ill. to Norfolk, Va. Gvt. MT's as follows: 1466917 thru 1466924 incl. for your meals enroute.

4. Handed you herewith are your Service and Health Records which you are to deliver to proper authority upon arrival at your ultimate destination.

5. Reported and detached this date. EDA 2400, 21 May, 1951.

Norfolk, Va.

W. P. HANLEY

Paid mileage (3¢)(5¢) per mile from ___ (Date) ___ to ___ thence to ___ (miles) $___, less TA paid on discharge $___

Per diem (actual expense) from 1 travel time 2 days to ___

on Vou. No. 408-70 in the amount of $ 10.25

Settled in 7-13-51 194 Account Paul D. Banning, Chief

Disbursing Officer, Symbol 1376.

E. P. ROZEAR, Pay Clerk, USCG
Certifying Officer, OC5CGD

IND-2
CO, ENLISTED PERSONNEL
5TH CG DISTRICT OFFICE
NORFOLK, VIRGINIA

Endorsement, Norfolk, Va. (Date)

REPORTED AT 1810 THIS DATE AND PLACE IN COMPLIANCE WITH BASIC ORDERS, HAVING TAKEN 14 DAYS TRAVEL TIME AND 2 DAYS PROCEED TIME AND 2 DAYS TRAVEL TIME ENROUTE. TRAVEL PERFORMED VIA 2 POUTR's

Paid mileage (3¢)(5¢) per mile from Waukegan, Ill. to Norfolk, Va. thence to Dependent wife

(miles) 1005 $ 60.30, less TA paid on discharge $ ___

Per diem (actual expense) from ___ to ___

on Vou. No. 408-70 in the amount of $ 60.30

Settled in 7-13-51 194 Account Paul D. Banning, Chief

Disbursing Officer, Symbol 1376.

27 June, 1951

E. P. ROZEAR, Pay Clerk, USCG
Certifying Officer, OC5CGD

Ind-3
OC5CGD., Norfolk, Virginia

Coast Guard meal tickets No. 1466918(FOR ONE(1)EVE MEAL; No. 1466920(FORONE(1) NOON MEAL) and No. 1466922(FORONE(1)MORN MEAL) are turned in at this office unused and are herewith cancelled and forwarded the C9thCGD., Cleveland, Ohio for proper disposition. Value $.175,$1.50 and $1.25 respectively.

H. M. HARGER
By direction

UNITED STATES COAST GUARD

Cleveland 15, Ohio

12 April, 1951

Address reply to
Commander, 9th CG District

P16-3/MM

TRAVEL AUTHORIZATION 516067

FROM: COMMANDER, NINTH COAST GUARD DISTRICT

TO: CAROLLO, Domenic D. (214-599) BMC(AN), USCG - OinC, Waukegan Harbor Lt. Station

VIA: Commanding Officer, CG Group, Chicago, Illinois

SUBJ: ORDERS; TRANSFER; TRAVEL

1. Upon receipt hereof, and when directed by the Commanding Officer, CG Group, Chicago, Illinois, you are detached from all duties previously assigned. Under authority of Headquarters' letter dated 3 April, 1951 (MM/P16-3/9) you are directed to proceed and report to the Commander, 5th CG District, Norfolk, Virginia for assignment to duty. You will be detached hereunder on or before 30 April, 1951.

2. THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FOR YOU FROM Waukegan, Illinois TO such station as may be assigned by the Commander, 5th CG District.

3. TRAVEL NECESSARY TO THE EXECUTION OF THIS ORDER IS REQUIRED BY THE PUBLIC INTERESTS AND IS CHARGEABLE AGAINST (HQ) ~~XXXXXXXX~~ TRAVEL ALLOTMENT, SYMBOL NO. 99-20. 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.

4. YOU ARE DIRECTED TO CARRY YOUR SERVICE AND HEALTH RECORDS AND DELIVER THEM TO THE PROPER AUTHORITY UPON ARRIVAL AT YOUR ULTIMATE DESTINATION.

5. PROVIDED YOUR LEAVE ACCOUNT WARRANTS THE COMMANDING OFFICER IN CHARGE IS AUTHORIZED TO GRANT YOU UP TO FIFTEEN (15) DAYS DELAY ENROUTE, SUCH DELAY TO COUNT AS LEAVE, FOUR (NO) DAYS PROCEED TIME, AND THE NECESSARY TRAVEL TIME.

H. M. WARNER
By direction

CC:
STATISTICS
ACCOUNTING
FILE
CO, CGCD FIVE

UNITED STATES COAST GUARD

P
12 June, 1951
GD5/MM/P16-4/2

Address reply to
COMMANDER,
FIFTH COAST GUARD DISTRICT
Post Office Box 540
Norfolk 1, Virginia

ORDER NO. 1239-51

From: CO, Enlisted Personnel, 5th CG District Office
To: CAROLLO, Domenic (n) (214-599) EMC, USCG - PRESENT

Subj: Orders; transfer, travel

1. Upon receipt hereof, you are directed to proceed, with and in charge of the below-named men to Berkley, Norfolk, Virginia, and upon arrival thereat, report to the Commanding Officer, Coast Guard CUTTER INGHAM (WPG-35), that place, for assignment to duty.

NONE

2. As no travel is indicated, none is authorized.

3. Your Service, health and pay records (~~were~~ are) handed you herewith.

4. Your permanent duty station remains, Norfolk, Virginia.

5. No proceed time is allowed under this order.

6. Delivered and departed this office at 1100, this date. EDA 6-12-51.

J. W. BOLDING,
Executive Officer

12 June, 1951

CC:

TRAVEL AUTHORIZATION 32667
FROM: COMMANDER, NINTH COAST GUARD DISTRICT
TO: CAROLLO, Domenic D., (214-599) EMC(AN), USCG - Chicago, Illinois
VIA: Commanding Officer, CG Group, Chicago, Illinois
SUBJ: ORDERS: TRANSFER; TRAVEL

Upon receipt hereof, you are detached from all duties previously assigned. Under authority of Headquarters' letter dated 3 April, 1951 (MM/P16-3/9) you are directed to proceed and report to the Commander, 5th CG District, Norfolk, Virginia for assignment to duty. You will be detached hereunder on or before 30 April, 1951.

THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FOR YOU FROM Waukegan Harbor Ill., Station TO Such station as may be assigned by the Commander, 5th CG

NECESSARY TO THE EXECUTION OF THIS ORDER IS REQUIRED BY THE PUBLIC INTERESTS

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters .....

Ind-2
CGC INGHAM

12 June, 1951
WPG/MM/P16-4

1445, this date, reported aboard from CO, Enlisted Personnel, 5th CG District Office, Norfolk, Virginia, for assignment to duty.

S.F. HEWINS

Ind-3
5th CGD Office,
Norfolk, Virginia

27 June, 1951
GD5/MM/P16-4/2

Paragraph 4 of basic orders is hereby amended, in that this order constitutes a permanent change of station, for COROLLA, from Waukegan, Illinois to Norfolk, Virginia.

J. W. BOLDING,
By direction

Ingham

RECEIVED MAIL ROOM

UNITED STATES COAST GUARD

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

1951 JUN 19

COMMANDER
COAST GUARD DISTRICT
NORFOLK, VIRGINIA

PE-2
15 June, 1951
FILE: MM

RECEIVED
JUN 26 1951
CGC INGHAM WPG-35

From: Commandant
To: Commander, 5th CG District (p)
Via:

Subj: CAROLLO, Domenic (214-599) BMC
request for transfer to 14th or the 17th CG District, dated 8 June, 1951.

1. Receipt of subject man's request for transfer, as indicated above, is hereby acknowledged.

2. Advise the above named man that his request has been placed in the active rotation file and will be considered when men of his rating are needed for overseas duty.

3. This request, if not approved after six (6) months, will be filed without further action. If subject man still desires this duty after that period of time, he should resubmit his request.

W. H. BUXTON
By direction

Ind-1

p
25 June, 1951
GD5/MM

From: Commander, 5th CG District
To: Commanding Officer, INGHAM

Re-addressed and forwarded. Advise the subject-named man of the contents of the basic letter.

J. W. BOLDING,
By direction

CAROLLO, Domenic (n) 214-599 BMC.,USCG

USCGC INGHAM (WPG-35) Norfolk, Va.

05-052-035 12 June, 1951

1445
12 June, 1951 ASDU

CO, Enlisted Personnel, 5th CG District Office, Norfolk, Va.

CC5CGD Ord. #1239-51

S.F. HEWINS, CDR.,USCG

Treasury Department
U. S. Coast Guard
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 264

Last name, first name, middle initial	Service No.	Present Grade or rating
CAROLLO, Domenic (n)	214-599	BMC
Reporting Unit Comdr., 5th CG District	Location Norfolk, Virginia	Date 12 June, 1951
Unit to which attached 5TH CG DISTRICT OFFICE	Location Norfolk, Virginia	Accounting Code No. 05-510000

Time 0930 Reported From: CG Base, Portsmouth, Virginia
Date 6-12-51 For resumption of regular duty.

AUTH: Art. 710, Regs.

Time 1100 Transferred to: CGC INGHAM, Norfolk, Virginia
Date 6-12-51 For assignment to duty.

AUTH: Art. 710, Regs.

Changed in Rating from _____ to _____ effective _____

AUTH: _____

Other Changes (specify)

J. W. BOLDING, LTJG, USCG
XO, By direction ps

(Signature-Grade and Title)

SPACE BELOW FOR HEADQUARTERS USE ONLY

Examined	Posted	Flex

Treasury Department
U. S. Coast Guard
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 227

Last name, first name, middle initial	Service No.	Present Grade or rating
CAROLLO, Domenic (n)	214-599	BMC
Reporting Unit: Comdr., 5th CG District	Location: Norfolk, Virginia	Date: 8 June, 1951
Unit to which attached: 5TH CG DISTRICT OFFICE	Location: Norfolk, Virginia	Accounting Code No: 05-510000

Time 1655
Date 6-2-51
Reported From: Piney Point Light Station, Piney Point, Md.
For resumption of regular duty.

AUTH: Art. 710, Regs.

Time 1700
Date 6-2-51
Transferred to: CG Base, Portsmouth, Virginia
For TAD.

AUTH: Art. 710, Regs.

Changed in Rating from _____ to _____ effective _____

AUTH: _____

Other Changes (specify)

J. W. BOLDING, LTJG, USCG
XO, By direction ps

(Signature-Grade and Title)

SPACE BELOW FOR HEADQUARTERS USE ONLY

Examined	Posted	Plex

16-40355-4 U. S. Government Printing Office

Treasury Department
U. S. Coast Guard
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 989

Last name, first name, initial	Service No.	Present Grade or rating
CAROLLO, Domenic (n)	214-599	BMC(AN)
Reporting Unit	**Location**	**Date**
Comdr., 5th CG District	Norfolk, Virginia	29 May, 1951
Unit to which attached	**Location**	**Accounting Code No.**
5TH CG DISTRICT OFFICE	Norfolk, Virginia	05-510000

Time
Date

Reported From:
For

AUTH:

Time 1200
Date 5-28-51

Transferred to: Piney Point Light Station, Piney Point, Md.
For temporary additional duty.

AUTH: Art. 710, Regs.

Changed in Grade Rating From _____ To _____ Effective _____

AUTH:

Other Changes (specify)

J. W. BOLDING, LTJG, USCG
XO, By direction ps

(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-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 858

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)

REPORTING UNIT	LOCATION	DATE
COMDR., 5th C. G. DISTRICT	NORFOLK, VIRGINIA	22 May, 1951

UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
~~5THCG~~ DISTRICT OFFICE	Norfolk, Virginia	05-510000

TIME 1500
DATE 5-21-51

REPORTED FROM: CG Base, Portsmouth, Virginia
FOR resumption of regular duty.

AUTH: Art. 710, Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

J. W. BOLDING, LTJG, USCG
XO, By direction

ps

(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-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 857

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic D.	214-599	BMC(AA)

REPORTING UNIT	LOCATION	DATE
COMDR., 5th C. G. DISTRICT	NORFOLK, VIRGINIA	22 May, 1951

UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
5TH CG DISTRICT OFFICE	Norfolk, Virginia	05-510000

TIME 1810
DATE 5-20-51

REPORTED FROM: Commander, CG Group, Chicago, Illinois
FOR assignment to duty, having taken fourteen (14) days' leave, four (4) days pt and two (2) days tt enroute.

AUTH: H/L 4-3-51, file MM/P16-3/9

TIME 1820
DATE 5-20-51

TRANSFERRED TO: CG Base, Portsmouth, Virginia
FOR TAD.

AUTH: Art. 710, Regs.

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

Eptd 1200, 4-30-51

J. W. BOLDING, LTJG, USCG
XO, By direction ps

(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Waukegan Harbor Light Station (Unit) Waukegan, Illinois (Place)

1 October, 1949 (Date)

FROM: CAROLLO, Domenic (214-599) BM1

TO: COMMANDANT (via Commander 9th CGD)

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)
Monica Katherine Carollo	2220 North 20th Street Sheboygan, Wisconsin
(Full name of child; if none, so state)	(Address of child)
None	
(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. Angela Carollo	mother	625 E. Main Street Iron Mountain, Michigan

(State briefly wherein dependency exists)

Dependent for support.

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)
Mrs. Katherine Campra	sister	525 E. Main Street Iron Mountain, Michigan

(State briefly wherein dependency exists)

potential

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

23rd day of November, 19 49

F. W. HERMES, JR. (Signature)

LTJG, USCG (Rank or title)

Domenic Carollo (Signature)

Domenic Carollo BM1

BM1 (Rank or rating)

16—25758-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Waukegan HBR. Light Station (Unit) Waukegan, Illinois (Place)

22 March, 1949 (Date)

FROM: CAROLLO, Domenic (214-599) BM1(AN)

TO: COMMANDANT (via Commander, 9th CG District (nmy))

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:

Monica Katherine Carollo (Full name of wife; if not married, so state)	2220 North 20th St., Sheboygan, Wisc. (Address of wife)
none (Full name of child; if none, so state)	(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:

Angela Carollo (Full name of relative)	Mother (Relationship)	625 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL
(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:

Mrs. John Campra (Full name of relative)	Sister (Relationship)	525 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL
(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 22nd day of March, 1949

Carl C. Kennewick
(Signature)
Notary Public
(Rank or title)

Domenic Carollo
Domenic Carollo (Signature)

BM1(AN), USCG (Rank or rating)

16—25758-1

CAROLLO, Donenic 214-599 BM1(AN)

Waukegan Hbr. Lt. Station Waukegan, Ill

09-300605 15 August, 19

xxx BM1(AN) BMC(AN) 16 August, 1950

Art. 561(1), CG Regs., H/L/ PE-C-73, dtd 8/7/50

A. O'D. WISE, CSCLK, USCG
By direction

CAROILO, Domenic (214-599) BM1(AN)

TRANSCRIPT OF EFFICIENCY MARKS FOR FUTURE
GOOD CONDUCT AWARD ISSUES

DATE	RATE	PIR	SEAMANSHIP	MECH. ABILITY	ABILITY AS LDR	OF MEN	CONDUCT
3-31-47	BM1AN	LESS THAN ONE MONTH					4.0
6-30-47	BM1c	3.5	3.5			3.5	4.0
9-30-47	BM1cAN	3.5	3.5	3.4		3.5	4.0
12-31-47	BM1(AN)	3.5	3.5	3.4		3.5	4.0
**							
3-31-48	BM1	LESS THAN ONE MONTH					4.0
6-30-48	BM1	3.6	3.6	3.5		3.5	4.0
9-30-48	BM1	3.6	3.6	3.5		3.5	4.0
12-31-48	BM1	3.6	3.6	3.5		3.5	4.0
3-21-49	BM1(AN)	3.6	3.6	3.5		3.5	4.0
**							
3-21-48	BM1c(AN)	3.6	3.6	3.5		3.6	4.0

CERTIFIED TO BE A TRUE COPY OF EFFICIENCY MARKS OF CA ROLLO, Domenic 214-599 for enlistment period from 3-20-47 to 3-21-49

F. H. SCHONEWOLF, LTJG, USCG
Chief, Military Personnel Section
Ninth Coast Guard District

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
CAROLLO, Domenic none	214-599	BM1	☐ 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)*: Angela none Carollo

RELATIONSHIP *(If friend, so state)*: mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Monica Katherine Carollo

ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street Sheboygan, Wisconsin

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Monica Grace Carollo	2220 N. 20th St. Sheboygan, Wisconsin		X		X	3 wks.

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Anton Carollo deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Angela Carollo

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Angela Carollo

RELATIONSHIP: mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, 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: Catherine none Campra

RELATIONSHIP: sister

ADDRESS *(Number, street, city, zone, and State)*: 525 E. Main Street Iron Mountain, 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.

(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: Monica Katherine Carollo

RELATIONSHIP: wife

ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street Sheboygan, Wisconsin

RECEIVE EACH MONTH: 50 % OF MY PAY.

MILITARY ADDRESS: Waukegan Harbor Light Station Waukegan, Illinois

DATE SIGNED: 9-1-50

SIGNATURE OF DESIGNATOR: Domenic Carollo

Domenic Carollo

DD FORM 1 JAN 50 93 REPLACES 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.

16—61480-1

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)

Waukegan Harbor Light Station, Waukegan, Illinois
(Unit)

CAROLLO, Domenic (211-599) BM1(AN) — 23 March, 1949
(Name in full—surname to the left) (Date)

(211-599) — Boatswain's Mate First Class (AN)
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for TWO years)	1947	3	20
Enlistment extended (for ..... years from)			
Date of discharge (HONORABLE) (Character of discharge)	1949	3	21
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
2	0	2

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		

Entitled to $100.00 reenlistment allowance.

Total Absence (0 days)			
Creditable time served during last enlistment period	2	0	2

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.

Office, 9th CG District, Cleveland, Ohio

Date 23 March, 1949

(Rank) F. H. SCHONEWOLF, LTJG, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 March, 1949

Office, 9th CG District, Cleveland, Ohio
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE years from this date.

F. H. SCHONEWOLF, LTJG, USCG

(Rank) LTJG, U. S. C. G.
Commanding officer.

16—20908-1

CDF-10(pmp)
Dec.,1949

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

9 November, 1950
(date)

From: CO or OinC Office Commander, 9th CG District
Authorized Certifying Officer

Subj: Statement of service for longevity pay

1. The following is a statement of service, to and including of;
CAROLLO, Domenic (214-599) BMC(AN)

Entered Service	Service Terminated	Absent without leave (inclusive dates)	Absent due to own Misconduct	Non-Performance Duty because of
		From - To	From - To	From - To
USCG				
11-6-36	11-5-39 HD	None	None	None
11-6-39	2-19-43 HD	None	None	None
2-20-43	3-19-47 HD	None	None	None
3-20-47	3-21-49 HD	None	None	None
3-22-49				
Now Serving				

	Yr.	Mos.	Days
Coast Guard Service.....	14	0	3
Navy Service.....			
Army Service.....			
Marine Corps Service.....			
U.S.L.H.S.....			
Total.....	14	0	3

Completed 14 Yrs. 6 November, 1950

A. O'D. WISE, CSCLK, USCG
By direction

Sources of Information
Form 2511 dated 2-20-43
Form 2511-A dated
Army statement dated
Navy statement dated
USMC statement dated

See reverse side of form for instructions on preparation

INSTRUCTIONS FOR PREPARATION FORM CDF-10

1. Whenever an enlisted man or officer becomes entitled to an increase in longevity in pay, his CO or OinC 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.

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 brance of service prior to stating the period involved, i.e.

Entered Service	Service Terminated	AWOL From	AWOL To	AHOM From	AHOM To	NPDI From	NPDI To
U.S.N. 9/1/46	4/18/47	None		None		None	
U.S.A. 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 Ausust, 1950

Completed 2 yrs. on 7/26/49

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.

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

CARCILLO, Domonic (n) 214-522 BM2(AM)
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

Office, 9th CG District Cleveland, Ohio 12 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:

11-5-48: Completed 12 years not U. S. Coast Guard Service, and will be credited with 20% increased longevity on the following and attached statements of service.

Reenlisted (2).....3-20-47
AOL, AWL.....NONE
NPDI.....NONE
SKMC.....NONE
Completed 12 years.....11-5-48
Entitled to increased longevity.....11-6-48

Now serving

AUTHORITY: PC 21-47
Certified copies CG Repair Base, Milwaukee Form 2611A and HQ Statement of service dated 2-20-43 attached.

F. H. SCHUMACHER, LT.JG., USCG
(Commanding)
By direction

CC: Orig & 1 to Pay
HQ (Copy)
Service record
File

(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

F.P.

2511 (Revised)
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 20 February, 1943

From: Commandant.
To: Commanding Officer, CGC BRUSSTAR

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 20 February, 1943, of CAROLLO, Dominic (214-599) C.B.M.(a) (Pro).

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
11-6-36	11-5-39	None		None		None	
11-6-39	2-19-43	None		None		None	

CERTIFIED TO BE A TRUE COPY

S/ DANIEL E. CRIMSHAW.

	Yr.	Mo.	Days
Coast Guard service	6	3	15
Navy service			
Total			

Completed 6 years three (3) months, thirteen (15) days on 19 February, 1943.

CERTIFIED TO BE A TRUE COPY:

F. H. SCHONEWOLF, Lieut. (jg.) USCG.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CAROLLO, Domenic — CG Depot Base Milwaukee, Wisconsin
(Name in full—surname to the left) (Unit)

214-699 — 20 March, 1947
(Service number) (Date)

Mlo.(AN)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 4 years)	1943	2	20
Enlistment extended (for 1 Mo. years from)	1947	2	19
Date of discharge (Honorable (Character of discharge))	1947	3	19
Total time of last enlistment period	4	1	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		

NUMBER OF—		
Years	Months	Days
4	1	0

Total Absence (NO days) — 0 | 0 | 0

Creditable time served during last enlistment period — 4 | 1 | 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.

S/V. E. SANDERSON,

Date 20 March, 1947

(Rank) Lieutenant (jg) Acting, U. S. C. G.
Commanding officer.

Regular Commissioned

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 March, 1947 — Coast Guard Depot Base Milwaukee, Wisconsin
(Unit and place)

I CERTIFY that the above-named man CAROLLO, Domenic (214-699) Mlo (AN) for
(Reenlisted or voluntarily extended his enlistment)

a period of TWO years from this date.

S/V. E. SANDERSON,

(Rank) Lieutenant (jg) Acting, U. S. C. G.
Commanding officer.

CERTIFIED TO BE A TRUE COPY:

F. H. SCHONEWOLF, Lieut. (jg,) USCG.

16-20008-1

CAROLLO, Domenic - 214-599 CBM

COAST GUARD TRAINING STATION GROTON, CONN.

2-8 1 July 1946

Successfully com leted a twenty-One weeks course in Aids to Navigation on 1 July, 1946. Awarded (A-N) designators.

H/L 5-7-45 G. W. GUNTHER
42-D (PT* (CG-701) By Direction.

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 20 February, 1943

From: Commandant.
To: Commanding Officer, CGC BRUSSTAR

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 20 February, 1943, of CAROLLO, Domenic (214-599) C.B.M.(a) (Pro).

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
11-6-36	11-5-39	None		None		None	
11-6-39	2-19-43	None		None		None	

CERTIFIED TO BE A TRUE COPY
Daniel E. Grimshaw
DANIEL E. GRIMSHAW.

	Yr.	Mo.	Days
Coast Guard service	6	3	13
Navy service			
Total			

Completed 6 years three (3) months, thirteen (13) days on 19 February, 1943.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 20, 1930

2 Rivers

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 8 November, 1940.

From: Commandant.
To: Commander, CHICAGO DISTRICT.

Subject: CAROLLO, Domenic (214-599) Surf.: (Sheboygan Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 8 November, 1940.

Enlisted	Discharged	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
11-6-36	11-5-39 H D	None		None		None	
11-6-39		None		None		None	

Now serving

U. S. COAST GUARD
Rec'd NOV 13 1940
TWO RIVERS STATION

THIS COPY TO BE pasted on inside cover of continuous service certificate if one has been issued. If continuous service certificate has not been issued this copy will be affixed to next discharge issued man concerned after receipt hereof.

	Yrs.	Mos.	Days
Total C. G. service	4	0	3
Navy service			
Other service			
Total	4	0	3

Completed 4 years service 5 November, 1940.

By direction: Two Rivers

F. E. Allison

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

UNITED STATES COAST GUARD

Fleet Post Office
San Francisco, California

Address reply to
CO, CG-83418
Refer to file: 73

To: The Commandant (PEA)

Via: OIC, CG Aspat 1

Subj: CAROLLO, Domenic (214-599) CBM; recommendation for promotion to warrant grade

1. It is recommended that subject man be promoted to boatswain grade for temporary services. Carollo is considered physically fit, mentally, morally, and professionally qualified for appointment to warrant grade. He has served aboard the CG-83418 since 9 February, 1944, and has proved himself thoroughly competent to perform duties of boatswain. Carollo is an outstanding leader of men and in all respects familiar with the handling of 83' craft.

2. Subject man enlisted in the Coast Guard 6 November, 1936, with the rating of surfman, and has served continuously since that date. He was a surfman for a period of approximately five years, and is thoroughly familiar with small craft. Carollo reenlisted in the Regular Establishment 20 February, 1943, for a period of four years.

3. Transcript of marks, case of subject man, is forwarded herewith as supporting paper, and covers only the period since reenlistment as stated above.

H. W. Ireland

H. W. IRELAND,
Ensign, USCG

Incl: 1. Transcript of marks

Ind-1
OIC, CG UNIT 215
FPO, S.F., Calif.
2 June, 1945

To: The Commandant (PEA)

Forwarded, recommending approval. Carollo is considered excellent boatswain material.

C. B. CLAIBORNE,
Lieutenant, USCGR

(PPP)
CG-73

8 June, 1945

To: CO, CG-83418

Via: OIC, CG Unit 215

Subj: Carollo, Domenic (214-599) CBM; recommendation, status of

1. Receipt of your letter, no date, file 73, bearing Ind-1, OIC, CG Unit 215, dated 2 June, 1945, recommending subject man for promotion to boatswain, is acknowledged.

2. You are informed that your recommendation has been filed in Carollo's service record without action. From time to time promotions to boatswain are made and a careful study is made of each man's service record in order to ascertain his experience, length of service, physical condition and other qualifications. When future promotions to boatswain are authorized Carollo's case will be reviewed and your recommendation of him will be given every consideration.

H. WILKISON
By direction

Ind-1
OIC, CG Unit 215
FPO, S.F., Calif.
13 June, 1945

To: CO, CG-83418

Forwarded.

C. B. CLAIBORNE,
Lieutenant, USCGR

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓑ NAME (PRINT CLEARLY): CAROLLO (LAST) DOMENIC (FIRST) -- (MIDDLE) | 214-599 CEM (SERVICE NUMBER) | FT. 5 | IN. 11½ (HEIGHT) | LBS. 180 (WEIGHT) | W (RACE)

(2) HOME ADDRESS: 625 E. Main St., Iron Mt. , Mich.

(3) BIRTHPLACE: Iron Mt., Mich
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 2 Jan., 1912 HOW LONG IN U. S. YEARS

(5) CITIZEN [X] L-29 NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)-Ⓣ MARITAL STATUS: Married (7)-Ⓣ NUMBER OF DEPENDENTS: 1

(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		Iron Mt., Mich.	Gen.	1930
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

	SPANISH (L-23)			FRENCH (L-24)			GERMAN (L-25)			OTHER LANGUAGES (L-26)					
										Italian					
	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W
PUNCH ONLY FOR S															
FAIRLY WELL											X				
FLUENTLY (L-27)										X					

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: 5MD DATE: 4 Nov., 1936

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
X				

(13)-Ⓣ MAIN OCCUPATION: CLERK, General — YEARS AT IT: 1/3 — WKLY. WAGE: $
D. O. T. CODE: 1-04.01
JUST WHAT DID YOU DO?

LAST DATE OF EMPLOYMENT

EMPLOYER (FIRM NAME)

ADDRESS OF EMPLOYER

DEPT., SHOP OR BRANCH — KIND OF BUSINESS

(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)-Ⓔ	CCT				
			105	54				

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1. Sea school
2.
3.

(24) RATING

NON-ENGLISH SPEAKING 3
ILLITERATE 2

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(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)
None							

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. None			
2.			
3.			
4.			

(22) REMARKS: Right handed; Swims over 100 yards.
SPORTS: Baseball, football, and tennis.

button
MERIT, CONDUCT: Honorable discharge/previously issued--2-20-43.

(23) NEXT OF KIN wife
NAME Mrs. Domenic Carolbo
ADDRESS 625 E. Main St.
CITY Iron Mt. STATE Michigan

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
SEA DUTY			
2-20-43	CGC BRUSTAR		
10-29-43	USS SAVAGE (DE386)		
2-9-44	CG-83418		
SHORE DUTY			
6-4-43	C. B. Yard		
7-20-43	SCTC DCGO 2ndND		
10-7-43	USNP/S Houston, Tex.		
12-30-43	COTP Chas, S.C.		
1-21-44	Reosta Chas, S.C.		

EXPERIENCE IN RATE
RESPONSIBILITIES ASSUMED: 2nd in charge CG-83418--14 mosx off shore Atlantic with 14 in crew. 6 mosx CBM on 137' CGC off shore Atlantic with 30 in crew. 5 mos. DE386.
SEAMANSHIP: Well qualified in seamanship on vessels up to 137'. No exp. on heavey deck gear.
GUNNERY: Exp. with small arms, .30 & .50 Cal. mach. guns, 20MM, 3"/50, depth charges, and mousetraps.
DAMAGE CONTROL: Good knowledge of small craft.
SHIPS DRILLS: Has supervised drills.
SIGNALLING: Good knowledge.
Has stood O.D. watches.
BATTLE STATION:

(25) DATE OF INTERVIEW 30 March, 1945 UNIT CG-83418
SIGNATURES
INTERVIEWER
ENLISTED PERSON

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. 2,215,607

CG-~~0611~~ (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR 73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 8 November, 1940

From: Commandant.

To: Commander, CHICAGO DISTRICT

SUBJECT: CAROLLO, Domenic (214-599) Surf.
(Sheboygan Sta.)
Statement of service of.

1. The following is a statement of the service of the above named man ~~the above-named man~~ for the purpose of computing pay: to and including 8 November, 1940.

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—
11-6-36	11-5-39 H. D.						
11-6-39							
Now serving							

	Yrs.	Mos.	Days
Total C. G. Service	4	0	3
Navy Service			
Other service			
Total	4	0	3

Completed 4 years service 5 November, 1940

By direction

/s/
F. E. ALLISON
Chief, Enlisted Person el Section

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

ADDRESS THE COMMANDANT, U. S. COAST GUARD AND REFER TO No.

20 February, 1943

From: Commandant.

To: Commanding Officer, CGC BRUSSTAR

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: 20 February, 1943 of CAROLLO, Domenic (214-599) S.B.M.(a)(Pro.) to and including

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
11-6-36	11-5-39	None		None		None	
11-6-39	2-12-43	None		None		None	

CERTIFIED TO BE A TRUE COPY

/s/
DANIEL E. GRIMSHAW

	Yr.	Mo.	Days
Coast Guard service-Navy service	6	3	13

Total Completed 6 years three (3) months, thirteen (13) days on 19 February, 1943.

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

...ITABLE SERVICE

(...or Enlistment Allowance)

CAROLLO, Domenic — 214-599 — CG Repair Base, Milwaukee, Wisconsin

(Name in full—surname to the left) (Service number) (Unit)

BM1c.(AN) — 20 March, 1947

(Rating on discharge) (Date)

	Year	Month	Day
Date of last enlistment (for 4 years)	1943	2	20
Enlistment extended (for 1 Mo. years from)	1947	2	19
Date of discharge (HONORABLE) (Character of discharge)	1947	3	19
Total time of last enlistment period	4	1	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		

	NUMBER OF—		
	Years	Months	Days
Total Absence (NO days)	0	0	0
Creditable time served during last enlistment period	4	1	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.

/s/
F. E. SANDERSON

Date 20 March, 19 47

(Rank) Lieutenant, (jg), U. S. C. G.
Acting
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 March, 19 47

Coast Gurd Repair Base, Milwaukee, Wis.
(Unit and place)

I CERTIFY that the above-named man CAROLLO, Domenic (214-599) BM1c(AN) for
(Reenlisted or voluntarily extended his enlistment)

a period of TWO years from this date.

/s/
F. E. SANDERSON,

(Rank) Lieutenant (jg), U. S. C. G.
Acting
Commanding officer.

16—20908-1

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 Repair Base, Milwaukee, Wisconsin (Unit)

CAROLLO, Domenic (Name in full—surname to the left) 20 March 1947 (Date)

211-502 (Service number) BM1c(AE) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 4 years)	1943	2	20			
Enlistment extended (for 1 years from)	1947	2	19			
Date of discharge (HONORABLE (Character of discharge))	1947	3	19			
Total time of last enlistment period	4	1	0	4	1	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)	0	0	0
Creditable time served during last enlistment period	4	1	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.

/s/
V. E. SANDERSON
(Rank) Lieutenant, (jg), U. S. C. G.
Acting Commanding officer.

Date 20 March, 19 47

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 March, 19 47

I CERTIFY that the above-named man Coast Guard Repair Base, Milwaukee, Wis. (Unit and place)
CAROLLO, Domenic (211-502) BM1c(AE) (Reenlisted or voluntarily extended his enlistment) for a period of two years from this date.

/s/
V. E. SANDERSON,
(Rank) Lieutenant (jg), U. S. C. G.
Acting Commanding officer.

16—20908-1

Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR 73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 8 November, 1940

From: Commandant.

To: Commander, CHICAGO DISTRICT

SUBJECT: CAROLLO, Domenic (214-599) Surf.
(Sheboygan Sta.)
Statement of service of.

1. The following is a statement of the service of ~~the above named man~~ for the purpose of computing pay: the above named man to and including 8 November, 1940.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
11-6-36	11-5-39 H. D.						
11-6-39	Now serving						

	Yrs.	Mos.	Days
Total C. G. Service	4	0	3
Navy Service			
Other service			
Total	4	0	3

Completed 4 years service 5 November, 1940

By direction

/s/
F. E. ALLISON
Chief, Enlisted Personnel Section

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Approved by Comptroller General, U. S. February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

ADDRESS THE COMMANDANT, U. S. COAST GUARD AND REFER TO No.

20 February, 1943

From: Commandant.

To: Commanding Officer, CGC BRUSSTAR

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:~~ xxx to and including 20 February, 1943 of CAROLLO, Domenic (214-599) C.B.M.(a)(Pro.)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
11-6-36	11-5-39	None		None		None	
11-6-39	2-12-43	None		None		None	

CERTIFIED TO BE A TRUE COPY

/s/
DANIEL E. GRIMSHAW

	Yr.	Mo.	Days
Coast Guard service- Navy service	6	3	13
Total			

Completed 6 years three (3) months, thirteen (13) days on 19 February, 1943.

U. S. GOVERNMENT PRINTING OFFICE 16—32058-3

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR 73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 8 November, 1940

From: Commandant.

To: Commander, CHICAGO DISTRICT

SUBJECT: CAROLLO, Domenic (214-599) Surf.
(Sheboygan Sta.)
Statement of service of.

1. The following is a statement of the service of the above named man for the purpose of computing pay: ~~the above named man~~ to and including 8 November, 1940.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
11-6-36	11-5-39 H. D.						
11-6-39	Now serving						

	Yrs.	Mos.	Days
Total C. G. Service	4	0	3
Navy Service			
Other service			
Total	4	0	3

Completed 4 years service 5 November, 1940

By direction

/s/
F. E. ALLISON
Chief, Enlisted Personnel Section

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 20 February, 1943

From: Commandant.

To: Commanding Officer, CGC BRUSSTAR

SUBJECT:

Statement of service of.

1. The following is a statement of the service ~~rec~~ to and inclu ~~the above named man for the purpose of computing pay~~:
20 February, 1943 of CAROLLO, Domenic (211-599) S.B.M.(a)(Pro.)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	TO—
11-6-36	11-5-39	None		None		None	
11-6-39	2-12-43	None		None		None	

CERTIFIED TO BE A TRUE COPY

/s/
DANIEL E. GRIMSHAW

	Yr.	Mo.	Days
Coast Guard service-	6	3	13

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CAROLLO, Dewenie (Name in full—surname to the left)

21L-592 (Service number)

CG Repair Base, Milwaukee, Wisconsin (Unit)

20 March, 1947 (Date)

BMlc.(AN) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 4 years)	1943	2	20
Enlistment extended (for 1 years from)	1947	2	19
Date of discharge (HONORABLE (Character of discharge))	1947	3	19
Total time of last enlistment period	4	1	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		

NUMBER OF—		
Years	Months	Days
4	1	0

Total Absence (NO days) 0 0 0

Creditable time served during last enlistment period 4 1 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.

/s/
F. E. SANDERSON

Date 20 March, 19 47 (Rank) Lieutenant, (jg), U. S. C. G.
Commanding officer.

Acting
Regular Establishment

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 March, 19 47 Coast Guard Repair Base, Milwaukee, Wis. (Unit and place)

I CERTIFY that the above-named man CAROLLO, Dewenie (21L-592) BMlc(AN) (Reenlisted or voluntarily extended his enlistment) for a period of TWO years from this date.

/s/
F. E. SANDERSON,

(Rank) Lieutenant (jg), U. S. C. G.
Commanding officer.

Acting

16—20908-1

CG-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

20 February, 1943

From: Commandant.

To: Commanding Officer, CGC BRUSSTAR

SUBJECT:

Statement of service of.

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

20 February, 1943 of CAROLLO, Domenic (214-599) S.B.M.(a)(Pro.)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
11-6-36	11-5-39	None		None		None	
11-6-39	2-12-43	None		None		None	

CERTIFIED TO BE A TRUE COPY

/s/
DANIEL E. GRIMSHAW

	Yr.	Mo.	Days
Coast Guard service-	6	3	13
Navy service			
Total			

Completed 6 years three (3) months, thirteen (13) days on 19 February, 1943.

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

ADDRESS THE COMMANDANT, U. S. COAST GUARD AND REFER TO No. PR 73

8 November, 1940

From: Commandant.

To: Commander, CHICAGO DISTRICT

SUBJECT: CAROLLO, Domenic (214-599) Surf.
(Sheboygan Sta.)
Statement of service of.

1. The following is a statement of the service of the above named man for the purpose of computing pay: to and including 8 November 1940.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
11-6-36	11-5-39 H. D.						
11-6-39	Now serving						

	Yrs.	Mos.	Days
Total C. G. Service	4	0	3
Navy Service			
Other service			
Total	4	0	3

Completed 4 years service 5 November, 1940

By direction

/s/
F. E. ALLISON
Chief, Enlisted Personnel Section

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

ENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CAROLLO, Domenic (Name in full—surname to the left) — CG Repair Base, Milwaukee, Wisconsin (Unit)

214-599 (Service number) — 20 March, 1947 (Date)

BM1c.(AN) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 4 years)	1943	2	20			
Enlistment extended (for 1 Mo. years from)	1947	2	19			
Date of discharge (HONORABLE (Character of discharge))	1947	3	19			
Total time of last enlistment period	4	1	0	4	1	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) — 0 | 0 | 0

Creditable time served during last enlistment period — 4 | 1 | 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.

/s/ F. E. SANDERSON

Date 20 March, 19 47 (Rank) Lieutenant, (jg), U. S. C. G.

Acting

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Regular Establishment

Date 20 March, 19 47 Coast Gurd Repair Base, Milwaukee, Wis. (Unit and place)

I CERTIFY that the above-named man CAROLLO, Domenic (214-599) BM1c(AN) (Reenlisted or voluntarily extended his enlistment) for a period of TWO years from this date.

/s/ F. E. SANDERSON,

(Rank) Lieutenant (jg), U. S. C. G.

Commanding officer.

Acting

16—20908-1

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.

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DEPENDENT'S MEDICARE INFORMATION CAROLLO

NAME	CARD NUMBER	EXPIRATION DATE
Monica K. Carollo	CG 077,234	24 MAR 61

Identification Card No. 195995
Date Issued Issued 6-2-58

Blood Type: "O"
RH FACTOR: "NEG"

CONTENTS CHECKED FOR ACCURACY

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

CAROLLO, Domenic (n) 214-559 BMC(AN)
1. NAME: LAST FIRST INITIAL 2. SERVICE NO. 3. RATE 4. PRESENT UNIT

CAROLLO, Domenic (n) 214-559 BMC(AN) Grand Marais LBSta.
1. NAME: LAST FIRST INITIAL 2. SERVICE NO. 3. RATE 4. PRESENT UNIT 09-200860

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
25 MAR 58	(3)	24 MAR 61	-	-	-	25 March 1958

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
2 JAN 12	CAU	W4DC	Gr. Marais, Mich	Gr. Marais, Mich.	-	Michigan

19. CIVILIAN EDUCATION: HS4
20. LANGUAGE QUALIFICATIONS: None
21. CIVILIAN OCCUPATION: Coast Guardsman
22. SPECIAL SKILLS, LICENSES, ETC.: Those of rating.
CODING SPACE

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

24. EXPERIENCE (Months) UNK
WITHIN CLUS: ASHORE ____ AFLOAT ____
OUTSIDE CLUS: ASHORE ____ AFLOAT ____

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE 21 YRS. 4 MOS. 19 DAYS
c. OTHER SERVICE ____ YRS. ____ MOS. ____ DAYS
d. TOTAL NET SERVICE FOR PAY 21 YRS. 4 MOS. 19 DAYS

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED
AtoN School, Groton, Conn. 21 wks 7-1-46
USN Firefighters School 2 dys Manchester, Wash. 2-18-54

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BMC(AN)	Perm	8-16-50

31. REMARKS: SSN: 368-40-4083

26. SERVICE FOR BASIC PAY: COMP. 20 YRS. ON 11-6-57
27. SERVICE FOR RETIREMENT: COMP. 20 YRS. ON 11-6-57

32. RPTD DIST. 2-27-51
33. RPTD UNIT 4-18-51

1. NAME: LAST CAROLLO, FIRST Domenic INITIAL (n) 2. SERVICE NO. 214-559 3. RATE BMC(AN) 4. PRESENT UNIT 09-200860 Grand Marais LBSta

CG-3291 (2-52) ENLISTED PERSONNEL DATA CARD

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

GPO 16—66506-1

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 s... to the individu... nce in the serv...

Elimina... ogical order, la...

DEPENDENT'S MEDICARE INFORMATION CAROLLO

NAME	CARD NUMBER	EXPIRATION DATE
Monica K. Carollo	CG 077,234	24 MAR 61

Blood Type: "O"
RH FACTOR: "NEG"

Identification Card No. 195995
Date Issued ~~Dec~~ 6-2-58

CONTENTS CHECKED FOR ACCURACY

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

ENLISTED PERSONNEL DATA CARD

1. NAME: LAST CAROLLO, FIRST Domenic, INITIAL (n)			2. SERVICE NO. 214-559	3. RATE BMC(AN)	4. PRESENT UNIT
5. DATE ENLISTED	6. TERM ENL/EXT. RET	7. DATE EXP. ENL/EXT. RET	8. ACTIVE DUTY DATE -	9. TERM REQ. ACT. DUTY -	10. EXPECTED RELEASE DATE -
11. DATE PREPARED 31 MAY 60					
12. DATE OF BIRTH 1-2-12	13. RACE CAU	14. NO. DEPENDENTS W4DC	15. LOCATION OF DEPENDENTS Gr Marais, Mich.	16. HOME OF RECORD Gr. Marais	17. PFWOAD -
18. LEGAL RES. Michigan					
19. CIVILIAN EDUCATION 12	20. LANGUAGE QUALIFICATIONS None		21. CIVILIAN OCCUPATION Coast Guardsman		CODING SPACE
22. SPECIAL SKILLS, LICENSES, ETC. Those of rating					
23. TEST SCORES UNK GCT ___ MA ___ EK ___ CA ___ AR ___ READ ___ MK ___ SP ___ PI ___			24. EXPERIENCE (Months) UNK WITHIN CLUS: ASHORE ___ AFLOAT ___ OUTSIDE CLUS: ASHORE ___ AFLOAT ___		
25. SERVICE PRIOR TO THIS ENLISTMENT a. BRANCH ___ b. ACTIVE SERVICE ___ YRS. ___ MOS. ___ DAYS c. OTHER SERVICE ___ YRS. ___ MOS. ___ DAYS d. TOTAL NET SERVICE FOR PAY ___ YRS. ___ MOS. ___ DAYS			28. OFF DUTY TRAINING		29. SERVICE SCHOOLS COMPLETED
30. PROMOTION RECORD					
RATE AND DESIG.	PERM. OR PRO.	EFF. DATE			
BMC(AN)	PERM.	8-16-50			
26. SERVICE FOR BASIC PAY COMP. ___ YRS. ON ___			31. REMARKS SSN: 368-40-4083 Retired eff 1 June 1960.		32. RPTD DIST.
27. SERVICE FOR RETIREMENT COMP. ___ YRS. ON ___					

CG-3291 (3-52)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 4-55)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

5/27 R

DISPOSITION DATA

Grand Marais LBSta, Grand Marais, Michigan (Ship or station) (Location) On 31 May 1960 (Date) the below-named individual was

☐ 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 _____ (Day) (Month) (Year)

Reason Retired **Type discharge certificate** CG 3887

Authority: COMDT PE-1 ltr of 25 February 1960, TONO: 53575/99201X

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Grand Marais, Michigan (Place) ON 25 March 1958 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Grand Marais, Michigan (Place) ON 25 March 1958 (Date)

Home address at time of enlistment, induction, or order to active duty Grand Marais Lifeboat Station, Grand Marais, Michigan

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of Home of Selection (See travel instructions)

SIGNATURE Domenic Carollo
Domenic Carollo

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for Forty-eight (Words) 48 (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 20 years service for pay purposes on 5 November 1956 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS

FINAL AVERAGE OF EFFICIENCY MARKS: PIR 3.60, COND 4.0, P 3.67, C 3.95
NOT ENTITLED TO MOP.
SURRENDERED ARMED FORCES IDENTIFICATION CARD, DD2CG, NR 195905
ISSUED DD FORM 217 CG AND DD FORM 214.

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
CAROLLO, Domenic (n)	214-599	BMC(AN) (E-7)	16 SEP 50

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - USCG	Iron Mountain, Michigan		2	JAN	12

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Caucasian	Male	Brown	Hazel	71"	170	☒ YES ☐ NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School - 4	Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Retired	Grand Marais Lifeboat Sta., Grand Marais, Michigan

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
Retired - COMDT PE-1 ltr of 25 FEB 60, TA# 53575/99201X		31	MAY	60

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
Grand Marais LBSta., Grand Marais, Michigan	HONORABLE	CG 3887

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED		
		DAY	MONTH	YEAR
NONE	NOT APPLICABLE	NOT	APPLICABLE	

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NOT APPLICABLE

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY		
DAY	MONTH	YEAR	☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☒ REENLISTED ☐ OTHER:		DAY	MONTH	YEAR
NOT	APPLICABLE			THREE	25	MAR	58

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
SIX	BMC(AN) (E-7)	Grand Marais, Michigan

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)	25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
Grand Marais Lifeboat Station, Grand Marais, Alger, Michigan	- - -	- - - -

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	01	14	06
	(2) OTHER SERVICE	21	04	19
	(3) TOTAL (Line (1) + line (2))	23	06	25
b. TOTAL ACTIVE SERVICE		23	06	25
c. FOREIGN AND/OR SEA SERVICE		00	00	00

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

AWARDED NATIONAL DEFENSE SERVICE MEDAL

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
NONE	* * *	* * *

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: NONE

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☒ YES ☐ NO	"N" $13.50	"See Remarks" *

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
NONE	NOT APPLICABLE

AUTHENTICATION

32. REMARKS * Allotment continued from Retired Pay.
Placed on the inactive retired list of the United States Coast Guard effective 1 June 1960 in accordance with the provisions of Title 14, United States Code, Section 355. Issued DD form 217 CG.
NOT ENTITLED TO MOP. No. days leave paid 48, Nonpay status NONE.
XXXX

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
1-31-59	P	BMC	3.6	3.3	3.8	Grand Marais LBSta. Group Marquette, Mich.	M. F. CRAMER, CWO-3, USCG Commanding Officer
31 JUL 59	P	BMC	3.7	3.7	4.0	Grand Marais LBSta. Group Marquette, Mich.	M. F. CRAMER, CWO-3, USCG Commanding Officer
31 JAN 60	P	BMC	3.7	3.7	4.0	Grand Marais LBSta. Group Marquette, Mich.	M. F. CRAMER, CWO-3, USCG Commanding Officer
~~FINAL AVERAGE~~			~~3.66~~	~~3.56~~	~~3.93~~		M. F. CRAMER, CWO-3, USCG Commanding Officer
31 MAY 60	T	BMC	3.7	3.7	4.0	Grand Marais LBSta. Group Portage	E. L. ALBAN, CWO-3 - CO
FINAL AVERAGE			3.67	3.60	3.95	Grand Marais LBSta. Group Portage	E. L. ALBAN, CWO-3 - CO

NAME (Last) CAROLLO, (First) Domenic (Middle) (n) | SERVICE NO. 214-599

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
*30 APR 58	EQM	BMC	3.6	3.6	4.0	Grand Marais LBSta. Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
*31 JUL 58	EQM	BMC	3.6	3.6	4.0	Grand Marais LBSta. Group Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
Final Average		BMC	3.60	3.60	4.0	Grand Marais LBSta Group Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
7-31-58	Qualifies for honorable discharge for the period to and including this date.						M. F. CRAMER, CWO-2, USCG Commanding Officer

NAME (Last) CAROLLO, (First) Domenic (Middle) (n) SERVICE NO. 214-599

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (Rev. 10-58)

LEAVE RECORD

DATE: 19 April 1960

CREDIT BROUGHT FORWARD FROM PREVIOUS RECORD — DAYS: 28

AUTHENTICATED BY: E. L. ALBAN, CHBOSN W-3, USCG - CO

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
17 APR 60	24 APR 60	8	A			20	Grand Marais Grp Portage	E.L.ALBAN, CWO-3, USCG-CO
CR (DISCHARGE)				31 MAY 60	27½	48	Grand Marais Grp Portage	E.L.ALBAN, CWO-3, USCG-CO
	Elects to receive cash compensation for unused leave due on discharge.						(48) days	E.L.ALBAN, CWO-3, USCG-CO

CREDIT $ 653.60 ON CURRENT PAY RECORD, COMPENSATION FOR -48- DAYS "ACCRUED LEAVE" TO DATE OF DISCHARGE ON 5/31/60.

N. D. HICKMAN, CHSPCK, W-3, USCG
ACO, 9th COAST GUARD DISTRICT

DEDUCTIBLE TIME (Inclusive dates)

PERIOD (Inclusive dates) FROM	TO	REASON (AOL, AOM, etc.)	TIME LOST BASIC PAY AND LEAVE MONTHS	DAYS	EXTENSION OF ENLISTMENT DAYS	SHIP OR STATION	SIGNATURE

NORMAL DATE OF EXPIRATION OF ENLISTMENT

NAME (Last) CAROLLO (First) Domenic (Middle) (n)

SERVICE NO. 214-599

LEAVE RECORD — PREVIOUS EDITIONS MAY BE USED

(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."

(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 : 1958 OF—486826

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
4 OCT 57	7 OCT 57	4	A			56	GRUMARQUETTE	/s/M.F.CRAMER,CWO-2,CO
CR(DISCH)				24 MAR 58	22	60	GRU MARQUETTE	/s/M.F.CRAMER,CWO-2,CO
ENTITLED TO AND ELECTS TO RECEIVE CASH COMPENSATION FOR (60) DAYS UNUSED LEAVE DUE ON DATE OF DISCHARGE.								
CREDIT $ 725.40 ~60~ DAYS "ACCRUED LEAVE" TO DATE OF DISCHARGE ON 3/24/58 ON CURRENT PAY RECORD, COMPENSATION FOR								
							N. D. HICKMAN, CHSPCK, W-2, USCG ACO, 9th COAST GUARD DISTRICT	
REENL				25 MAR 58	X	00	Grand Marais GRU MARQUETTE	M. F. CRAMER, CWO-2, USCG
				ANCR 30 JUN 58	8	8	Grand Marais Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
BEF 1 JUL 58						8	Grand Marais Grp Marquette	M. F. CRAMER, CWO-2, USCG Commanding Officer
12 APR 59	18 APR 59	7	A			1	Grand Marais Grp Marquette	M. F. CRAMER, CWO-3, USCG Commanding Officer
				ANCR 30 JUN 59	30	31	Grand Marais Grp Marquette	M. F. CRAMER, CWO-3, USCG Commanding Officer
BEF 1 JUL 59						31	Grand Marais Grp Marquette	M. F. CRAMER, CWO-3, USCG Commanding Officer
1 OCT 59	4 OCT 59	3	A			28	Grand Marais Grp Marquette	M. F. CRAMER, CWO-3, USCG Commanding Officer
~~CR(DISCHARGE)~~				31 JAN 60	17½	46	Grand Marais Grp Marquette	M. F. CRAMER, CWO-3, USCG Commanding Officer
~~Elects to receive cash compensation for (46) days unused leave due on date of discharge.~~								

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
~~NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.~~				Gr. Marais Grp Marquette	M. F. CRAMER, CWO-3, USCG Commanding Officer

NAME (Last) CAROLLO, (First) Domenic (Middle) (n) SERVICE NO. 214-599

LEAVE RECORD 10—60741-1 PAGE 5 1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
16 SEP 50	BMC	AN	Art 561(1) CG Regs H/L PE-C-73, dtd 8-7-50		/s/ H.M.WARNER,CDR, By dir.	Waukegan Hbr. Lt. Station

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION: Aids to Navigation, CGTS, Groton, Conn.

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
UNK	UNK	2½ Weeks	BM1(AN)

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
7-1-46	GRADUATED ___ IN CLASS OF UNK	UNK

GRADUATED *If no, give reason. [X] YES [ ] NO*

SIGNATURE: /s/ G. W. GENTNER, By direction

NAME AND LOCATION: U.S. NAVAL FIRE FIGHTERS' SCHOOL, Manchester, Washington

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
2-18-54	C-441	2 days	-

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
2-19-54	GRADUATED ___ IN CLASS OF ___	80%

GRADUATED *If no, give reason. [X] YES [ ] NO*

SIGNATURE: CGC /s/D.G.VAWTER, LT, XO, By dir.(SWEETBRIAR)

NAME AND LOCATION:

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
	GRADUATED ___ IN CLASS OF ___	

GRADUATED *If no, give reason. [ ] YES [ ] NO*

SIGNATURE:

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores: UNK

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED: HS4

LANGUAGE QUALIFICATIONS: None

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
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

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
16 SEP 50	BMC	AN	Art 561(1) CG Regs H/L PE-C-73, dtd 8-7-50	/s/ H.M.WARNER,CDR, By dir.		Waukegan Hbr. Lt. Station

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION: Aids to Navigation, CGTS, Groton, Conn.

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
UNK	UNK	21 Weeks	BM1(AN)

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
7-1-46	GRADUATED ___ IN CLASS OF UNK	UNK

GRADUATED *If no, give reason. [X] YES [ ] NO*

SIGNATURE: /s/ G. W. GENTNER, By direction

NAME AND LOCATION: U.S. NAVAL FIRE FIGHTERS' SCHOOL, Manchester, Washington

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
2-18-54	C-441	2 days	-

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
2-19-54	GRADUATED ___ IN CLASS OF ___	80%

GRADUATED *If no, give reason. [X] YES [ ] NO*

SIGNATURE: /s/D.G.VAWTER, LT, XO, By dir. (SWEETBRIAR) CGC

NAME AND LOCATION:

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION

DATE COMPLETED	CLASS STANDING	FINAL MARK (Std. Score)
	GRADUATED ___ IN CLASS OF ___	

GRADUATED *If no, give reason. [ ] YES [ ] NO*

SIGNATURE:

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores: UNK

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED: HS4

LANGUAGE QUALIFICATIONS: None

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
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3326 (6-52)

SECURITY TERMINATION STATEMENT

DATE: 31 May 1960

NAME (Last)	(First)	(Middle)	RATE/GRADE	SERVICE NO.
CAROLLO,	Domenic	(n)	BMC(AN)	214-599

UNIT

Grand Marais Lifeboat Station, Grand Marais, Michigan

REFERENCES (a) ~~United States~~ Department of the Navy Security Manual for Classified ~~Matter, 1951~~ Information, 1958 - Article ~~0608~~ 0619

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) any 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
E. L. Alban E. L. ALBAN, CHBOSN W-3	Domenic Carollo DOMENIC CAROLLO
TITLE Commanding Officer	

D 4741

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

Grand Marais LBSta., Grand Marais, Mich. (Grp Portage, Hancock, Mich)

10 March 1960 - Annual physical examination waived this date. CAROLLO was under inpatient treatment at USPHS Hospital, Chicago, Illinois from 1 December 1959 to 24 December 1959. Auth: Comdt Pers. Inst. 15-60.

E. L. Alban
E. L. ALBAN, CHBOSN W-3, USCG
Commanding Officer

31 May 1960 - I certify that I have no dependents receiving medical treatment at a civilian or military medical facility at government expense.

Domenic Carollo
Domenic Carollo

31 May 1960 - Released from active duty this date. Placed on the temporary retired list (for service) effective 1 June 1960 in accordance with Commandant (PE-1) ltr of 25 February 1960, TA# 53575/99201X.
Completed 23 years, 6 months and 25 days of active military service. Deductible time ZERO days.
NOT ENTITLED TO MOP. FINAL AVERAGE OF EFFICIENCY MARKS: PIR 3.60 COND 4.0 ; P 3.67 , C 3.95 .

E. L. Alban
E. L. ALBAN, CHBOSN W-3, USCG
Commanding Officer

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.
CAROLLO	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

16—66780-2

U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION
Grand Marais LBSta., Grand Marais, Mich. (Grp Portage, Hancock, Mich)

10 March 1960 - Annual physical examination waived this date. CAROLLO was under inpatient treatment at USPHS Hospital, Chicago, Illinois from 1 December 1959 to 24 December 1959. Auth: Comdt Pers. Inst. 15-60.

E. L. Alban
E. L. ALBAN, CHBOSN W-3, USCG
Commanding Officer

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NOT ENTITLED TO MOP. FINAL AVERAGE OF EFFICIENCY MARKS: PIR 3.60 COND 4.0 ; P 3.67 , C 3.95 .

E. L. Alban
E. L. ALBAN, CHBOSN W-3, USCG
Commanding Officer

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.
CAROLLO	Domenic	(n)	214-599

16—66780-2

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved. Budget Bureau No. 22–R174.

SECTION I—IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT (uniformed services or civilian sponsor, if applicable)	2. MAILING ADDRESS (No., Street, City and State) (Omit if sponsor is deceased)	3. TELEPHONE NUMBER
CAROLLO, Domenic (n)	625 E. Main Street Iron Mountain, Michigan	HOME / OFFICE

4. STATUS	5. GRADE—RATE—RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	BMC(AN) Ret.	USCG - Retired	214-599

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box) ☒ ORIGINAL CARD(S) ☐ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 19 Remarks)

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (include yourself when applicable)

10a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
CAROLLO, Domenic (n)		Brown	Brown	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS 625 E. Main Street Iron Mountain, Michigan	h. DATE OF BIRTH 2 JAN 12	i. HEIGHT 5'11"	j. WEIGHT 172	k. EXPIRATION DATE	l. DATE ISSUED
11a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
12a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED

17. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT

SECTION III—STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

18. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the unremarried widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] *Abbreviated Privileges, i. e.: C—Commissary; T—Theater; EU—Exchange Unlimited; EL—Exchange Limited; MC(C)—Medical Care in Civilian Facilities; MC(US)—Medical Care in Uniformed Services Facilities*

d. ☐ I am the unremarried widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☒ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331–1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in subsection 101 (E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

19. REMARKS

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION	22. SIGNATURE OF APPLICANT
1 June 1960	Domenic Carollo Domenic Carollo

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years or both, Act 25 June 1948, 18 U.S.C. 287, 1001.

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER	24. TYPED NAME, GRADE AND TITLE	25. SIGNATURE

SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER	27. TYPED NAME, GRADE AND TITLE	28. SIGNATURE

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F—443155

APPLICATION FOR
1 LAST NAME

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved. Budget Bureau No. 22–R174.

SECTION I—IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME—FIRST NAME—MIDDLE INITIAL OF APPLICANT (uniformed services or civilian sponsor, if applicable)	2. MAILING ADDRESS (No., Street, City and State) (Omit if sponsor is deceased)	3. TELEPHONE NUMBER: HOME / OFFICE
CAROLLO, Domenic (n)	625 E. Main Street Iron Mountain, Michigan	

4. STATUS	5. GRADE—RATE—RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	BMC(AN) Ret.	USCG - Retired	214-599

8. DATE OF (expiration of service or contract) OR (death) (if applicable)

9. REASON FOR APPLICATION (Check applicable box) ☒ ORIGINAL CARD(S) ☐ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 19 Remarks)

SECTION II—PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (include yourself when applicable)

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME—FIRST NAME—MIDDLE INITIAL CAROLLO, Domenic (n)	b. RELATIONSHIP	c. COLOR EYES Brown	d. COLOR HAIR Brown	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS 625 E. Main Street Iron Mountain, Michigan	h. DATE OF BIRTH 2 JAN 12	i. HEIGHT 5'11"	j. WEIGHT 172	k. EXPIRATION DATE	l. DATE ISSUED
11a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
12a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
13a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
14a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
15a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e PRIVILEGE AUTHORIZED[1]	f CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED
16a. LAST NAME—FIRST NAME—MIDDLE INITIAL	b. RELATIONSHIP	c COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. EXPIRATION DATE	l. DATE ISSUED

17. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT

SECTION III—STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

18. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the unremarried widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] *Abbreviated Privileges, i. e.: C—Commissary; T—Theater; EU—Exchange Unlimited; EL—Exchange Limited; MC(C)—Medical Care in Civilian Facilities; MC(US)—Medical Care in Uniformed Services Facilities*

d. ☐ I am the unremarried widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE).

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE—Section II—In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☒ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331–1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in subsection 101 (E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

19. REMARKS

20. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to the availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense.

21. DATE OF APPLICATION	22. SIGNATURE OF APPLICANT
1 June 1960	Domenic Carollo

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years or both, Act 25 June 1948, 18 U.S.C. 287, 1001.

SECTION IV—VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, AND EXPIRATION DATE OF ELIGIBILITY FOR EACH NAMED PERSON IS VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 23.

23. MAILING ADDRESS OF VERIFYING OFFICER	24. TYPED NAME, GRADE AND TITLE	25. SIGNATURE

SECTION V—AUTHENTICATION BY ISSUING AGENCY

26. ORGANIZATION OF ISSUING OFFICER	27. TYPED NAME, GRADE AND TITLE	28. SIGNATURE

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F—443155

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)						DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT
	ENLISTMENT		INDUCTION	XX	REENLISTMENT	25 March 1958
LOCATION (City and state)						PERIOD OF ENLISTMENT OR REENLISTMENT
Grand Marais, Michigan						THREE (3) Years

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
24 March 1958	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	
6	0	0	21	4	19	None

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
26 March 1952	ONE

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)

(SEE REVERSE SIDE)

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		NAME OF A.C.O.	
Grand Marais Lifeboat Station 09-200860			
C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE	
256-58	M. F. CRAMER, CHBOSN W-2, USCG, CO	M. F. Cramer	
NAME (Last, first, middle)		SERVICE NO.	RATE
CAROLLO, Domenic (n)		214-599	BMC(AN)

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, Domenic Carollo (214-599) BMC(AN), USCG, having reenlisted in the Regular Coast Guard on 25 March 1958 for a period of THREE (3) years, being eligible to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under Section 207 of the Career Compensation Act of 1949, as amended."

Domenic Carollo

Domenic Carollo

It has been determined from the records available at this unit, that this is the SECOND reenlistment or extension of enlistmnet, in the case of subject-named man, for which the reenlismtment bonus is payable under the provisions of Section 207 of the Career Compensation Act of 1949, as amended; that he has TWENTY-ONE years, FOUR months and NINETEEN days active Federal service to date of this reenlistment or extension of enlistment, as distingushed from creditable service for basic pay; that he has received previous payment of reenlistmant bonus on the dates and in the amount as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT

"I, Domenic Carollo (214-599) BMC(AN), USCG, having reenlisted in the Regular Coast Guard on 25 March 1958 for a period of THREE (3) years, being eligible to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under Section 207 of the Careet Compensation Act of 1949, as amended."

Domenic Carollo
Domenic Carollo

It has been determined from the records available at this unit, that this is the SECOND reenlistment or extension of enlistmnet, in the case of subject-named man, for which the reenlisumtment bonus is payable under the provisions of Section 207 of the Career Compensation Act of 1949, as amended; that he has TWENTY-ONE years, FOUR months and NINETEEN days active Federal service to date of this reenlistment or extension of enlistment, as distingushed from creditable service for basic pay; that he has received previous payment of reenlistmast bonus on the dates and in the amount as indicated below:

DATE OF ENTITLEMENT	AMOUNT OF ENTITLEMENT
25 March 1952	$360.00

M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

3/25/58
PD REEN BONUS SEC 207 CCA 1949, REEN FOR A TOTAL OF (3) YEARS, $90.00

W. D. Hickman
W. D. HICKMAN, CHSPCK, W-2, USCG
ACO, 9th COAST GUARD DISTRICT

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[X] WITH LEAVE

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE	1200	4-16-60
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	0800	4-25-60
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		Eight (8)

** These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

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

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			
ON COMPLETED NET SERVICE OF			

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 furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $	PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $	PER DAY
		AT $	PER MO.

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 [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

On Annual Leave:

Terminate Comuted Rations: 1200, 16 April 1960
Commence Comuted Rations: 0800, 25 April 1960

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

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
E. L. Alban E. L. ALBAN	CHBOSN W-3, USCG - CO	178-60

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
Grand Marais Lifeboat Station, Grand Marais, Michigan	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
CAROLLO,	Domenic	(n)	214-599	BMC

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958—J-458948

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

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

[x] WITH LEAVE

[x] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[x] COMMUTED RATIONS ~~XXXX~~ ~~XXX~~, are to be checked

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] OVER LIBERTY not excused as unavoidable

	HOUR	DATE
DEPARTURE	1600	10-1-59
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	2300	10-4-59
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		03

* *These items to be completed in connection with leave to visit the United States only*

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

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

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			
ON COMPLETED NET SERVICE OF			

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 furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $	PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $	PER DAY
		AT $	PER MO.

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 [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

Commuted Rations Terminated: 1600, 1 October 1959
Commuted Rations Commenced: 2300, 4 October 1959

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the

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	20	00	00
NET SERVICE OF	20	00	00

ON 5 November 1956 (Date) COMPLETED 20 Yrs.

*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 [redacted] IS COMPLETED

EFFECTIVE FOR ITEM XXXXXXXXXXXXXXX (Number) ONLY

SIGNATURE M. F. Cramer

GRADE AND TITLE CHBOSN W-3, USCG - CO

C. O. ORDER NO. 52-59

SHIP OR STATION Grand Marais LBSta, Grand Marais, Mich. (Grp Marquette)

NAME OF A. C. O.

NAME (Last) CAROLLO, (First) Domenic (Middle) (n)

SERVICE NO. 214-599

RATE BMC(AN)

INDIVIDUAL ORDER TO ADJUST PAY RECORD

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:

5 M.P.G.

ON ~~6~~ November 1956 (*Date*) COMPLETED 20 years.

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE	20	0	0
NET SERVICE OF	20	0	0

* *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

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
CAROLLO, Domenic (n)	214-599	BMC(AN)	16 SEPT 50

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
TREASURY - Coast Guard	Iron Mountain, Iron, Michigan		2	JAN	12

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
CAUCASIAN	Male	Brown	Hazel	71"	170	X YES ☐ NO	Married

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School - 4	Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Discharged	Grand Marais Lifeboat Sta., Grand Marais, Mich.

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
EE - Sec 12-3-42 A (1) CG Regulations, Code 202		24	MAR	58

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
Grand Marais LBSta, Grand Marais, Michigan	HONORABLE	HONORABLE

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
- - - - - - - -	- - - - - - - - - - - - - - -	- -	- - - - -	- -

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

"Not Applicable"

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION DAY	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
- -	- - - - -	- -	☐ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) X REENLISTED ☐ OTHER:	SIX	25	MAR	52

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
FIFTH	BMC(AN)	Baltimore, Maryland

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)	25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
625 E. Main St, Iron Mountain, Iron, Mich.	- - - - -	- - - - - - - -

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	06	00	00
	(2) OTHER SERVICE	15	04	19
	(3) TOTAL (Line (1) + line (2))	21	04	19
b. TOTAL ACTIVE SERVICE		21	04	19
c. FOREIGN AND/OR SEA SERVICE		01	00	00

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

NATIONAL DEFENSE SERVICE MEDAL - - - - -

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

None

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
U. S. Naval Firefighters School, Manchester, Washington	2-18-54/2-19-54	Firefighting

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED

- - -

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
☐ YES X NO	-	-

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
"Not Applicable"	C. "NA"

AUTHENTICATION

32. REMARKS

RECOMMENDED FOR REENLISTMENT
Reenlisted for a period of THREE (3) years on 25 March 1958 at Grand Marais Lifeboat Station, Grand Marais, Michigan.
Previously received Mustering Out Payment.
X X X

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

Grand Marais LBSta, Grand Marais, Michigan On 24 March 1958 the below-named individual was
(Ship or station) (Location) (Date)

[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 [X] Continued on active duty Normal date of expiration of enlistment 24 (Day) March (Month) 1958 (Year)

Reason Expiration of Enlistment Type discharge certificate HONORABLE

Authority: Section 12-3-42 A (1) CG Regularions

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Baltimore, Maryland (Place) ON 25 March 1952 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from Baltimore, Maryland (Place) ON 25 March 1952 (Date)

Home address at time of enlistment, induction, or order to active duty 625 E. Main Street, Iron Mountain, Michigan

TRAVEL DATA

I hereby elect travel allowance to Baltimore, Maryland (Location)

Place of PAFE (See travel instructions)

SIGNATURE Domenic Carollo
Domenic (n) Carollo

MISCELLANEOUS DATA

[X] Reenlisted on board [XX] Elected cash settlement for Sixty (Words) 60 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter clearage for ____ Days excess leave From ____ To ____

Completed 18 years service for pay purposes on 6 November 1954 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS RECOMMENDED FOR REENLISTMENT
FINAL AVERAGE OF PERFORMANCE OF DUTY MARKS: PIR 3.68, COND 4.0
SURRENDERED ARMED FORCES IDENTIFICATION CARD, DD2CG, # 57907
NOT ENTITLED TO MOP.

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.
M. F. CRAMER	CHBOSN W-2, Commanding Officer	254-58

DISBURSING DATA

Travel allowance credited, $ 61.26 Cash settlement for unused accrued leave (60 days) $ 725.40

NAME OF A. C. O. N. D. HICKMAN

Computation:

DUE AT DISCHARGE, $ XXX

PERSONAL FUNDS, $ XXX

GRATUITY CREDITED, $ XXX

Ship or station OC9CGD CLEVELAND, OHIO

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

1.

Edition of 4-52 may be used

16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3308 (4-52)

PERMANENT MOTOR VEHICLE OPERATOR'S RECORD

1. HOME ADDRESS (*Use for civilians only*)

2. DATE OF BIRTH: 1-2-12

TESTED FOR—	QUALIFYING SCORE	DATE LAST TESTED	RESULTS	NAME OF EXAMINER
3. COLOR PERCEPTION	CAN DISTINGUISH RED, YELLOW, AND GREEN	5-31-56	[X] SATISFACTORY [ ] UNSATISFACTORY	Robert L. Denk R. J. DENK, EN1
4. HEARING	HEARS SPOKEN VOICE WITH BETTER EAR AT 15 FEET	5-31-56	LEFT 15/15 RIGHT 15/15 [ ] WITH [X] WITHOUT HEARING AID	R. J. DENK, EN1
5. VISION	20/30 REQUIRED	5-31-56	LEFT 20/30 RIGHT 20/20 BOTH 20/20 [ ] WITH [X] WITHOUT GLASSES	R. J. DENK, EN1
6. FIELD OF VISION	75° EACH SIDE OF FOCUS LINE REQUIRED	5-31-56	AVERAGE OF 4 TRIALS: 92	R. J. DENK, EN1
7. DEPTH PERCEPTION		5-31-56	AVERAGE OF 16 TRIALS: 13	R. J. DENK, EN1
8. REACTION	X SECONDS OR ____ FEET	5-31-56	AVERAGE OF 10 TRIALS: 41 SEC./FT.	R. J. DENK, EN1
9. ROAD TEST		5-31-56	NUMBER OF ERRORS: 4	R. J. DENK, EN1
10. WRITTEN EXAMINATION			76 %	R. J. DENK, EN1
11. ORAL EXAMINATION			____ %	
12. OTHER TESTS				

13. **PRIOR DRIVING EXPERIENCE**

SIZE AND TYPE VEHICLE	YEARS	MILEAGE	NUMBER ACCIDENTS	CAUSE AND CONSEQUENCE OF EACH ACCIDENT
PASSENGER	25	700,000	None	
1/2 Ton Stake & Panel	10	5,000	None	
1½ Ton and over	1	3,000	None	

14. TYPES OF VEHICLES FOR WHICH QUALIFIED:
- [X] PASSENGER, PICK-UP, PANEL TRUCKS
- [X] TRUCKS OVER ¾ TON
- [X] SEMITRAILER, SINGLE AXLE
- [ ] SEMITRAILER, TANDEM AXLE
- [ ] BUSSES AND EMERGENCY VEHICLES

15. QUALIFIED ON BASIS OF:
- [X] TESTS
- [ ] PREVIOUS MILEAGE AND STATEMENT

16. QUALIFIED AS:
- [X] INCIDENTAL OPERATOR
- [ ] CHAUFFEUR

17. RESTRICTIONS:
- [ ] MUST WEAR GLASSES
- [ ] OTHER (*Describe*)

18. **PERMITS ISSUED**

PERMIT NO.	DATE ISSUED	EXP. DATE	UNIT ASSIGNED	SIGNATURE AND DUTY TITLE OF ISSUING OFFICER
09-000-2021	6/7/56	6/6/58	CG Group, Marquette, Mich.	J. D. Wegenka J. D. WEGENKA, LTJG, USCGR
09-000-3374	6/9/58	6/8/60	CG Group, Marquette, Mich.	E. S. Kyle E. S. KYLE, SAFETY ENGINEER

NAME: (*Last—First—Middle*) CAROLLO, Domenic

SERVICE NO. 214-599

16—66900-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

Grand Marais Lifeboat Station, CG Grp Marquette

Reenlisted in the regular Coast Guard for a period of three (3) years on 25 March 1958.

a. Final average of performance of duty marks: PIR 3.68 and COND 4.0.
b. Paid $ 90.00 reen bonus for 2nd reenlistment under act of 1949.
c. Social Security Number 368-40-4083.

M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

1 August 1957 - Completed course of instruction in "Code of Conduct for Members of the Armed Forces of the United States", as required by CI 2-56.

M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

25 March 1958 - Article 137, UCMJ, complied with this date.

M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

15 January 1959 - Awarded National Defense Service Medal.

M. F. CRAMER, CHBOSN W-3, USCG
Commanding Officer

~~31 January 1960 - I certify that I have no dependents receiving medical treatment at a civilian or military medical facility at government expense.~~

~~Domenic Carollo~~

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

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. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC(AN)	2 JAN 12	Catholic

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Grand Marais Lifeboat Station Grand Marais, Michigan	[x] Yes [ ] No 25 MAR 58 (DATE LAST ENTRY)	Same 9. SOCIAL SECURITY NO. 368-40-4083

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica K. Carollo	Grand Marais Lifeboat Station Grand Marais, Michigan

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Monica Grace Carollo	Same as No. 10		X	F	8-8-50
Angela J. Carollo	" " " "		X	F	7-21-52
Mary K. Carollo	" " " "		X	F	7-9-53
Michael Domenic Carollo	" " " "		X	M	6-12-58

12. FATHER	ADDRESS
Anton Carollo (Deceased)	

13. MOTHER	ADDRESS
Angella Carollo	625 E. Main St., Iron Mountain, Michigan

14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	ADDRESS
Catherine Campra (Sister)	525 E. Main St., Iron Mountain, Michigan

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
Monica K. Carollo (Wife)	Grand Marais LBSta, Grand Marais, Michigan

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Angela Carollo	Same as No. 13	Mother
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Monica K. Carollo	Same as Block No. 10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Monica K. Carollo	Same as No. 10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (Rev. 2-54)

ENLISTMENT CONTRACT
U. S. COAST GUARD

TYPE OF ENLISTMENT (Check): X REGULAR | RESERVE

1. NAME (Last, first, middle)	2. RATE (Abbreviate)	3. SERVICE NO.
CAROLLO, Domenic (n)	BMC(AN)	214-599

4. PLACE OF BIRTH (City and State)	5. DATE OF BIRTH	6. RELIGION
Iron Mountain, Michigan	2 January 1912	Catholic

7. MARITAL STATUS (Married, single, widowed, divorced, separated)	8. CITIZENSHIP (Check or complete)					9. YEARS OF EDUCATION
		XX	NB		NZ	OTHER (Specify)	
Married						HS4

10. PERMANENT HOME ADDRESS (See Instructions on reverse)
Grand Marais Lifeboat Station, Grand Marais, Alger, Michigan

11. DATE OF ENLISTMENT			12. NATURE OF ENLISTMENT (Check)				13. ENLISTED FOR (Number of years)	14. TEST SCORE
DAY	MONTH	YEAR		FIRST	XX	REENLISTMENT	THREE	UNK
25	March	1958	15. PRIOR SERVICE (Check)				16. ACCEPTED (City and State)	
			XX	YES		NO	Grand Marais, Michigan	

17. ENLISTED (Unit, city and State)	18. SEL. SERV. LOCAL BOARD NO. (City, county, State)	19. SEL. SERV. REGIS. NO.
Grand Marais LBSta,,Grand Marais, Michigan	- - - - - - - - - - -	- - - - -

20. DATE OF LAST ENLISTMENT			21. BRANCH OF SERV.	22. PRIOR ACT. DY.		23. TYPE OF DISCHARGE	24. DATE LAST DISCHARGED		
DAY	MONTH	YEAR		YEARS	MONTHS		DAY	MONTH	YEAR
25	March	1952	USCG	21	4½	HONORABLE	24	March	1958

25. PRIOR NET SERV. FOR PAY PURPOSES			26. DATE TRANS.			27. TRANSFERRED TO (Check and complete)				
YEARS	MONTHS	DAYS	DAY	MONTH	YR.	LOCATION		XX	FOR ACTIVE DUTY	FOR INACTIVE DUTY
21	4	19	- -	- - -	- -	Retained on board enlisting unit.				

28. DESCRIPTION SSN: 368-40-4083

RACE (See Instructions)	SEX	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT	COMPLEXION
Caucasian	Male	Hazel	Brown	71"	170	Fair

29. DISTINGUISHING MARKS AND SCARS
None

BT: O-

I am not drawing, nor have I a claim pending, on account of my own military 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 CHBOSN W-2, M. F. CRAMER 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 { (3) years from 25 March, 1958 / ~~[illegible]~~ until 24 March, 1961 } 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.

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-34

REPORT OF MEDICAL EXAMINATION

134783
22

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
CAROLLO, Domemic (n)	BMC (AN)	214-599
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
625 E. Main St. Iron Mt. Mich.	Overseas Physical	8-21-53

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	9. TOTAL YRS. GOVT. SERVICE CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	Cauc.			Treasury	USCG

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-36	Iron Mt. Mich.	Monica Katherine Carollo, Sheboygan, Wisc.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS Hospital, Baltimore, Md.	

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, fistulas) (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)
	NE	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.)

SIGNATURE

CAVA

By direction of the Surgeon General

The signature of the certificate

Medical Division

U.S. PUBLIC HEALTH SERVICE

AUG 28 1953

39-40- Patient has 1cm. circular ~~depression~~ depressed lesion on medial aspect of right calf.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth
I.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(0 X 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	
			X										X			X	
																O	

space closed #3, 13

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Occlusion Class III

LABORATORY FINDINGS

45. URINALYSIS: SP. GR.	ALBUMIN	SUGAR	MICROSCOPIC
Normal	Neg.	Neg.	Negative

46. CHEST X-RAY (Place, date, film number, result): Negative

47. SEROLOGY (Specify test used and result): Negative

48. EKG: XXX Normal

49. BLOOD TYPE AND RH FACTOR: NI

50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
70 1/4	180	Brown	Hazel	☐ / ☒ / ☐ / ☐	98.8

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

		SYS.	DIAS.
SITTING		108	70
RECUMBENT		108	70
STANDING (3 min.)		120	78

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
88	112	88	88	92

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 25	CORR. TO 20/	BY	S. CX	14/14 CORR. TO	BY
LEFT 20/ 30	CORR. TO 20/	BY	S. CX	14/21 CORR. TO	BY

62. HETEROPHORIA (*Specify distance*): ES° 20ft. 0 | EX° 0 | R. H. 0 | L. H. 0 | PRISM DIV. | PRISM CONV. | PC | PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT 6 LEFT 4	Normal Plates		UNCORRECTED
			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Normal			Normal by fingers

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								
LEFT								

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

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

7-8-53. TC Consultation
Small 1cm pigmented area on calf of right leg- 10 years duration-
No evidence of recent growth or ulceration-
No Rx
Fit for overseas duty

G.K. Massengill, Senior Surgeon

AUG 26 1953
C.G.HDQRS. WASH.D.C.
Medical Division

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

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

39-40- Lesion right calf

The findings of the certificate are approved.
By direction of the Surgeon General
SIGNATURE

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

1. ECG
2. TC consultation

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT QUALIFIED FOR Overseas duty

PHYSICAL CATEGORY

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

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN: L.R. Schroeder, Assistant Surgeon	SIGNATURE: L R Schroeder for
80. TYPED OR PRINTED NAME OF PHYSICIAN: Alvin L. Cain, Surgeon	SIGNATURE: Alvin L. Cain
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): P.B. Drez, Senior Dental Surgeon	SIGNATURE: P B Drez per Dibblee
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62289-1

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

REPORT OF MEDICAL EXAMINATION

copy VA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
CAROLLO, Domenic (n)	BMC(AN), USCG	214-599
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
625 E. Mani Street, Iron Mountain, Michigan	Retirement	

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian			Treasury - USCG	Grand Marais Lifeboat Station

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-12	Iron Mountain, Mich.	Monica K. Carollo, Wife, Same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: W.R. Olson M.D. Munising Michigan

16. OTHER INFORMATION:

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.)

#19. Nasal Septum deviated to right

(Continue in item 73)

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

O.—Restorable teeth
/.—Nonrestorable teeth
M/M.—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: Good repair. Has over 6 teeth.

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1015			46. CHEST X-RAY (Place; date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC	USPHS Hospital Chicago, Ill. 12/4/59 USA	Kahn Neg
Neg	Neg	Neg		
48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS		
Normal 3/10/60	Type O-neg.			

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
5 11½	172	Brown	Brown		96.6°

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

		SYS.	DIAS.
SITTING		110	60
RECUMBENT		110	60
STANDING (3 min.)		110	70

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
76	88	72	72	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 25 CORR. TO 20/	BY S. CX	J 3 CORR. TO BY
LEFT 20/ 100 CORR. TO 20/	BY S. CX	J 3 CORR. TO BY

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

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT ok LEFT ok	Boule - Incomplete Protan		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
OK			OK

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								
LEFT								

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

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

#19 Deviated nasal septum - to right. Pt has no symptoms referable to this.

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

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

#19 Deviated nasal septum, to right.

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

Ok for Separation

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR **Retirement from the U. S. Coast Guard.**

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
W. R. Olson, M.D.	W. R. Olson 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: 1951 O - 85390

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.
CAROLLO, Domenic (n)	BMC(AN), USCG	214-599
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
625 E. Mani Street, Iron Mountain, Michigan	Retirement	

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian			Treasury - USCG	Grand Marais Lifeboat Station

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-12	Iron Mountain, Mich.	Monica K. Carollo, Wife, Same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: W.R. C/[illegible] M.D. Munising, Mich.

16. OTHER INFORMATION:

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.)*

#19. Nasal septum deviated to right

(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: Good repair. Has one bridge

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.015			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN: Neg	SUGAR: Neg	MICROSCOPIC: Neg	USPHS Hospital Memphis Tenn. 12/4/59 USA	Kahn neg.
48. EKG: Normal 3/10/60	49. BLOOD TYPE AND RH FACTOR: Type O Rh neg		50. OTHER TESTS	

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' 11½"	172	Brown	Brown		98.6°

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

SITTING	SYS. 110 / DIAS. 60	RECUMBENT	SYS. 110 / DIAS. 60	STANDING (3 min.)	SYS. 110 / DIAS. 70	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
76	88	72	72	72

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 25 CORR. TO 20/ —	BY S. CX	J 3 CORR. TO BY
LEFT 20/ 100 CORR. TO 20/ —	BY S. CX	J 3 CORR. TO BY

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

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT OK LEFT OK	Pseudo-Isochromatic plates not		CORRECTED
66. FIELD OF VISION	**67. NIGHT VISION (*Test used and score*)**	**68. RED LENS**	**69. INTRAOCULAR TENSION**
OK			OK

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								
LEFT								

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

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

#19 Deviated nasal septum - to right. Pt has no symptoms referable to this.

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

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

#19 Deviated nasal septum, to right.

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

OK for discharge.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR **Retirement from the U. S. Coast Guard.**

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
W. R. Olson, M.D.	W. R. Olson 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: 1951 O - 85390

UNITED STATES COAST GUARD

COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D.C.

PE-1
25 February 1960

TONO: 53575/99201X

From: Commandant
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Ninth Coast Guard 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 June 1960. Therefore, on that date, you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement you will immediately notify the COMMANDANT (FP-4) of yoru mailing address and you will thereafter nofity the COMMANDANT (FP-4) of any change in t at address.

3. Travel expenses incident to the execution of this order are chargeable against Headquarters' Allotment Symbol 99-20.3. 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. Charge Appropriation 20X0201, Code 925090.

4. Your commanding officer will deliver this order without delay. You will then make andendorsement hereon showing place, time and date of receipt. You shall be physically examined for retirement as soon as practicable, but not later than 21 March 1960. If you are not physically qualified, the COMMANDANT (PE) will be advised by message, and prompt action shall be taken in accordance with enclosure (1). Upon actual detachement, your commanding officer will further endorse this order to indicate time and da teof 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 or Unit from which retired.

J. H. WAGLINE
By direction

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

P
P19-2/MM
29 February 1960

FIRST ENDORSEMENT on COMDT(PE-1) ltr of 25 February 1960

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: (1) Commander, Coast Guard Group, Marquette, Michigan
(2) Officer in Charge, Grand Marais LBSta..

Subj: Retirement; travel

1. Forwarded.

R. B. PARIS
By direction

- - - -

UNITED STATES COAST GUARD

COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D.C.

PE-1
25 February 1960

TONO: 53575/99201X

From: Commandant
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Ninth Coast Guard 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 June 1960. Therefore, on that date, you are placed on the inactive retired list of the United States Coast Guard.

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3. Travel expenses incident to the execution of this order are chargeable against Headquarters' Allotment Symbol 99-20.3. 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. Charge Appropriation 20X0201, Code 925090.

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J. H. WAGLINE
By direction

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

P
P19-2/MM
29 February 1960

FIRST ENDORSEMENT on COMDT(PE-1) ltr of 25 February 1960

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: (1) Commander, Coast Guard Group, Marquette, Michigan
(2) Officer in Charge, Grand Marais LBSta..

Subj: Retirement; travel

1. Forwarded.

R. B. PARIS
By direction

- - - -

UNITED STATES COAST GUARD

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

PE-1

25 February 1960

TONO: 53575/99201X

From: Commandant
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Ninth Coast Guard 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 June 1960. Therefore, on that date, you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement 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 against Headquarters' Allotment Symbol 99-20.3. 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. Charge Appropriation 20X0201, Code 925090.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time, and date of receipt. You shall be physically examined for retirement as soon as practicable, but not later than 21 March 1960. If you are not physically qualified, the COMMANDANT (PE) will be advised by message, and prompt action shall be taken in accordance with enclosure (1). 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 or Unit from which retired.

J. H. WAGLINE
By direction

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

p
P19-2/MM
29 February 1960

FIRST ENDORSEMENT on COMDT(PE*1) ltr of 25 February 1960

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: (1) Commander, Coast Guard Group, Marquette, Michigan
(2) Officer in Charge, Grand Marais LBSta

Subj: Retirement; travel

1. Forwarded.

R. B. PARIS
By direction

- - - -

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commander
CG Group Portage
Hancock, Michigan

31 May 1960

From: Commander, CG Group Portage
To: Authorized Certifying Officer, 9th CG District (f)

Subj: CAROLLO, Domenic (n) (214-599) EMC(AN), USCG; retirement; information on

1. Subject man who is presently attached to Grand Marais Lifeboat Station, Grand Marais, Michigan and who is being retired for service effective 1 June 1960 received a reenlistment bonus in the amount of $90.00 on 25 March 1958 under Section 207 of the Career Compensation Act of 1949, as amended. CAROLLO reenlisted at that time for a period of three (3) years.

2. CAROLLO states his desire to have his "N" allotment continued from his retired pay. This allotment is currently registered in the amount of $13.50 monthly.

E. L. ALBAN

31 May 1960

That portion of the above mentioned reenlistment bonus required to be refunded has been recovered on the member's Military Pay Record (DDForm 113), in the amount of $24.50.

N. D. HICKMAN, CHSPCK, W-3, USCG
ACO, NINTH CG DISTRICT, CLEVELAND, OHIO

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commandant
U. S. Coast Guard
Headquarters
Washington 25, D.C.

PE-1
21 October 1959

TONO: 51938/99201X

From: Commandant
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Ninth Coast Guard 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 retirment as 1 February 1960. Therefore, on that date, you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement 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 against Headquarters' Allotment Symbol 99-20.3. 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. You shall be physically examined for retirement as soon as practicable, but not later than 1 December 1959. If you are not physically qualified, the COMMANDANT (PE) will be advised by message, and prompt action shall be taken in accordance with enclosure (1). Upon actual detachment your commanding officer will furhter 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 or Unit from which retired.

/s/ J. R. WAGLINE
By direction

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

P19-2/MM
23 October 1959

FIRST ENDORSEMENT on COMDT(PE-1) letter of 21 October 1959

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Coast Guard Group, Marquette, Michigan

Subj: Retirement; travel

1. Forwarded.

/s/ R. B. PARIS
By direction

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26 October 1959

SECOND ENDORSEMENT on COMDT(PE-1) ltr of 21 OCT 59

From: Commander, CG Group Marquette, Michigan
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG

1. Forwarded.

/s/ R. R. THIELE
Acting

S/R

UNITED STATES COAST GUARD

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

PE-1
21 October 1959

TONO: 51938/99201X

From: Commandant
To: CARCILLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Ninth Coast Guard 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 February 1960. Therefore, on that date, you are placed on the inactive retired list of the United States Coast Guard.

2. Upon retirement 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 against Headquarters' Allotment Symbol 99-20.3 . 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. You shall be physically examined for retirement as soon as practicable, but not later than 1 December 1959 . If you are not physically qualified, the COMMANDANT (PE) will be advised by message, and prompt action shall be taken in accordance with enclosure (1). 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 or Unit from which retired.

J. H. WAGLINE
By direction

Encl: (1) Information relative to retirement
(2) NAVPERS 15891

1. Forwarded.

R. B. PARIS
By direction

UNITED STATES COAST GUARD
RECEIVED
OCT 26 1959
MARQUETTE GROUP OFFICE

---

26 October 1959

SECOND ENDORSEMENT on GCMSW(PS-1) ltr of 21 OCT 59

From: Commander, CG Group Marquette, Michigan
To: CARGILL, Kenneth (n) (214-599) USMC(AR), USCG

1. Forwarded.

R. R. THIELE
Acting

ORIGINAL

STAMP CLASSIFICATION IF ANY

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3441-SM (Rev. 7-55)

U. S. COAST GUARD STANDARD TRAVEL ORDER FOR ENLISTED PERSONNEL

TRAVEL ORDER NO. 863[illegible]/09204-2

AUTHORITY: District Personnel Instruction 12-58

DATE: 12 November 1959

INSTRUCTIONS: This form shall be used for individual transfer orders of enlisted personnel. It is not to be used for group orders. 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	LOCATION
Grand Marais Lifeboat Station	Grand Marais, Michigan

TO (Name)	SERVICE NO.	RATE
CAROLLO, Domenic (n9	214-599	BMC(AN)

PROCEED AND REPORT TO

DESTINATION	STATION	NATURE OF DUTY (Temporary, Permanent, Training, etc.)	APPROX. NO. OF DAYS
a. INTERMEDIATE	USCG Representative, U. S. Public Health Service Hospital, Chicago, Illinois	TAD	7
b. INTERMEDIATE			
c. ULTIMATE	Grand Marais LBSta, Grand Marais, Michigan	RESREGDU	IND

X UPON COMPLETION OF THIS TEMPORARY ADDITIONAL DUTY RETURN TO YOUR STATION FOR RESUMPTION OF YOUR REGULAR DUTIES

THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION — FROM

TO

1. a. RECORDS ATTACHED (Check appropriate boxes)

SERVICE	X	HEALTH		PAY		PERSONNEL DATA CARD

b. DISPOSITION OF RECORDS NOT ATTACHED: Retained at Group Office, Pay Record by CCGD9(f)

2. AUTHORIZED TIME EN ROUTE

TOTAL DAYS AUTHORIZED	LEAVE	PROCEED TIME	COMPENSATORY ABSENCE	TRAVEL TIME
Necessary TT only.	-0-	-0-	-0-	Necessary

REPORT NOT LATER THAN		ADDRESS ON LEAVE
TIME	DATE	
1100	1 December 1959	Not Applicable

3. TRAVEL NECESSARY TO THE EXECUTION HEREOF IS REQUIRED IN THE PUBLIC INTERESTS AND IS AUTHORIZED. — CHARGEABLE AGAINST TRAVEL ALLOTMENT: CCGD9 — SYMBOL: 09-20

4. TRAVEL IS AUTHORIZED OR DIRECTED AS INDICATED BELOW:

a. FOR PERMANENT CHANGE OF STATION ONLY (Including temporary duty en route): TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (See para. B08A00-40(2), O, G, Travel Manual.)

b. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED AND IS MORE ADVANTAGEOUS TO THE GOVERNMENT.

c. FOR TEMPORARY ADDITIONAL DUTY ORDERS ONLY: TRAVEL BY PRIVATELY OWNED CONVEYANCE IS AUTHORIZED. (Only authorized when sufficient leave to allow safe driving is granted.)

d. TRAVEL BY GOVERNMENT TRANSPORTATION AS INDICATED BELOW, IF AVAILABLE, IS DIRECTED, OTHERWISE THE USE OF COMMERCIAL CARRIER IS AUTHORIZED:

	GOVERNMENT VESSEL		GOVERNMENT VEHICLE		GOVERNMENT AIRCRAFT	CLASS PRIORITY CERTIFIED

e. TRAVEL IS DIRECTED BY COMMERCIAL CARRIER ON TRANSPORTATION REQUESTS, WHEN TRANSPORTATION REQUESTS ARE AVAILABLE, OTHERWISE AT OWN EXPENSE, SUBJECT TO REIMBURSEMENT. — MODE OF TRANSPORTATION (Rail, bus, etc.)

X f. TRAVEL AT OWN EXPENSE IS AUTHORIZED, SUBJECT TO REIMBURSEMENT. (This does not authorize travel by privately owned conveyance.)

5. AUTHENTICATING SIGNATURE (Grade and title): R. R. Thiele
R. R. THIELE, CHBOSN W-2, USCG - CO Acting

6. DELIVERED AND DEPARTED

TIME	DATE	SIGNATURE (Grade, date and title)
0100	30 November 1959	Domenic Carollo, BMC(AN), OIC

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: Domenic Carollo
Domenic Carollo

EDITION OF 5-53 IS OBSOLETE.

STAMP CLASSIFICATION IF ANY

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.	USPHS Hospital Chicago, Illinois.	1030	12-1-59	1200	12-24-59	J. G. PRUNER, HMC, USCG	Yes	Yes
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
Grand Marais LBSTA, Grand Marais, Michigan	1000	25 December 1959

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)

1. Subsitance and quarters will be furnished while at this unit

2. Travel performed via POC, at own expense.

3. No commercial transportation avaiable from Grand Marais.

AUTHENTICATING SIGNATURE (Grade and title)

Domenic Carollo BMC OinC Domenic Carollo

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.

Ltd.

Certified for payment this date 12-31-59, travel, per diem, Sub. & Qtrs.

Travel performed 11-30-59 to 12-25-59 inclusive between Grand Marais and Chicago, Ill.

m/a [illegible], in amount of $ 63.00 accounts of J. F. CANNON,

POC, Symbol No. [illegible] paid JAN - 5 1960, Vouchers, etc. [illegible]

H. D. HICKMAN, CHSPCK, W-S, USCG
ACO, 9th COAST GUARD DISTRICT

CG-3441 (5-53) (Reverse Side only)

16—69057-1 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

PE-1
23 September 1959

S/R

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

From: Commandant
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Ninth Coast Guard District (p)

Subj: Request for retirement; information concerning

Ref: (a) Your letter dated 18 August 1959, file PE-4
(b) Personnel Instruction No. 35-58

1. Receipt of reference (a) is hereby acknowledged. Your request for retirement has been placed on file and you will be considered for retirement in accordance with reference (b). Service for retirement as of 31 March 59 is 22 years 4 months 25 days.

J. H. WAGLINE
By direction

Encl: Your New Career, NAVPERS 15895-A

P
P19-2/MM
25 September 1959

FIRST ENDORSEMENT on COMDT(PE-1) ltr of 23 September 1959

From: Commander, Ninth Coast Guard District
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
Via: Commander, Coast Guard Group, Marquette, Michigan

1. Forwarded.

R. B. PARIS
By direction

18528 Treas. CGHQ Wash.DC

Officer in Charge
Grand Marais Lifeboat Station
Grand Marais, Michigan

PE-4
18 August, 19 59

From: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
To: Commandant (PE)
Via: (1) Officer in Charge, Grand Marais LBSTA
(2) Commander, Coast Guard Group Marquette
(3) Commander, Ninth Coast Guard District (p)

Subj: Twenty year enlisted retirement, Request for

1. I request retirement on the first day of February, 1960 or as soon thereafter as possible.

2. I entered my last pay period on 6 November,1956.

Domenic Carollo BMC

---

18 August,1959

FIRST ENDORSEMENT ON CAROLLO'S ltr. PE-4 of 18 August 1959

From: Officer in Charge, Grand Marais Lifeboat Station
To: Commandant (PE)
Via: (1) Commander Coast Guard Group Marquette
(2) Commander, Ninth Coast Guard District (p)

1. Forwarded approved.

Domenic Carollo BMC OinC

---

24 August 1959

SECOND ENDORSEMENT on CAROLLO's PE-4 ltr of 18 AUG 59

From: Commander, CG Group Marquette, Michigan
To: COMMANDANT (PE)
Via: Commander, 9th Coast Guard District (p)

1. Forwarded.

M. F. CRAMER

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Grand Marais LBSTA	Grand Marais, Michigan	5 April 1960

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (214-599)BMC	Commander, CG Group Portage Hancock, Mich.	OinC Grand Marais LBSTA

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR	☐ REENLISTMENT
eight (8)	16 M April 1960	☐ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2220 N20th St., Sheboygan, Wisconsin

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 Domenic Carollo
Domenic Carollo BMC

Ind.-1 Unit: Grand Marais LBSTA Date 5 April 1960

Date current leave accounting period began 7-1-59	Balance brought forward beginning of present accounting period 31
Number days' leave used during current accounting period 3	Date of expiration of current enlistment 3-24-61

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: Office, CG Group Portage, Hancock, Michigan Date 6 April 1960

☒ Returned, GRANTED -8- days. ☐ ADVANCE ☒ ACCRUED Regular (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

E. L. Alban
E. L. ALBAN, CHBOSN W-3, USCG - CO
(Signature, rank, and title)

Ind.-4 Unit: Grand Marais LBSta. Date 16 April 1960

Departed at 1200, this date. This leave expires before 0900, 25 April 1960

at Grand Marais LBSta., Grand Marais, Mich and is subject to the instructions on the reverse hereof.

Raymond F. Kruse
Raymond F. Kruse, BMC, OIC Acting
(Signature, rank, and title)

Ind.-5 Unit: Grand Marais LBSta Date 25 April, 1960

Reported at 0800, this date, having used eight (8) days' leave.

Raymond F. Kruse
Raymond F. Kruse, BMC, OIC, Act.
(Signature, rank, and title)

16—40220-3

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Grand Marais LBSta.	Grand Marais, Michigan	21 September 1959

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (214-599) BMC	Commander CG Group Marquette	Officer in Charge Grand Marais LBSta.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Three (3)	1 October 1959	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2220 N. 20th St., Sheboygan, Wisconsin

DRIVE SAFELY

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 Domenic Carollo BMC

End.-1 Unit: Grand Marais LBSta., Grand Marais, Michigan Date 21 September 1959

Date current leave accounting period began	Balance brought forward beginning of present accounting period
7-1-59	31
Number days' leave used during current accounting period	Date of expiration of current enlistment
-00-	3-24-61

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Domenic Carollo
Domenic Carollo BMC, OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: O'CG Group Marquette, Michigan Date 22 September 1959

☒ Returned, GRANTED -3- days.

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

M. F. Cramer
M. F. CRAMER, CHBOSN W-3, USCG - CO
(Signature, grade, and title)

End.-4 Unit: Grand Marais LBSta. Date 1 October 1959

Departed at 1600, this date. This leave expires before 0900, 5 October 1959 at Grand Marais LBSta., Grand Marais, Mich and is subject to the instructions on the reverse hereof.

Domenic Carollo BMC
Domenic Carollo BMC, OinC
(Signature, grade, and title)

End.-5 Unit: Date 4 October, 1959

Reported at 2300, this date, having used three (3) days' leave.

Domenic Carollo

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 5-57)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Grand Marais LBSta.	Grand Marais, Michigan	31 March 1959

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (n)(214-599)BMC	Commander, CG Group Marquette	Officer in Charge Grand Marais LBSta.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
seven (7)	11 April 1959	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2220 N 20th Street, Sheboygan, Wis.

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).

DRIVE SAFELY

SIGNATURE OF APPLICANT Domenic Carollo

End.-1 Unit: Grand Marais LBSta. Grand Marais, Michigan Date 31 March 1959

Date current leave accounting period began 1 July 1958	Balance brought forward beginning of present accounting period eight (8)
Number days' leave used during current accounting period 00	Date of expiration of current enlistment 21 March 1961

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Domenic Carollo
Domenic Carollo BMC, OinC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG Group Marquette, Michigan Date 1 April 1959

☒ Returned, GRANTED 7 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED Regular (Reason for leave) Leave.

M. F. Cramer
M. F. CRAMER, CHBOSN W-3, USCG - CO
(Signature, grade, and title)

End.-4 Unit: Grand Marais LBSta. Date 11 April 1959

Departed at 1600, this date. This leave expires before 0900, 19 April 1959 at Grand Marais LBSta., Grand Marais, Mich. and is subject to the instructions on the reverse hereof.

Domenic Carollo
Domenic Carollo BMC OinC
(Signature, grade, and title)

End.-5 Unit: Grand Marais LBSta. Date 18 April 1959

Reported at 2300, this date, having used seven (7) days' leave.

RECEIVED

mail to:

DATA FOR IDENTIFICATION TAGS

MAR 17 1958

CGD9-34(1-55-p)

OFFICE OF COMMANDER
NINTH COAST GUARD DISTRICT
MEDICAL OFFICE

Date 14 March 1958
Unit Group Marquette
Marquette, Michigan

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 Issue

Last Name	First	Middle	Service Number	Blood Type	Tetanus Booster Month & year	Religion P, C, H	USCG or USCGR
CAROLLO,	Domenic	(n)	214-599	O - NEG	5-55	C	USCG

(For use of Issuing Unit)

Issued: _____
(date) (signature)

M. F. CRAMER, CHBOSN W-2, USCG
CO or ~~OinC~~

Instructions:

Submit original to issuing unit. This form will be returned with completed tags. File completed form in the man's service record or Officer's file jacket. Re-file in new service record upon reenlistment. I.D. TAGS CONNOT BE ISSUED UNLESS ALL THE REQUIRED INFORMATION LISTED ABOVE IS GIVEN.

STATEMENT OF CREDITABLE SERVICE
UNITED STATES COAST GUARD
CLEVELAND 15, OHIO

Treasury Department
U.S. Coast Guard
CGD9-17(p)
(Rev. 1-54)

15 August 1958
(Date)

From: CO ~~of Ohio~~ CCG Group Marquette
To: Authorized Certifying Officer

Subj: Statement of service for longevity pay

1. The following is a statement of service, to and including 5 November 1956 of CAROLLO, Domenic (n) (214-599) BMC(AN)

Entered Service	Service Terminated	Absent without leave (Inclusive dates) From -- To		Absent due to own Misconduct From -- To		Non-performance of duty because of From -- To	
USCG							
11-6-36	11-5-39 HD						
11-6-39	2-19-43 HD						
2-20-43	3-19-47 HD						
3-20-47	3-21-49 HD						
3-22-49	3-24-52 HD						
3-25-52	3-24-58 HD						
REEN 3 Yrs.							
3-25-58	Now Serving						

	Yrs.	Mos.	Days
Coast Guard Service	20	00	00
Navy Service			
Marine Corps Service			
Army Service			
U.S.L.H.S.			
Total	20	00	00

Completed -20- Yrs. 5 November 1956

M. F. Cramer

M. F. CRAMER, CHBOSN W-3, USCG - CO

Sources of Information
Form 2511 dated 30 July 1958
Form 2511-A dated
Army Statement dtd
Navy Statement dtd
USMC Statement dtd
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 OinC shall prepare a statement of service on Form CG-3312, using this form as an enclosure. 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 record and a signed copy shall be forwarded to the Commandant.

2. If information is not available in the service record, the Commandant (PE-3) 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 service, state the branch of service prior to stating the period involved, i.e,

Entered Service	Service Terminated	AWOL From	AWOL To	AHOM From	AHOM To	NPDI From	NPDI 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			NONE		NONE	NONE	

	YRS	MOS.	DAYS
Coast Guard Service	01	01	22
Navy Service	00	07	18
Army Service	01	03	08
Marine Corps Service			
U.S.L.H.S.			
Complete Total	03	00	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.

Form CG-2511 (Revised)
Approved by Comptroller General,
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

PE-3
MM
Ser D11
30 July 1958

From: Commandant.

To: Commanding Officer, Grand Marais Lifeboat Station, Grand Marais, Michigan
Via: Commander, Ninth Coast Guard District (p)
SUBJECT: CAROLLO, Domenic (214-599) BMC(AN), USCG

OFFICE OF COMMANDER
NINTH COAST GUARD DISTRICT
REC'D AUG 1 1958
PERSONNEL DIVISION

Statement of service of.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Ref: (a) Your Form CG-3145 of 25 July 1958

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—
U.S.C.G.							
11-6-36	11-5-39 HD	None		None		None	
11-6-39	2-19-43 HD	None		None		None	
2-20-43	3-19-47 HD	None		None		None	
3-20-47	3-21-49 HD	None		None		None	
3-22-49	3-24-52 HD	None		None		None	
3-25-52	3-24-58 HD	None		None		None	
Reenl. 3 years							
3-25-58							
Now serving							

U. S. GOVERNMENT PRINTING OFFICE 16—82058-4

A E McLane
A. E. McLANE
By direction

M. F. CRAMER, CHBOSN W-3, USCG - CO

Treasury Department
U. S. Coast Guard
CG-3145 (5-50)

REQUEST FOR STATEMENT OF SERVICE

	Date 25 July 1958
Name (Last, First, Middle) CAROLLO, Domenic (n)	USCG, Service Number - Rate 214-599 BMC(AN)
Unit and Location CG Group Marquette, Michigan	
Date current Enlistment 25 March 1958 / Date of Birth 2 January 1912	Place of Birth Iron Mountain, Michiga n

PRIOR SERVICE CLAIMED

Service	____Army ____Navy ____Marine Corps ____Air Force XXXXXXXXXXXXXXXXXXXXXXXXXXXX U. S. Coast Guard XXXXXXXXXXXXXXXX from 6 November 1936	Component

Service, Serial, or File No.		Name (If served under name other than above
Entry	Date	Unit and Location
	____Enlisted ____Inducted ____Commissioned	
Separation	Date	Unit and Location
	Grade or Rate	Inactive duty during this period of service From_____ To_____

PRIOR SERVICE CLAIMED

Service	____Army ____Navy ____Marine Corps ____Air Force ____National Guard, State of_____ ____Other (Specify)_____	Component

Service, Serial, or File No.		Name (If served under name other than above)
Entry	Date	Unit and Location
	____Enlisted ____Inducted ____Commissioned	
Separation	Date	Unit and Location
	Grade or Rate	Inactive duty during this period of service From_____ To_____

Submit original and copy, without letter of transmittal direct to COMMANDANT (PE)

M. F. CRAMER, CHBOSN W-2, USCG - CO
Signature - Grade and Title

Docket

STATEMENT OF CREDITABLE SERVICE
CGC SWEETBRIER (WAGL-405)
Ketchikan, Alaska

From: Commanding Officer, CGC SWEETBRIER (WAGL-405)
To: Commander, 17th Coast Guard District (f)

Subj: Statement of Service for longevity pay

1. The following is a statement of service, to and including 6 November 1954 of CAROLLO, Domenic (n) (214-599) BMC

Entered Service	Service Terminated	Absent Without Leave (Inclusive Dates)		Absence Due to Own Misconduct (Inclusive Dates)		Nonperformance of Duty Because of (Inclusive Dates)	
		From	To	From	To	From	To
11-6-36		NONE			NONE	NONE	

	Yr.	Mo	Days
Coast Guard Service	18	0	0
Navy Service			
Army Service			
Lighthouse Service			
Total	18	0	0

Completed 18 years on 6 November 1954.

R. H. HAGADORN, LCDR, USCG
Executive Officer

REQUEST FOR INVESTIGATION FOR PERSONNEL SECURITY CLEARANCE
OPNAV FORM-5520-1 (REV. 5-53)

11R.

A FROM *(Include mailing address)*: Commander, CG Group Marquette, Marquette, Michigan

REFER TO FILE:

TO: COMMANDANT (OIN)

DATE: 29 June 1956

SUBJECT *(Name of person to be investigated)*	RANK-RATE-GRADE	SERIAL NUMBER	DATE OF BIRTH
CAROLLO, Domenic (n)	BMC	214-599	2 January 1912

Ref: (a) Chapter 15, U.S. Naval Security Manual for Classified Matter, 1951, OPNAV INSTRUCTION 5510.1
(b) OPNAV INSTRUCTION 5520.5

Encl: (1) ☐ One (1) set ONI Form-5510-397, Agency Check Request
(2) ☐ One (1) set OPNAV Form-5510-2, Fingerprint Card
(3) ☐ Four (4) DD-398, Statement of Personal History

1956 JUL 2 PM 12 26 RECEIVED ONI

1. In accordance with reference (a) it is requested that an appropriate investigation of subject be conducted as indicated below.
2. This investigation is deemed essential to security, and I certify that:
   a. Subject's duties require access to classified material and information up to and including
   ☒ Confidential ☐ Secret ☐ Top Secret ☐ Cryptographic
   b. ☐ Subject will be a member of board as specified in Article 1503, paragraph 3b, (1)(c) of reference (a).
3. All records of this command have been checked and no derogatory information or record of previous investigation or clearance has been disclosed. (If pertinent information is disclosed give details on attached sheet).
4. Subject claims previous clearance. ☐ YES ☒ NO

Activity at which Clearance Claimed — *Date of Clearance*

This Request Authorized by — *Signature* — *Title*: John Kinnunen, Comdr, USCG, W-2, USCG, CO

B NOTICE OF CHANGE OF DUTY OR EMPLOYMENT

DATE

The subject of this request is now under cognizance of this Command. It is certified that the investigation requested above is necessary and it is requested that the results of the investigation be forwarded to:

ADDRESS

Signature — *Title*

This information to be recorded on copy retained in personnel file

C NOTICE OF CANCELLATION: (Forward to cognizant Intelligence Office)

It is requested that this investigation be cancelled.

Subject has ☐ been released from duty ☐ been discharged ☐ resigned ☐ transferred and clearance not needed.

Signature — *Title* — *Date*

D NOTICE OF COMPLETION

NO NATIONAL AGENCY CHECK COMPLETED
REVIEW OF OIN AND PERSONNEL FILES
REVEALED NO DEROGATORY INFORMATION

DATE: 7-10-56

SIGNED: W.H.BOSWELL, LCDR, USCG

Upon completion of the investigation requested by "A" above, Intelligence Office will properly stamp this form and validate it by signature. The detailed reports of investigation may be examined in the reporting office.

INTERIM REPORTS:

This form will NOT be used for interim reports which will be made by the reporting office when appropriate.

NOTE:

This report and all copies in file to be destroyed upon issuance of ONI FORM 5521-429.

INSTRUCTIONS FOR PREPARATION OF OPNAV-5520-1

1. Forward original and 1st copy to cognizant Intelligence Office (ONI, DIO or IO). See reference (a).
2. Retain 2 copies (less enclosures) for personnel jacket file for further use if necessary.
3. Be sure ALL copies are legible.

PART 2 FILE COPY

FROM: CAROLLO, DOMENIC BMC (214-599)
Name Rank Serial Number

TO: The Commanding Officer U.S. COASTGUARD
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.

Domenic Carollo
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.

UNITED STATES COAST GUARD

Address reply to:
COMMANDER
CG Group Marquette
Marquette, Michigan

15 July 1959
A8

From: Commander, CG Group Marquette
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG

Subj: Authorization for handling classified matter

Ref: (a) Article 1506, U. S. Navy Security Manual for Classified Matter

1. Having been cleared pursuant to reference (a), you are granted access on a "need-to-know" basis to classified matter up to and including CONFIDENTIAL in connection with your assignment within the Marquette Group.

2. In carrying out your duties in connection with classified matter, you will safeguard such material entrusted to you and be governed in all respects by the provisions of U. S. Coast Guard Regulations, the U. S. Navy Security Manual for Classified Matter as amended for Coast Guard use, as well as other pertinent instructions as may be issued relating to the handling of classified information.

3. You are authorized to receipt for matter classified up to and including CONFIDENTIAL.

4. The authority granted herein continues in force until revoked or until you are released from duty with the Marquette Group.

M. F. Cramer
M. F. CRAMER

Copy to:
File

"I have read and understand the above letter."

Domenic Carollo BMC
Domenic Carollo

ALLOTMENT AUTHORIZATION

NAV S. AND A. 545 (4M) (REV. 2-54)

Grand Marais LSS
09-200860

← MAIL TO

Ref: COMDT (PS-1) ltr L-13 of 13 Aug 1959

D.O. WILL NOT FILL IN
RECEIVED
DATE AND BLOCK NO.

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE
214-599	CAROLLO,	DOMENIC	(N)	EMC(AW)

COMPUTED BY | REVIEWED BY

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC CC	B P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.													
2.													
3.													
4.	B B					NAME OF OWNER							

SERVICE RECORD COPY

PAPER CHECK INFORMATION

☐ CO-OWNER
☐ BENEFICIARY NAME
☐ SAFEKEEPING NAME AND
☐ FORWARD TO → ADDRESS

NOTE: If serviceman is to be discharged or released to inactive duty indicate date. DATE

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC. CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.	G	9/59	12/39	$2.02	V. A.									
2.														
3.														
4.														

STATEMENT OF EXISTING ALLOTS.

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

[redacted]-13.50 | B-18.75 | D-20.00 | D-150.00

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	13. Pd up policy
6. DEATH OF GRANTOR	

SHIP OR STATION AT WHICH PREPARED

OC9CGD CLEVELAND, OHIO

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE
dwh	N. D. HICKMAN, CHSPCK, W-3, USCG	26561	8/26/59

SIGNATURE OF SERVICE MEMBER: Domenic Carollo
DOMENIC CAROLLO

FILE/SERV. NO. (Write in): 214-599

PREPARATION CHECK OFF LIST

☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
☐ VERIFY MONTH FIRST PAY DATE
☐ VERIFY SERVICE NUMBER
☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
☐ VERIFY STOP AFTER DATE
☐ DISBURSING OFFICER'S SIGNATURE

ALLOTMENT AUTHORIZATION

TO START OR STOP ALLOTMENTS
OR STOP FAMILY ALLOWANCES

NAV. S. AND A. FORM 545 (4M) (REVISED 9-48)

09-200860

Grand Marais LB Station

Grand Marais, Michigan

(D.O. will not fill in)

RECEIVED

BLOCK NO.

MAIL TO

214-599 (File or Service No.) | CAROLLO, Domenic (Name of Grantor: Last, First, Middle) | BMC (Rank or Rate) | (Appropriation)

NEW ALLOTMENTS

	PURPOSE	MONTHS	MONTH FIRST PAY	EXPIRES	AMOUNT
1					
2	DQ	IND	7/56		150.00
NAME OF ALLOTTEE:	MONICA K. CAROLLO (W)				
ADDRESS OF ALLOTTEE:	2220 N. 20th Street, Sheboygan, Wisconsin				
3					
NAME OF ALLOTTEE:					
ADDRESS OF ALLOTTEE:					
4					
NAME OF ALLOTTEE:					
ADDRESS OF ALLOTTEE:					
5	BOND				

CODES: ALLOT CUST CODE | BP OR CL | CODE | F T | P # | NO. MOS.

RETRO. AMT. AMOUNT

NAME AND ADDRESS OF OWNER:

BOND ☐ CO-OWNER ☐ BENEFIC: NAME

☐ HOLD ☐ FWD TO: NAME AND ADDRESS

DISCONTINUANCE

	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	Do not fill in FCC	Do not fill in PAC AMOUNT	NAME OF ALLOTTEE	REAS * CODE	BP CL	DATE LAST PAYMENT MADE	CODE	FILE TYPE	P #	NO. MOS
1														
2														
3														
4														
5														
6	F													
7	F													
8	F													
9	F													

UNITED STATES COAST GUARD
RECEIVED
DEC 05 1956
MARQUETTE GROUP OFFICE

*REASON FOR STOP

1. GRANTOR'S REQUEST	6. DEATH OF GRANTOR	13. PAID UP POLICY
2. NEW ALLOT. REG.	7. GCM PRISONER	14. INS. NOT DESIRED
3. DISC., R.I.D.	8. CHANGE TO NSI OR GI	15. POL. MAT. SURR. OF POL.
4. TRAN. F.R., RET.	10. WAIVER OF PREMIUM	16. EXT. TERM INS.
5. STRAGGLER, DESERTER	12. CHANGE IN INS. PLAN	18. CHANGE TO MAQ OR FA

FORMS SHOWING OMISSIONS, ALTERATIONS OR ERASURES WILL BE REJECTED

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments"; do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so alloted and do certify to the correctness of amounts shown in the space captioned "Existing."

SIGNATURE OF GRANTOR: Domenic Carollo
First Name, Initial, Last Name) DOMENIC CAROLLO

EXISTING

STATEMENT OF EXISTING ALLOTMENTS AND FAMILY ALLOWANCES

Enter Family Allowance and All Individual Existing Allotments by types and amounts after all changes recorded hereon have been entered on Pay Record.

NSI	G-2.02	B-18.75	Q-150.00	
F	N-13.50	D-20.00		

I certify that the prescribed entry (entries), including charge entry (entries) for the month (months) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

SHIP OR STATION AT WHICH PREPARED: OC9CGD, CLEVELAND, OHIO

DATE: 6/29/56

WITNESSED AND REGISTERED,
SYMBOL NO. AND SIGNATURE OF DISBURSING OFFICER

R. E. HOLLEY, CHPCLK, W-3, USCG 1379

DISBURSING OFFICER (Retain)

☆ U. S. GOVERNMENT PRINTING OFFICE: 1950-915530

ALLOTMENT AUTHORIZATION

TO START OR STOP ALLOTMENTS
OR STOP FAMILY ALLOWANCES

NAV. S. AND A. FORM 545 (4M)(REVISED 9-48)

Grand Marais Lifeboat Station
Grand Marais, Michigan

214-599 CAROLLO, DOMENIC BMC

(File or Service No.) (Name of Grantor: Last, First, Middle) (Rank or Rate) (Appropriation)

(D.O. will not fill in)
RECEIVED
BLOCK NO. MAIL

CODES | RETRO. AMT.

NEW ALLOTMENTS

	PURPOSE	MONTHS	MONTH FIRST PAY	EXPIRES	AMOUNT	ALLOT CUST CODE	BP OR GL	CODE	F T	P #	NO. MOS.	AMOUNT
1	D	IND	10/56		150.00							
2												

NAME OF ALLOTTEE: Monica K. Carollo
ADDRESS OF ALLOTTEE: U.S. Coast Guard Station, Grand Marais, Michigan

3												

NAME OF ALLOTTEE:
ADDRESS OF ALLOTTEE:

4												

NAME OF ALLOTTEE:
ADDRESS OF ALLOTTEE:

5	BOND											

NAME AND ADDRESS OF OWNER:

BOND ☐ CO-OWNER ☐ BENEFIC: NAME
☐ HOLD ☐ FWD TO: NAME AND ADDRESS

UNITED STATES COAST GUARD
RECEIVED
DEC 14 1956
MARQUETTE GROUP OFFICE

SERVICE RECORD COPY

DISCONTINUANCE

	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	Do not fill in FCG	Do not fill in F.A. AMOUNT	NAME OF ALLOTTEE	(D.O. will not fill in) REAS.* CODE	BP CL	DATE LAST PAYMENT MADE	CODE	FILE TYPE	P #	NO. MOS
1														
2														
3														
4														
5														
6	F													
7	F													
8	F													
9	F													

*REASON FOR STOP

1. GRANTOR'S REQUEST	6. DEATH OF GRANTOR	13. PAID UP POLICY
2. NEW ALLOT. REG.	7. GCM PRISONER	14. INS. NOT DESIRED
3. DISC., R.I.D.	8. CHANGE TO NSI OR GI	15. POL. MAT. SURR. OF POL.
4. TRAN. F.R., RET.	10. WAIVER OF PREMIUM	16. EXT. TERM INS.
5. STRAGGLER, DESERTER	12. CHANGE IN INS. PLAN	18. CHANGE TO MAQ OR FA

FORMS SHOWING OMISSIONS, ALTERATIONS OR ERASURES WILL BE REJECTED

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments"; do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so alloted and do certify to the correctness of amounts shown in the space captioned "Existing."

SIGNATURE OF GRANTOR: *Domenic Carollo*
First Name, Initial, Last Name Domenic Carollo BMC

EXISTING

STATEMENT OF EXISTING ALLOTMENTS AND FAMILY ALLOWANCES

Enter Family Allowance and All Individual Existing Allotments by types and amounts after all changes recorded hereon have been entered on Pay Record.

NSI	C-2.02	B-18.75	D-150.00	
F	N-13.50	D-20.00		

I certify that the prescribed entry (entries), including charge entry (entries) for the month (months) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

SHIP OR STATION AT WHICH PREPARED: 009GGD
DATE: 10/4/56

WITNESSED AND REGISTERED
SYMBOL NO. AND SIGNATURE OF DISBURSING OFFICER

R. E. HOLLEY, CHPCLK, W-3, USCG

DISBURSING OFFICER (Retain)

☆ U. S. GOVERNMENT PRINTING OFFICE: 1950-915530

ALLOTMENT AUTHORIZATION

NAV S. AND A. 545 (4M) (REV. 2-54)

09-525874-76
CG Group Office
Marquette, Michigan

← MAIL TO

D.O. WILL NOT FIL...
RECEIVED
DATE AND BLOCK NO.

FILE/SERVICE NO. 214-599 | NAME OF GRANTOR (Last) CAROLLO (First) Domenic (Initial) (n) | RANK/RATE BMC | COMPUTED BY | REVIEWED BY

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC CC	B P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.	S	7/56	INR		$150.00	Monica Katherine Carollo [illegible]							
2.													
3.													
4.	B	B				NAME OF OWNER							

BOND
- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING — NAME AND
- ☐ FORWARD TO → ADDRESS

PAPER CHECK INFORMATION

SERVICE RECORD COPY

NOTE: If serviceman is to be discharged or released to inactive duty indicate date. DATE

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.	Q	5/56		$200.00	Monica Katherine Carollo	13								
2.														
3.														
4.														

STATEMENT OF EXISTING ALLOTMENTS

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

D-$20.00 B-$18.75 N-$13.50 Q-$2.02

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	13. Occupied Gov't Quarters
6. DEATH OF GRANTOR	

SHIP OR STATION AT WHICH PREPARED

009COD, Cleveland, Ohio

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE
rds	R. E. HOLLEY, CHPCLK, W-3, USCG	1379	6/6/56

SIGNATURE OF SERVICE MEMBER	FILE/SERV. NO. (Write in)
Domenic Carollo	214-599

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

ARTICLE 4-B-26 - PERSONNEL MANUAL - GENERAL DUTIES OF PETTY OFFICERS

(a) Petty officers shall show in themselves a good example of subordination, courage, zeal, sobriety, neatness, and attention to duty.

(b) Petty officers shall aid to the utmost of their ability in maintaining good order, discipline, and all that concerns the efficiency of the command.

(c) For the preservation of good order, petty officers are always on duty and are vested with the necessary authority to report and apprehend offenders, who are subject to the Uniform Code of Military Justice. This authority attaches to them while ashore on liberty.

(d) Petty officers shall carefully examine all the articles belonging to and the stores received for their respective departments, and shall see, under the supervision of the heads of those departments, that the stores agree in quantity and quality with the invoices or bills accompanying them. They shall be responsible for the equipment and stores under their charge, shall exercise personal and careful supervision over their condition and the economical expenditure thereof, and shall report any deficiency to their superior officer.

(e) Petty officers shall perform such duties as may be assigned them, except that as a general rule, a petty officer shall not be detailed as a messman. In case circumstances arise which require an exception to be made to this rule, a petty officer detailed as a messman shall be relieved as soon as practicable.

(f) Chief petty officers shall inform themselves of the responsibilities and duties of the warrant officer of their own specialty in order that they may perform his duties during his absence. All petty officers shall likewise keep themselves informed of the responsibilities and duties of the rate next above him.

(g) When an enlisted person is advanced to a petty officer, the commanding officer shall bring to his attention the provisions of this article.

---

23 Sept. 1957
(DATE)

I certify that I have read and understand the above and that the provisions thereof have been fully explained to me.

Domenic Carollo
(SIGNATURE)

(214-597) BMC
Ser. No. RATE

Commander
CG Group Marquette
Marquette, Michigan

P11-4
20 May 1958

From: Commander, CG Group Marquette
To: CAROLLO, Domenic (n)(214-599) EMC, USCG

Subj: Boarding Duty; qualifications for calender year 1958

Ref: (a) Appendix V to ANNEX E to CCGD9 OPLAN

1. In accordance with the provisions of the above reference, and other pertinent district directives, you have been examined this date and found qualified to perform Navigational Law Enforcement (Safety) boarding duty.

M. F. CRAMER

Copy to:
COMINECGD (o)
COMINECGD (p)

MILITARY PAY ORDER	MILITARY PAY ORDER NO. 257-58
ORGANIZATION AND STATION 09-200860 Grand Marais Lifeboat Station, Grand Marais, Michigan	DATE 25 March 1958

TO DISBURSING OFFICER: COAST GUARD PERSONNEL (ENLISTED)

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 1958 FROM—	TO—
214-599	CAROLLO, Domenic (n)	1630, 24 Mar 58 DISCHARGED at Grand Marais LBSta, by reason of Expir. of Enlistment Auth: Sec 12-3-42 A (1) CG Regs.	3/24	XX
		Entitled to cash compensation for 60 days UL computed to date of discharge.		117.00 608.40
		Entitled to mileage from Grand Marais, Mich. to Baltimore, Maryland. PAFE		61.25
		1130, 25 Mar 58 REENLISTED at Grand Marais LBSta, Grand Marais, Mich. in the regular CG for a period of THREE (3) years.	3/25	XX
		Entitled to reenlistment bonus for SECOND reenlistment.		$90
				876.66 126.00 $750.66

Jat

SERVICE RECORD COPY

SYMBOL NO. (*Entered by D. O.*)	TYPED NAME AND GRADE OF CERTIFYING OFFICER	SIGNATURE OF CERTIFYING OFFICER
	M. F. CRAMER, CHBOSN W-2, USCG, CO	

IV - QUESTIONS

(For each answer checked "Yes" under question 2 set forth a full explanation under "Remarks" below)

	YES	NO
1. I have read the list of names or organizations, groups, and movements set forth under Part II of this form and the explanation which precedes it.	X	
2. Concerning the list of organizations, groups and movements set forth under Part II above:		
a. Are you now a member of any of the organizations, groups, or movements listed?		X
b. Have you ever been a member of any of the organizations, groups, or movements listed?		X
c. Are you now employed by any of the organizations, groups, or movements listed?		X
d. Have you ever been employed by any of the organizations, groups, or movements listed?		X
e. Have you ever attended any meeting of any of the organizations, groups, or movements listed?		X
f. Have you ever attended any social gathering of any of the organizations, groups, or movements listed?		X
g. Have you ever attended any gathering of any kind sponsored by any of the organizations, groups, or movements listed?		X
h. Have you prepared material for publication by any of the organizations, groups, or movements listed?		X
i. Have you ever corresponded with any of the organizations, groups, or movements listed or with any publication thereof?		X
j. Have you ever contributed money to any of the organizations, groups, or movements listed?		X
k. Have you ever contributed services to any of the organizations, groups, or movements listed?		X
l. Have you ever subscribed to any publication of any of the organizations, groups, or movements listed?		X
m. Have you ever been employed by a foreign government or any agency thereof?		X
n. Are you now a member of the Communist Party of any foreign country?		X
o. Have you ever been a member of the Communist Party of any foreign country?		X
p. Have you ever been the subject of a loyalty or security hearing?		X
q. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons not on the Attorney General's list which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?		X
r. Have you ever been known by any other last name than that used in signing this questionnaire?		X

REMARKS

REMARKS (Continued)

CERTIFICATION

IN REGARD TO ANY PART OF THIS QUESTIONNAIRE CONCERNING WHICH I HAVE HAD ANY QUESTION AS TO THE MEANING, I HAVE REQUESTED AND HAVE OBTAINED A COMPLETE EXPLANATION. I CERTIFY THAT THE STATEMENTS MADE BY ME UNDER PART IV ABOVE AND ON ANY SUPPLEMENTAL PAGES HERETO ATTACHED, ARE FULL, TRUE, AND CORRECT.

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NUMBER (If any)	SIGNATURE OF PERSON MAKING CERTIFICATION
DOMENIC CAROLLO	214-599	Domenic Carollo
TYPED NAME OF WITNESS	DATE	SIGNATURE OF WITNESS
M. F. CRAMER, CHBOSN W-2, USCG	25 March 1958	M. F. Cramer

(EMERGENCY) NAVY--DPPO 9ND, GREAT LAKES, ILL.

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
* 9-30-55	RQM	BMCAN	3.7	3.8	4.0	SWEETBRIAR (WAGL-405)	L. J. GLATZ, LCDR, CO
*12-31-55	RQM	BMCAN	3.7	3.8	4.0	"	"
*3-31-56	RQM	BMC(AN)	3.7	3.8	4.0	OCCGD9, Cleveland, O.	W.H.HEIL,LTJG,USCGR By dir
*30 JUN 56	RQM	BMCAN	3.6	3.6	4.0	Grp Marquette, Mich.	JOHN KINNUNEN, CHBOSN, CO
*30 SEP 56	RQM	BMCAN	3.7	3.6	4.0	"	"
30 SEP 56	ADAPTABILITY FOR WARRANT GRADE: 3.5						"
*31 DEC 56	RQM	BMCAN	3.7	3.7	4.0	"	"
*31 MAR 57	EQM	BMCAN	3.7	3.7	4.0	"	"
31 MAR 57	ADAPTABILITY FOR WARRANT GRADE: 3.5						"
*30 JUN 57	EQM	BMCAN	3.7	3.7	4.0	"	"
*30 SEP 57	EQM	BMCAN	3.6	3.6	4.0	"	M. F. CRAMER, CHBOSN W-2, CO
*31 JAN 58	RQM	BMCAN	3.6	3.6	4.0	"	"
24 MAR 58	DISC-HARGE	BMCAN	3.6	3.6	4.0	"	"
24 MAR 58	AFWG	---	3.5			"	"
Final Average			3.68	-	4.0	"	"

NAME (Last) CAROLLO, (First) Domenic (Middle) (m) | SERVICE NO. 214-599

MARKS

TRANSCRIPT OF MARKS - PREVIOUS ENLISTMENT

16—66652-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
CG Group Marquette
Marquette, Michigan

16 May 1956
N4-1

From: Commander, CG Group Marquette, Michigan
To: CAROLLO, Domenic (n) (214-599) BMC, USCG

Subj: Government Housekeeping Quarters; assignment of

Ref: (a) Part 4, Chapter 10, CG Regulations
(b) Article 7A03034 Comtrollers Manual
(c) District Circular Letter No. 31-55

1. In accordance with the above references, you are assigned Government Housekeeping Quarters designated as Quarters "A" located at Grand Marais Lifeboat Station, Grand Marais, Michigan effective 1 June 1956.

2. You are hereby notified that upon occupancy of Government Quarters you are no longer entitled to receive a Basic Allowance for Quarters. Therefore if you so desire to stop your allotment to your dependents, you should submit form NAV S&A 545 accordingly.

3. In the acciptance of these quarters, you will be held accountable for any loss or damage of the property in which you reside and also for the proper care and use of all furnishings therein. You are directed to execute an inventory and receipt record (Form as illistrated on page A-86-A-92 Comtrollers Manual) upon assuming custody of household furnishings.

4. Form 2703 will be submitted by the responsible officer effective 1 June 1956.

John Kinnunen
JOHN KINNUNEN

Copy to:
C9CGD (p)
file

- -

Grand Marais LB Station
Grand Marais, Michigan

21 May, 1956
N4-1

FIRST ENDORSEMENT

1. Basic instruction complied with.

Domenic Carollo
Domenic Carollo BMC USCG

APPLICATION FOR DEPENDENTS ALLOWANCE
NAVPERS - 668 (REV. 2-51)

(Check one) ☐ START ☒ CHANGE IN DEPENDENTS

SERVICE NUMBER	LAST NAME OF ENLISTED MEMBER	(First)	(Middle)	RATE
214-599	CAROLLO,	Domenic	(n)	BMC(AH)

Have you ever applied for Family Allowance under the Serviceman's Dependence Allowance Act 1942? ☒ YES ☐ NO

SHIP OR STATION PREPARING THIS APPLICATION
USCG Marine Inspection Office
209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

DATE OF THIS APPLICATION: 24 September 1952
DATE OF CURRENT ENLISTMENT OR DATE REPORTING FOR ACTIVE DUTY (whichever is later): 3-22-52
DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY: 3-21-52

	NAME OF DEPENDENT (Include full given names)	COMPLETE ADDRESS	RELATIONSHIP (Indicate if step or adopted child)	DATE OF BIRTH (Day, Mo, Year)	DATE ALLOWANCE CLAIMED FROM
1.	Monica Katherine Carollo	1607 Freedom Way Baltimore, Maryland	Wife		Previously claimed
2.	Monica Grace Carollo	1607 Freedom Way Baltimore, Maryland	Daughter	8-8-50	Previously claimed
3.	Angela Jane Carollo	1607 Freedom Way Baltimore, Maryland	Daughter	7-21-52	7-21-52
4.					
5.					

Give following information concerning custodian of any dependent named above

DEPENDENT NO.	FULL NAME OF CUSTODIAN	ADDRESS	RELATIONSHIP

MARITAL HISTORY OF SERVICEMAN AND WIFE

DATE AND PLACE OF PRESENT MARRIAGE
16 October, 1947; Sheboygan, Wisc.

Have you been previously married? ☒ YES ☐ NO

DATE AND PLACE OF DISSOLUTION OF EACH FORMER MARRIAGE AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE
28 September, 1946; Sheboygan, Wisc.; Death

If you are separated or divorced, is there a court order or written agreement in effect relative to support or maintenance? ☐ YES* ☐ NO
* *If yes,* ATTACH CERTIFIED COPY OF COURT DECREE OR GIVE PLACE AND DATE OF SAME OR NAME AND ADDRESS OF CUSTODIAN OF SEPARATION AGREEMENT

Has your wife been previously married? ☐ YES* ☒ NO
* *If yes,* GIVE DATE, AND PLACE OF DISSOLUTION AND STATE WHETHER BY DEATH, ANNULMENT OR DIVORCE

DEPENDENCY STATEMENT—*(This section must be completed for all dependents other than lawful wife and/or legitimate children under 21 years of age of male members.)*

I certify that _____, named above, has been dependent upon me for more than one-half of his or her support since _____: that during such period I have contributed to his or her support an average of $_____ per month in cash or its equivalent without any consideration in return; that is his or her income from all other sources, including contributions of others toward their share of household or living expenses averaged $_____ per month in cash or equivalent; and that the actual living expenses incurred by him or her averaged $_____ per month.
(Note: Separate certificate required for each dependent.)

STATE HERE ANY FURTHER FACTS TO SUPPORT OR EXPLAIN THIS APPLICATION

Photostat of birth certificate attached for dependent No. 3.

REQUEST FOR "Q" ALLOTMENTS—*Indicate dependents on whose behalf allotment is made, using dependent numbers shown above.*

	PAYEE (Use given Name in full and middle initial)	COMPLETE ADDRESS	AMOUNT	TO COMMENCE Month	TO COMMENCE Year	DEPENDENT NUMBER
1.	Monica K. Carollo	~~1607 Freedom Way Baltimore, Maryland~~ 2220 North 20th St. Sheboygan, Wisc.	200.00	10	52	1
2.						
3.						

Subscribed and sworn to before me this 24 day of September 1952

ALFRED W. KARREMAGEL, CAPT., USCG
(Signature and Title of Attesting Officer)

I hereby apply for allowance for dependents and certify that all the above statements are true to the best of my knowledge and belief, and I consent to chechage against my pay for any allowance paid on account of any person later determined not to be dependent as defined in existing laws and regulations. I also certify that none of the above named dependents is a member of the uniformed services on active duty. I will immediately notify my Disbursing Officer and the Family Allowance Unit, Bureau of Naval Personnel, Cleveland, Ohio, of any change in the above stated dependency.

DOMENIC CAROLLO Domenic Carollo BMC(AH)
(Signature of Enlisted Member) *(Rate)*

DISBURSING INFORMATION TO BE ENTERED HERE

1. I have credited dependents allowance as requested above except for dependent(s) number_____(insert above dependent number(s) as applicable for dependents for whom allowance not credited).
2. Q allotments have been registered as requested except allotment(s) number_____(insert above allotment number(s) as applicable for Q allotments requested but not registered).
3. REMARKS

(D. O. Signature)

BUREAU OF NAVAL PERSONNEL INFORMATION TO BE ENTERED HERE

FOR NAVAL PERSONNEL—Forward to Family Allowance Unit, BuPers, Cleveland 14, Ohio, via D. O.
FOR COAST GUARD PERSONNEL—Forward to Commandant, USCG, Via D. O. carrying pay account
FOR MARINE PERSONNEL—Forward, Commandant, USMC, Via D. O.

☆ U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR ALLOTMENT

From compensation of EMC(n) (214-599)EMC MIO, Baltimore, "D" Allotment

PAYABLE TO

Monthly allotment in the amount of "TWENTY" ($ 20.00) Dollars.
(Words) (Figures)

Name Mrs. Angela Carollo

Street and No. 625 E. Main Street

Post office Iron Mountain State Michigan

If payable to a bank, business institution, or individual, for credit of*—
Name Mrs. Angela Carollo

Reason for allotment For support of mother

First payment: Month January, 1953

I hereby request and authorize allotment, chargeable to my pay, as above.

Domenic Carollo

Domenic Carollo

Rank or rating EMC (AW) U. S. C. G.

Dec; 2, 1952

Approved, allotment granted.

ALFRED W. KABEINAGEL, CAPT., USCG
Commanding OCMI, Baltimore, Md.

Commander, District.

Witnessed and registered 29 DECEMBER 1952

W. H. REED, PCLK, USCG, ACO
PORT SECURITY UNIT, BALTO., MD.

Pay officer,

16—12642—1

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer
Allotment Disbursing Officer.

DO NOT FOLD — MAIL FLAT

* Allotter or member immediate family

LBH

-25283

MIO, BALTIMORE, MD. "B" ALLOTMENT

APPLICATION FOR SAVINGS BOND ALLOTMENT

From compensation of
Domenic (n) Carollo (214-599) EMC(AN)

Monthly allotment in the amount of
Eighteen & seventy-five (Words) ($ 18.75 (Figures)) Dollars

PAYABLE TO

Name: Treasurer of the United States
Address: Washington, D. C.

Reason for allotment: (Check one)
Bond a Month X Bond a Quarter

First payment: Month September, 19 52

I hereby request and authorize allotment chargeable to my pay, as above.
DOMENIC CAROLLO

Rank or rating EMC(AN) U. S. C. G.

Approved, allotment granted. 28 August, 19 52

HARRY A. WALKER, CDR., USCG
Commanding Acting OCMI

Commander District.

Assessed and registered 3 Sept., 19 52

Authorized Certifying Officer REED, PCLK, USCG, PORT SECURITY UNIT, BALTIMORE, MARYLAND

INSCRIPTION ON BOND (Leave blank)

ACKNOWLEDGMENT

FOR INFORMATION OF AUTHORIZED CERTIFYING OFFICER

This allotment has been placed in effect.

E. F. LOWRIE, LT, USCG
Authorized Certifying Officer

TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2528B (Rev. 7-48) DO NOT FOLD - MAIL FLAT ☆ G. P. O.: 1948 - 709449

ALLOTMENT STOPPAGE

From compensation of MIO, Baltimore, Md. "D" ALLOTMENT

CAROLLO, Domenic (n) (214-59-[illegible]), BMC(AN), USCG

Amount $ 50.00

PAYABLE TO

Name Angela Carollo

Street and No. 625 E. Main Street

Post office Iron Mountain State Michigan

Stop allotment after payment

for the month of ~~September~~ AUGUST, 19 52

for which checkage has been made.

REASON FOR STOPPAGE: "Allotees request"

DOMENIC CAROLLO Domenic Carollo

(Signature of Allotter)

Rank or rating BMC(AN)

APPROVED:

ALFRED W. KABELNAGEL, CAPT., USCG

Commanding OCMI, Baltimore, Maryland or

Commander District

STOPPAGE REGISTERED, Date ~~22~~ 2 October, 1952

[illegible] H. REED, PAY CLERK, USCG

AUTH. CERT. OFF.

U. S. C. G.

Pay Officer PORT SECURITY UNIT, BALTIMORE, MD.

©

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been discontinued as requested.

E. F. LOWRIE, LT, USCG
Authorized Certifying Officer

Allotment Disbursing Officer.

LBI

ENCLOSURE (1), Information relative to 20 year retirements

A physical examination in required prior to retirement. It should be taken as soon as possible after receipt of these orders. (Refer Article 12-B-22, Personnel Manual). Disabilities may be found which render you unfit to perform the duties of your rate. It may be that these disabilities can be corrected prior to retirement. If you are found unfit by a Board of Medical Survey and you do not elect service retirement at this point you will be processed by a Physical Evaluation Board. All physical disabilities do not necessarily render a man unfit for service, and physical disabilities are not a bar to service retirement. Men in receipt of service retirement orders who find they may also be eligible for physical retirement may elect to take the service retirement, or they may request that the service retirement orders be cancelled, and that they be processed for physical retirement. (Refer Chapter 17, Personnel Manual). The election, signed by you, must be made at an early date, and because of the time involved in cancelling a retirement, requests for cancellation must be transmitted to the Commandant (PE) early. No general statement can be made as to which election will be better for you. Each case must be determined by its own conditions and you must make the election. Maximum retired pay in any case will not exceed 75% of basic pay at time of retirement. To assist in making a decision, the following information is furnished:

SERVICE RETIREMENT If you elect retirement for service, your pay will be your basic pay at the time of retirement multiplied by 2½% multiplied by the number of years of service. If eligible you will also receive 10% additional pay for good conduct. You may, after retirement, obtain a disability rating from the Veterans Administration and receive disability compensation from that agency. In this case you must waive an amount of your Coast Guard retired pay equal to the disability compensation. (Disability compensation is not taxable).

PHYSICAL DISABILITY RETIREMENT If you elect physical disability retirement, you may elect:

(a) to receive retired pay based on the percentage of your disability. In this case your pay will be basic pay at the time of retirement multiplied by the percentage of disability. Based upon a recent opinion of the Comptroller General, you may, if otherwise eligible, receive the additional 10% for good conduct for permanent disability retirement. You may also receive the 10% for temporary retirement; however, this is not positive as there are still questions about the Comptroller's opinion which have to be answered. (This physical disability pay is not taxable) Or,

(b) to receive retired pay based upon years of service. In this case, your retired pay will be basic pay at time of retirement multiplied by 2½% multiplied by the number of years of service. The amount of this retired pay equal to that computed as in (a) above is not taxable. You may if eligible also receive 10% of basic pay for good conduct.

Standard Form 88
(Rev. June 1956)

→ Health Record ←

REPORT OF MEDICAL EXAMINATION

c/y VA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
CAROLLO, Domenic (n)	BMC, USCG	214-599
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
625 E. Main St. Iron Mountain, Mich.	Retirement	12-1-59

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cauc	23	0	Treasury	Grand Marais LBSTA.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-12	Iron Mountain, Michigan	Monica K. Carollo, (Wife), Same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS Hospital, Chicago, Illinois.	Religion: Catholic.

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(*Check each item in appropriate column; enter "NE" if not evaluated.*)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	X
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 67*)	
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*)	
	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	X
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	
	40. SKIN, LYMPHATICS	X
X	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
X	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. ~~X-RAY CHEST~~ X-RAY (SINUS) X-RAY (RECTAL)	

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

#19. Deciated nasal septum to rt.

#32. External hemorrhoid, one (1)

#40. 1.5 cm. lesion, circular, depressed and maroonish color on rt. medial aspect of rt. calf muscle area.

(*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 X 8)—*Fixed bridge, brackets to include abutments*

RIGHT																	LEFT
	1	2	X3	4	5	6	7	8	9	10	11	12	X3	X4	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Calculus: Slight.
Type 3 Occlus pattern.

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.020	46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	Neg.	D. MICROSCOPIC: 0/2 WBC/HPF.
C. SUGAR	Neg.	USPHS Hospital Chicago, Illinois. 12-4-59, NSA.

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
VDRL- Non Reactive.	Normal	"O" Neg.	NI

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
71"	168	Brown	Brown	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	98.8

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 118 DIAS. 70	B. RECUMBENT	SYS. DIAS.	C. STANDING (*3 min.*)	SYS. 108 DIAS. 70	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						90	126	88	80	108

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 30-2	CORR. TO 20/	BY	S.	OX	J2	CORR. TO	BY
LEFT 20/ 50	CORR. TO 20/	BY	S.	OX	J1	CORR. TO	BY

62. HETEROPHORIA (*Specify distance*)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	PIC Plates, 2 Errors.		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15	/15 SV 15	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV 15	/15 SV 15	/15	RIGHT									
			LEFT									

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

#40. Lesion on leg (rt) as described has increased to 1.5 cm in diameter over 15 years-lt is asymptomatic. Feel it should be removed and biopsied.

(*Use additional sheets if necessary*)

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

#19. Deviated nasal septum. (Not considered disqualifying.)
#32. External Hemorrhoid. (Not considered disqualifying.)
#40. 1.5 cm. lesion, circular, depressed and maroonish color on rt. aspect of ft. calf muscle area. Removed. (Benign Hemangioendothelioma)

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

Biopsy of lesion described under #40.

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR Retirement.

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

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
JOHN J. BELLUS, MEDICAL OFFICER, USPHS.
SIGNATURE John J Bellus

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
ROBERT E. BLU, DENTAL SURGEON (GT), USPHS.
SIGNATURE R E Blu

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
SIGNATURE
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE: 1956—O-388206

Standard Form 88
(Rev. June 1956)

[redacted]RT OF MEDICAL EXAMINATI[redacted]

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
CAROLLO, Domenic (n)	BMC, USCG	214-599
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625 E. Main St. Iron Mountain, Mich.	Retirement	12-1-59

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cauc	23	0	Treasury	Grand Marais LBSTA.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-12	Iron Mountain, Michigan	Monica K. Carollo, (Wife), Same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS Hospital, Chicago, Illinois.	Religion: Catholic.

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (*Total*)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	X
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 67*)	
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*)	
	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	X
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	
	40. SKIN, LYMPHATICS	X
X	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
X	42. PSYCHIATRIC (*Specify any personality deviation*)	
	43. [redacted]	

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

#19. Deciated nasal septum to rt.

#32. External hemorrhoid, one (1)

#40. 1.5 cm. lesion, circular, depressed and maroonish color on rt. medial aspect of rt. calf muscle area.

(*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 X 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	
			X										X	X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Calculus: Slight.
Type 3 Occlus pattern.

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.020	46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	Neg.	D. MICROSCOPIC: 0/2 WBC/HPF.
C. SUGAR	Neg.	USPHS Hospital Chicago, Illinois. 12-4-59, NSA.

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
VDRL- Non Reactive.	Normal	"O" Neg.	NI

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
71"	168	Brown	Brown	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	98.8

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 118 DIAS. 70	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. 108 DIAS. 70	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						90	126	88	80	108

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 30-2	CORR. TO 20/	BY	S.	OX	J2	CORR. TO	BY
LEFT 20/ 50	CORR. TO 20/	BY	S.	OX	J1	CORR. TO	BY

62. HETEROPHORIA (*Specify distance*)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	PIC Plates, 2 Errors.		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15	/15 SV 15	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV 15	/15 SV 15	/15	RIGHT									
			LEFT									

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

#40. Lesion on leg (rt) as described has increased to 1.5 cm in diameter over 15 years--It is asymptomatic. Feel it should be removed and biopsied.

(*Use additional sheets if necessary*)

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

#19. Deviated nasal septum. (Not considered disqualifying.)
#32. External Hemorrhoid. (Not considered disqualifying.)
#40. 1.5 cm. lesion, circular, depressed and maroonish color on rt. aspect of ft. calf muscle area. Removed.
(Benign Hemangioendothelioma)

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

Biopsy of lesion described under #40.

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR Retirement.

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

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
JOHN J. BELLUS, MEDICAL OFFICER, USPHS.
SIGNATURE John J Bellus

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
ROBERT E. BLU, DENTAL SURGEON (GT), USPHS.
SIGNATURE R E Blu

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

NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1956—O-388206

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : CAROLLO, Domenic (n) (214-599) BMC(AN), USCG DATE: 2 March 1960

FROM : Commander, CG Group Marquette

SUBJECT: Orders; retirement; forwarding of
also retirement physical examination.

1. Your retirement orders for 1 June 1960 are forwarded herewith. Comply with the paragraph regarding endorsement showing receipt of orders.

2. As to physical examination, since you were given a thorough examination at the USPHSH, Chicago within a reasonable length of time, it is not deemed necessary to send you there again, so you are directed to obtain a retirement physical examination locally at the earliest possible date.

R. R. THIELE

Encl: (1) SF form 88
(2) SF form 600
} Return these to Group as soon as completed.

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 every 3 years

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2–3 DAYS	RESULT* 7–10 DAYS	STATION	PHYSICIAN'S NAME
1	6-15-54			IR		Taken from old health record	
2	4.30.57						
3							
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE 3 yrs

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	6-9-53		Taken from old health record		7				
2	4.30.57	.5cc			8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID 4 yrs

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	6-6-51	Booster	Taken from old health record			8.25.59	0.5cc		J.H. Wilkerson
2	5-24-55	0.5cc		H G Bean Hull	5				
3	[illegible]				6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST					TEST				
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
Male	Cau.	BMC(AN)		USCG	TREASURY DEPT

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
CAROLLO, Domenic (n)	1-2-12	214-599

16—67730-1

IMMUNIZATION RECORD
Standard Form 601

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1	3-30-54	Influenza	1.0 cc		Taken from old health record	
2	12-6-51	Influenza	1.0 cc			H G Bean
3	1-5-56	Influenza	1.0 cc			Wm C Daniel M.D.
4	OCT 15 1957	Asian Flu shot (A)	1 cc			J B Wrighton
5	10.13.58	Polio shot 1st	1.cc			J B Wrighton
6	11.12.58	Polio shot 2d	1.cc	—	—	J B Wrighton
7	1.24.58	Flu shot Polyvn A+B	1.cc			J B Wrighton
8	12.11.58	Flu shot poly #2	1.cc			J B Wrighton
9	8.25.59	Polio 3d shot	1.cc			J B Wrighton
10	10-28-59	INFLUENZA	1.CC			J. B. Wrighton
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	6-25-54	"O"	Negative	Taken from old health 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 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE** SERVICE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
DATE REPORTED	SHIP OR STATION	DATE DEPARTED
11-6-36	Sheboygan Station	7-1-41
7-1-41	Two Rivers LBS	11-10-41
11-11-41	Grand Haven Station	2-1-42
2-4-42	Two Rivers LBS	3-16-42
3-16-42	Sturgeon Bay Station	5-5-42
5-5-42	COTP Detail, Escanaba	1-21-43
1-23-43	Yard	1-25-43
1-25-43	CGC Brusston	6-4-43
7-4-43	Yard	7-12-43
7-12-43	F.S. Curtis Bay	7-17-43
7-20-43	SCTC-DCGO-7 Nav Dist.	10-4-43
10-7-43	USN RECSTA, Houston, Tex.	10-20-43
10-24-43	U.S.S. SAVAGE DE-386	12-30-43
12-30-43	COTP, Charleston, S.C.	1-21-44
1-21-44	CG REC STA, Charleston, S.C.	2-8-44
3-21-45	USN Frontier Base, San Pedro	10-5-45
7-1-45	CG-83449 NOB Naval Barracks	
8-31-45	NAVY-926	10-5-45
11-19-45	USCGTS (MS) Alameda	1-19-46
1-20-46	USS ADMIRAL C. F. HUGHES (AP-124)	1-29-46
2-2-46	CG TRA STA, Groton, Ct.	8-2-46
8-3-46	Comdr, 9th CGD	8-5-46
8-19-46	Sheboygan Light Sta	3-10-47
3-13-47	Port Washington Light	3-19-48
4-3-48	Waukegan Lt. Sta.	4-25-51
5-20-51	5th Coast Guard Dist.	5-22-51
6-12-51	CGC INGHAM	2-18-52
2-19-52	MIO, Baltimore, Md.	8-22-53
9-16-53	CG Base, Milwaukee	1-2-54
1-29-54	CG Base, Seattle, Wn.	2-27-54
2-27-54	CGC SWEETBRIER	2-29-56
4-17-56	09th CGD	4-18-56
4-21-56	GRAND MARAIS L.S. STA.	

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	Cau	BMC	CGC SWEETBRIER	U.S.COAST GUARD	TREASURY DEPT.

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
CAROLLO, Domenic (n)		214-559

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.
CAROLLO, Domenic (n)	BMC (AN)	214-599
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
625 E. Main St. Iron Mt. Mich.	Overseas Physical	8-21-53

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	Cauc.			Treasury	USCG

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-36	Iron Mt. Mich.	Monica Katherine Carollo, Sheboygan, Wisc.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS Hospital, Baltimore, Md.	

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*)
	NE	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.)

39-40- Patient has 1cm. circular ~~xxxxxxxxx~~ depressed lesion on medial aspect of right calf.

(*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* (8 × 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
			X										X			X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	O	

space closed #3, 13

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Occlusion Class III

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. Normal			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.	Negative	Negative	Negative

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
XXX NI Normal	NI	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE ☐	56. TEMP.
		Brown	Hazel	x	98.8

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
SITTING	SYS. 130	RECUMBENT	SYS.	STANDING (3 min.)	SYS.	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
	DIAS. 108		DIAS. 108		DIAS. 120					

59. DISTANT VISION			60. REFRACTION			61. NEAR VISION		
	70	70		88	112	88	88	92
RIGHT 20/	CORR. TO 20/		BY S.	CX		CORR. TO		BY
LEFT 20/ 25	CORR. TO 20/		BY S.	CX		14/14	CORR. TO	BY
62. HETEROPHORIA: (Specify distance) 30	ES°	EX°	R. H.	L. H.	PRISM DIV.	14/21 PRISM CONV.	PC	PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	
RIGHT 20ft. 0	LEFT 0	0		UNCORRECTED
				CORRECTED
66. FIELD OF VISION		Normal Plates	68. RED LENS	69. INTRAOCULAR TENSION
6	4			

70. Normal

71. AUDIOMETER

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

RIGHT WV /15 SV /15
LEFT WV 15 /15 SV 15 /15
15 15

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score) Normal by fingers

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

7-8-53. TC Consultation
Small 1cm pigmented area on calf of right leg- 10 years duration-
No evidence of recent growth or ulceration-
No Rx
Fit for overseas duty

G.K. Massengill, Senior Surgeon

(Use additional sheets of plain paper if necessary)

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

39-40- Lesion right calf

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

1. ECG
2. TC consultation

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)
☐ IS
☒ IS NOT QUALIFIED FOR Overseas duty

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
L.R. Schroeder, Assistant Surgeon	
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
Alvin L. Cain, Surgeon	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
P.H. Drez, Senior Dental Surgeon	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62283-1

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

[redacted] REPORT OF MEDICAL EXAMINATION [redacted]

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Carollo, Domenic (n)	BMC (AN)	214-599
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
625 E. Main St., Iron Mountain, Michigan	Reenlistment	

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
M	White	15		USCG	Marine Inspection Office

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-2-36	Iron Mountain, Mich.	Monica Katherine Carroll (W) Sheboygan, Wisconsin

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHSH, Baltimore, Maryland	

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*)
NE		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.)

Septum deflected

Rx given for glasses

(*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 X 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
			X											X			
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class III
Malocalusion

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.022			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
neg.	neg.	neg.	Chest neg	VDRL neg.
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
normal	not done		not done	

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.
70½	177	Brown	Hazel	☐ / ☒ / ☐ / ☐	97.5

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

		SYS.	DIAS.
SITTING		118	70
RECUMBENT			
STANDING (3 min.)		126	80

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
78	126	78		102

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 25	CORR. TO 20/ 20	BY S. -0.75	CX 90		14/14	CORR. TO BY
LEFT 20/ 50-1	CORR. TO 20/ 20	BY S. -1.50	CX 80		14/14	CORR. TO BY

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

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT 4D LEFT 4D	Plates - Normal		UNCORRECTED
			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
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								
LEFT								

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

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

No Comment

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

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

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☐ IS ☐ IS NOT QUALIFIED FOR reenlistment

PHYSICAL CATEGORY

A	B	C	E

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

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
Jack Hovikc, SAS USPHS (R)	
80. TYPED OR PRINTED NAME OF PHYSICIAN	**SIGNATURE**
Alvin L. Cain, Surg. USPHS	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	**SIGNATURE**
R. B. Lloyd, Den Dir, USPHS	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	**SIGNATURE** / **NUMBER OF ATTACHED SHEETS**

U. S. Coast Guard Station ... MAR 22 1952 PHILA

U. S. GOVERNMENT PRINTING OFFICE 16—62283-1

Form No. 2525 E
TREASURY DEPARTMENT
U.S. COAST GUARD

TERMINATION OF HEALTH RECORD

Name CAROLLO, Domenic

Rating Surfman Service Number 214-559

Place _____ Date 1-3-24

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 IS REQUIRED BY ARTICLE 434 (1) REGULATIONS.

_____
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 IS REQUIRED BY ARTICLE 434 (1) REGULATIONS.

_____

_____
Rank or Rating, U.S. Coast Guard.

Service terminated _____
(Date)

At _____
(Place)

By reason of _____
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

_____

_____, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Sheboygan Station	11-6-36.	7-1-41
Two Rivers LB Sta.	7-1-41	11-10-41
Grand Haven Sta.	11-11-41	2-1-42
Two Rivers LB Station	2-4-42	3-16-42
STURGEON BAY STATION	3-16-42	5-5-42
COTP DETAIL, Escanaba	5-5-42	1/21/43
YARD	1-23-43	1-26-43
C&R Boaster	1-25-43	JUN 4 1943
YARD	JUN 4 1943	JUL 12 1943
U.S. Curtis Bay	7-12-43	7-17-43
SCTC-DCGO-7 NavDist	7-20-43	OCT 4 1943
U. S. NAVAL RECEIVING STATION HOUSTON, TEXAS	OCT 7 '43	10/29/43
U.S.S. SAVAGE-DE 382	10/29/43	12-30-43
COTP, CHAS. S.C.	12-30-43	1-21-44
C G Rec. Sta, Chas.	1-21-44	2-8-44
U S Naval Frontier Base, San Pedro	MAR 21 '45	MAY 5 '45
CGC 83479	7/9/45	
NOB NAVAL BARRACKS NAVY 926	AUG 31 1945	OCT 1945
USCGTS, (MS) ALAMEDA	NOV 19 1945	JAN 1946
U.S.S. ADMIRAL C. F. HUGHES (AP124)	1-30-46	1-29-46
CG Trng Ctr, GROTON, CONN	2-2-46	JUL 2 1946
Comdr. 9CG Dist.	8-3-46	8-5-46
Sheboygan Lt. Sta	8-19-46	3-10-47
Port Washington Light	3-13-47	3-19-48
WAUKEGAN LT. STA	4-3-48	4-25-51
5TH CGD OFFICE	5-20-51	5-21-51
INGHAM	6-12-51	2-18-52
MIO Baltimore, Md	2-19-52	8-22-53
CG Base, Milw. Wis.	9-16-53	1-7-54
CG BASE, SEATTLE, WN.	JAN 29 1954	
INSPECTOR	2-21-54	

U. S. GOVERNMENT PRINTING OFFICE: 1939

THIS IS CERTIFIED TO BE A TRUE COPY

NCG—2525 B

T. LeBLANC, Lieutanant

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name CAROLLO, Domenic Service Number 214-599
(Surname first)

Age: Years 30 Months 10 Color white

For: Regular enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B. M. 1c.

Place Escanaba, Mich. Date 11-13-42

Personal Medical History Negative

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? No Test used Pseudochromatic

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

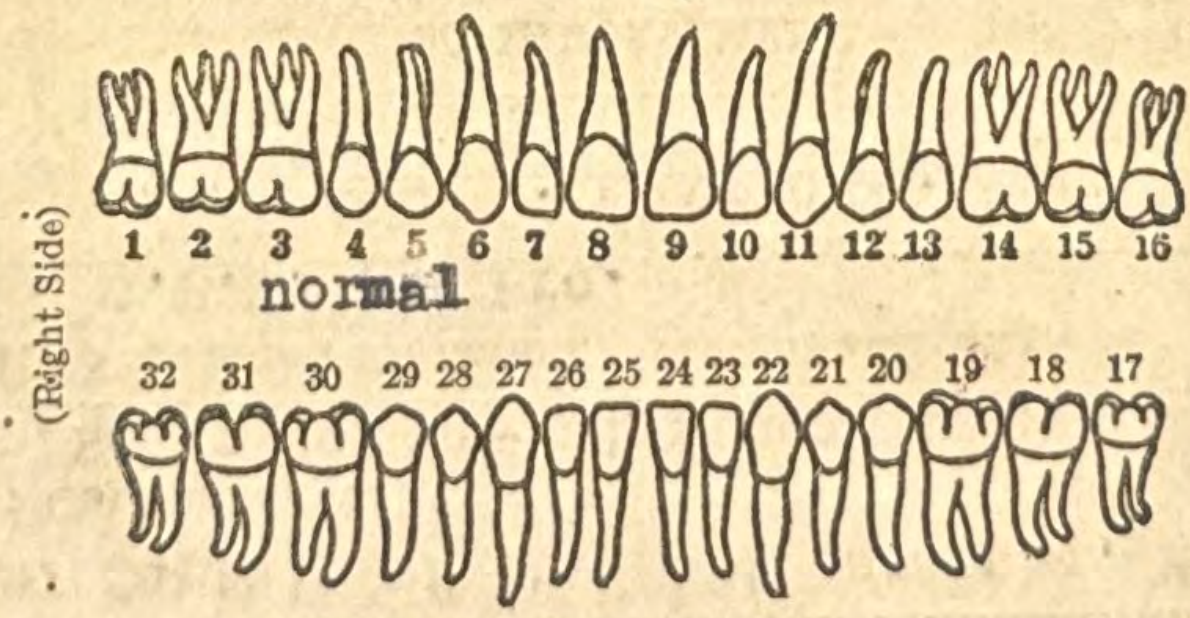
Eyes, eyelids, and reflexes normal

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".)



normal

Gums normal Temperature 98.6

Height 71 inches. Weight (stripped) 175 Lbs. Obesity no

Skin clear

Lymph. glands normal

Chest: Inspiration 39½ Expiration 36½

Heart and blood vessels normal

Blood pressure: Systolic 123 Diastolic 84

Pulse before exercise 81, after exercise 105, after 2 min. 83

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 Nol

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. _____

Blood cells _____ Pus cells _____ Casts _____

Blood (if indicated) Hb _____ %. Reds _____ Whites _____

Wassermann or Kahn test; Date 11-13-42 Result Negative

16—27070-1

REMARKS: ---

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that CAROLLO, Domenic

He is physically qualified for Re-enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of C.B.M.(a) Pro
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for ---

on account of ---

/s/ J.B. WALSH MD
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

13 November, 1942
(Date)

Place Escanaba, Michigan

From: Captain of the Port Escanaba, Michigan

To: Commandant.

Applicant for Re-enlsitment in Regular Est.

1. Forwarded for action. Present status:

C.B.M. (a) Pro.

/s/ MARK B. JORGENSEN, Ensign
Commanding—Dist. Comdr.-Off. in Chg.

Dupe. mailed Nov. 24, 1942.

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:

/s/ W. H. STIMSON
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

Nov. 24. 1942
(Date)

From: Commandant.

To: Captain of the Port, U.S.Coast Guard
Escanaba, Michigan

1. Reenlistment Authorized; Regular Estab.

Insert this copy in health record.

By direction,

/s/ E. J. ROLAND
Chief, Personnel Section.

☆ Chief, Enlisted, Assignment Sub.

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

cy VA

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name CAROLLO, Domenic (Surname first) Service Number 214-599

Age: Years 27 Months 9 Color White

For: Special temporary enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating

Place Sheboygan, Wis Date October 20, 1939

Personal Medical History Pneumonia at 10

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ L.E. 20/

Color blind? No Test used Kanehara chart

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Negative

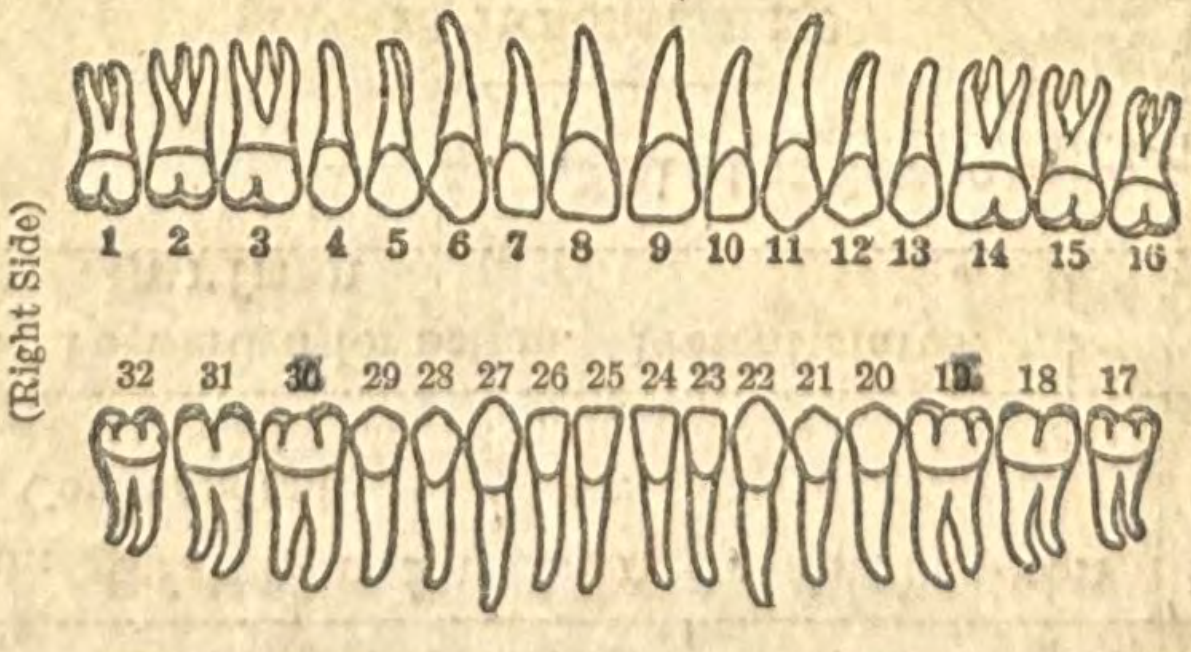
Ears: Right Negative Left Negative
(Condition of drum, discharge, etc.)

Head, face, and neck Negative

Mouth, nose, and throat Negative

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Negative Temperature 98.6

Height 71 inches. Weight (stripped) 165 lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 40 Expiration 36

Heart and blood vessels Negative

Blood pressure: Systolic 124 Diastolic 76

Pulse before exercise 72, after exercise 96, after 2 min. 70

Lungs Negative

Abdomen and pelvis Negative

Genito-urinary organs Negative

Spine and extremities negative

Nervous and mental conditions Negative

Urine: Albumin Neg. Sugar Neg. Shreds Neg

Microscopical exam. (if indicated) epithelia Not made Sp. Gr.

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 10/26/36 Result Negative

2—16141

REMARKS: ---

CERTIFICATE

{We / I} certify that {we / I} have personally made this physical examination and find that Dominic Carollo

He is physically qualified for RE-ENLISTMENT.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of SEAMAN
(Use in case of promotion of commissioned officer or annual examination) (Rank)

~~He is not physically qualified for~~ ---

~~on account of~~ ---

Geo. H. Hyland
Surgeon, U.S. Public Health Service.
A.A.

1st INDORSEMENT

Sheboygan, Wisconsin
20 October 1939
(Date)

Place ---

From: Officer in Charge, Sheboygan Station.

To: Commandant.

---

1. Forwarded for action. Present status:

Surfmen

A.E. Kristoffersen, Boatswain (L.)
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 2—16141

C

IMMUNIZATION RECORD

CAROLLO,

SHOT DUE AND TYPE		SHOT DUE AND TYPE	
SMALLPOX	6-15-60 ✓	SMALLPOX	
TYPHOID	DUE 6-15-60 ✓	TYPHOID	
TETANUS	5-26-60 MCH	TETANUS	

REMARKS:

Smallpox	Every	3	Years
Typhoid	"	3	"
Tetanus		4	"

Gr. Marais

Insert in your hold Record

I/R

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
CAROLLO, Domenic (n)	[X] ACTIVE DUTY [ ] RETIRED	BMC(AN)	USCG	214-599	24 March 1961

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
Monica Katherine Carollo	Wife	8-16-16	Grand Marais Lifeboat Station Grand Marais, Michigan

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

[X] LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* Sheboygan, Michigan ON *(Date)* 18 October 1947.

[ ] THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

[ ] ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under REMARKS the name of the institution of higher learning.)*

[ ] ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

[ ] I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

DD FORM 1 SEP 56 1171

☐ I AM ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

11. REMARKS

The status and eligibility for privileges, and expiration date of eligibility to privileges of the dependent(s) named in this application has been verified. A U. S. Military Activity which can and does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependent(s). The issueing activity is requested to return the original completed application to: Commander, CG Group Marquette, Michigan by endorsement hereon and indicate the card number issued to each dependent by name.

Name of Dependent	Eligibility for following Benefits & Privileges	Expiration Date of Eligibility	Card No. Issued
Monica Katherine Carollo	T,C,EU,MC(C)(US)	24 March 1961	CG 077,234

M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
U.S. Coast Guard	"NA"
14. DATE OF APPLICATION: 25 March 1958	15. SIGNATURE OF APPLICANT: Domenic Carollo (Domenic Carollo)

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 077,234	APR 14 1958	3-24-61

20. ORGANIZATION OF ISSUING OFFICER	
U. S. Coast Guard	
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*: C. H. DICKMAN, ENS, USCG	21. SIGNATURE OF ISSUING OFFICER: (C. H. Dickman)

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
CAROLLO, DOMENIC (NONE)	[X] ACTIVE DUTY [ ] RETIRED	CPhM	USCG	214-599	3-21-58

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
Monica K. Carollo	wife	8-16-16	U.S.C.G. Station Grand Marais, Michigan

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

[X] LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* Sheboygan, Wisconsin

ON *(Date)* 10-16-47.

[ ] THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

[ ] ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under **REMARKS** the name of the institution of higher learning.)*

[ ] ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACT-

[redacted] ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

11. REMARKS

The status & eligibility for privileges, & expiration of eligibility to privileges of the dependents named in this application (has)(have) been verified. A U.S. Militar activity which can & does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependents. The issuing activity is requested to return the original completed application to: Commander, CG Group, Marquette, Michigan by endorsement hereon and indicate the card number issued to each dependent by name.

Name of Dependent	Eligible for Following Benifits & Privileges	Expiration Date of Eligibility	Card Number Issued
Monica K. Carollo	T,C,EU, MC(C)(US)	3-21-58	CG 015,452

John Kinnunen
JOHN KINNUNEN, CHBOSN, USCG
Commander, CG Group Marquette, Mich.

Grand Marais

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
USCG	[redacted]
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
7-2-57	Domenic Carollo Domenic Carollo

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 615,452	7-17-57	3-21-58

20. ORGANIZATION OF ISSUING OFFICER
CG Base, Sault Ste. Marie, Michigan

20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
E. J. BODENLOS, CDR, USCG	E J Bodenlos

GPO 924659

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

PE

PE-RE-36

ADMINISTRATIVE REMARKS

SHIP OR STATION

Grand Marais Lifeboat Station, CG Grp Marquette

Reenlisted in the regular Coast Guard for a period of three (3) years on 25 March 1958.

a. Final average of performance of duty marks: PIR 3.68 and COND 4.0.
b. Paid $ 90.00 reen bonus for 2nd reenlistment under act of 1949.
c. Social Security Number 368-40-4083.

M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

1 August 1957 - Completed course of instruction in "Code of Conduct for Members of the Armed Forces of the United States", as required by CI 2-56.

M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

25 March 1958 - Article 137, UCMJ, complied with this date.

M. F. Cramer
M. F. CRAMER, CHBOSN W-2, USCG
Commanding Officer

15 January 1959 - Awarded National Defense Service Medal.

M. F. Cramer
M. F. CRAMER, CHBOSN W-3, USCG
Commanding Officer

~~31 January 1960 - I certify that I have no dependents receiving medical treatment at a civilian or military medical facility at government expense.~~

~~Domenic Carollo~~
~~Domenic Carollo~~

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.
CAROLLO,	Domenic	(n)	214-599

16—66780-2

PE-3

File 3-13

19 FEB 1960

Honorable John B. Bennett
House of Representatives
Washington, D. C.

My dear Mr. Bennett:

I am in receipt of your letter of 12 February 1960 together with correspondence in further regard to the request of Domenic Carollo (214-599), chief boatswain's mate (AN), for postponement of his retirement.

In view of additional information received, Carollo's retirement, postponed from 1 February until 1 March 1960, will not be effected at that time.

Inasmuch as Carollo's original request for postponement specified 1 June 1960 as the desired effective date of retirement, his name has been placed on the list to be considered for retirement on that date.

Your interest in the Coast Guard and its personnel is appreciated.

Sincerely yours,

J. A. HIRSHFIELD
Rear Admiral, U. S. Coast Guard
Acting Commandant

Encl:
(1) Letter from Dr. Henry K. Ransom, Ann Arbor, Michigan, dated 4 February 1960
(2) Letter from Dr. Thomas E. Andrews, Ann Arbor, Michigan, dated 10 February 1960

mailed 2/19/60 ORB

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3584 (10-54)

DIRECTIVE CLEARANCE SHEET

Correspondence:orb:jrd Return to 3-13 Prepared 17 February 1960

(Fill in blocks as initialled - do not use for routing)

OFFICE OR DIVISION DESIGNATORS	PE	P	CC	CCS	CA	C								
INITIALS OF RESPONSIBLE OFFICERS														
INTRA-OFFICE OR DIVISION INITIALS														

GPO 917335

JOHN B. BENNETT
12TH DIST., MICHIGAN

HOME ADDRESS:
ONTONAGON

2/15/60 TLW

COMMITTEES:
INTERSTATE AND FOREIGN COMMERCE
HOUSE ADMINISTRATION

SECRETARY:
MARGARET J. ROBINSON

U.S. COAST GUARD
REC'D COMDT'S OFFICE
ADMINISTRATIVE AIDE

Congress of the United States
House of Representatives
Washington, D. C.

1960 FEB 15 13 51

7-V-1

7-V-6

3-0

3-11

February 12, 1960.

Commandant,
U. S. Coast Guard,
Washington 25, D. C.

Re: Domenic Carollo (214-599)
Chief Boatswain's Mate (AN)

Dear Sir:

I desire file attached re retirement.

Thank you for your report of January 28th, 1960 on the above-named case. attached.

Attached is a February 4th, 1960 medical statement from Dr. Henry K. Ransom, and one dated February 10th, 1960 from Dr. Thomas E. Andrews. You will note that both doctors are associated with the University of Michigan Medical Center at Ann Arbor.

Again I ask that you give every possible consideration to this man's request for postponement of his retirement.

I will await your report.

Sincerely,

John B. Bennett

JOHN B. BENNETT

Encs.
f/d

55-3

HENRY K. RANSOM, M. D.
UNIVERSITY OF MICHIGAN MEDICAL CENTER · SUITE C4252 OUT-PATIENT BUILDING
ANN ARBOR, MICHIGAN

CONSULTATION BY APPOINTMENT
TELEPHONE: NO 2-4531

February 4, 1960

Congressman John B. Bennett
Room 1202 New House Office Bldg.
Washington 25, D. C.

Dear Mr. Bennett:

This is to certify that Mrs. Domenic Carollo of Grand Marais, Michigan was admitted to the University Hospital on the Dermatology Service on January 11, 1960. She was subsequently referred to the Department of Surgery for further surgical treatment.

The primary disease consisted of a malignant tumor of the skin of the lower portion of the right thigh. This tumor had been removed by Dr. John E. Dwyer of Manistique, Michigan. Microscopical examination showed this to be a melanoblastoma. The slides were reviewed by the pathologists at the University of Michigan and the diagnosis verified. An operation for removal of the lymph nodes in the groin was recommended and performed on January 18. Her convalescence has been satisfactory but necessarily somewhat prolonged because of the nature of the operation. The microscopical study of the lymph nodes shows no involvement of these nodes which means that the overall outlook is fairly good considering the gravity of this type of tumor. It is anticipated that she can probably be discharged from the hospital about February 10. This means that she has had a rather long hospitalization and this plus the travel expenses and the expenses of medical treatment prior to admission to the University Hospital have been considerable. I can well understand that this illness of Mrs. Carollo could constitute a real hardship for Mr. Carollo.

I shall certainly appreciate anything that you can do to assist the Carollo family.

With kindest regards,

Sincerely yours,

Henry K. Ransom, M.D.
Professor of Surgery

THE UNIVERSITY OF MICHIGAN
ANN ARBOR

UNIVERSITY HOSPITAL
DEPARTMENT OF SURGERY

February 10, 1960

REG. NO.

Congressman John B. Bennett
Room 1202 New House Office Building
Washington 25, D. C.

Dear Mr. Bennett:

In the way of an additional report on the present illness of Mrs. Monica Carollo I would like to add the following information to that which was given by Dr. Henry Ransom to you in his letter of February 4.

Because of a recent complication in the present illness, this patient will be advised to remain in the hospital for 7 to 14 more days. Also following discharge she will be advised to carry out only minimal physical activity for an additional 3 weeks. I agree with Mrs. Carollo when she states that in view of the advise above a move within the next month or two would constitute a physical hardship.

Sincerely yours,

Thomas E. Andrews, M.D.
Assistant to Dr. Ransom

TEA:lj

File 3-13

PE-3
28 JAN 1960

Honorable John B. Bennett
House of Representatives
Washington, D. C.

My dear Mr. Bennett:

I am in receipt of your letter of 20 January 1960 in regard to the request for postponement of retirement of Domenic Carollo (214-599), chief boatswain's mate (AN).

Carollo's retirement is being postponed until 1 March 1960 to give him sufficient time to submit necessary proof of the hardship condition existing in his case. Upon receipt at Coast Guard Headquarters of this information, Carollo's request for postponement of his retirement until 1 June 1960 will be given careful consideration and appropriate action will be taken.

Your interest in the Coast Guard and its personnel is appreciated.

Sincerely yours,

A. C. RICHMOND
Vice Admiral, U. S. Coast Guard
Commandant

mailed 1/29/60 ORB

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3584 (10-54)

DIRECTIVE CLEARANCE SHEET

ORB Correspondence:orb:jrd Return to 3-13 Prepared 25 January 1960

(Fill in blocks as initialled - do not use for routing)

OFFICE OR DIVISION DESIGNATORS	PE	P	CC	CCS	CA	C								
INITIALS OF RESPONSIBLE OFFICERS													612	
INTRA-OFFICE OR DIVISION INITIALS											26-12			

GPO 917335

JOHN B. BENNETT
12TH DIST., MICHIGAN

HOME ADDRESS:
ONTONAGON

1/22/60 FW ✓

COMMITTEES:
INTERSTATE AND FOREIGN COMMERCE
HOUSE ADMINISTRATION

SECRETARY:
MARGARET J. ROBINSON

COAST GUARD
REC'D COMDT'S OFFICE
ADMINISTRATIVE AIDE

1960 JAN 22 11 29

Congress of the United States
House of Representatives
Washington, D. C.

7-V
7-0
3-0
3-1

January 20, 1960.

Commandant,
United States Coast Guard,
Washington, D. C.

Re: Domenic Carollo
Chief Boatswain Mate

Disapproved request attached.

Dear Sir:

The above-named is stationed at the Grand Marais Lifeboat Station, Grand Marais, Michigan. He states that the early part of this month he wrote your office requesting postponement of his retirement after twenty-three years of service to June 1, 1960.

This man's wife has just had surgery for a malignant condition and it would be a great hardship for him to leave the service at the present time. I do not have the date of retirement scheduled for Mr. Carollo but will appreciate your every sympathetic consideration of his request.

May I have your report.

Sincerely,

John B. Bennett

JOHN B. BENNETT

f/d

26-12

PE-1
19 January 1960

From: Commandant
To: CARCILLO, Domenic (n) (214-599) BM1(AN), USCG
Via: (1) Commander, Ninth Coast Guard District (p)
(2) Commander, Coast Guard Group Marquette

Subj: Postponement of retirement; disapproval of

Ref: (a) Your ltr PE-4 dtd 2 Jan 60
(b) Personnel Instruction 35-58

1. Your request for postponement of 20-year retirement, contained in reference (a), is disapproved. It is not considered that the reasons set forth in your request fulfill the requirements of reference (b).

J. H. WAGLINE
By direction

R.D.MELLETTE:vs ret to 3-11

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED PE-61 D.G.

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

[X] WITH LEAVE

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[ ] COMMUTED RATIONS or BAS, if any, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

	HOUR	DATE
DEPARTURE	1200	4-16-60
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	0800	4-25-60
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		Eight(8)

* *These items to be completed in connection with leave to visit the United States only*

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

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

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			
ON COMPLETED NET SERVICE OF			

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 furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	AT $ PER DAY	AT $ PER MO.

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 [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

On Annual Leave:

Terminate Comuted Rations: 1200, 16 April 1960
Commence Comuted Rations: 0800, 25 April 1960

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

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
E. L. Alban E. L. AIBAN	CHBOSN W-3, USCG - CO	178-60

SHIP OR STATION	SERVICE NUMBER OF A. C. O.
Grand Marais Lifeboat Station, Grand Marais, Michigan	

NAME *(Last)*	*(First)*	*(Middle)*	SERVICE NUMBER	RATE
CAROLLO,	Domenic	(n)	214-599	BMC

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958—J-458948

Folder 3-13

VETERANS ADMINISTRATION

REQUEST FOR ALLOTMENT CHANGE
LIMITED PAY LIFE - ENDOWMENT POLICY

UNITED STATES GOVERNMENT LIFE INSURANCE

1. FILE NO. FK 1113655

2. POLICY NO. K

3. SERVICE NO. 2,4599

4. CLASS OF ALLOTMENT D

TO

- ☐ GOVERNMENT INSURANCE ALLOTMENT DIVISION. FINANCE CENTER DEPARTMENT OF THE ARMY
- ☑ ACTIVE SERVICE ☐ RETIRED PAY
- ☐ FINANCE CENTER DEPARTMENT OF THE AIR FORCE
- ☐ ALLOTMENT OFFICER DEPARTMENT OF THE NAVY
- ☑ COAST GUARD ALLOTMENT OFFICER DEPARTMENT OF THE TREASURY
- ☐ MARINE CORPS ALLOTMENT OFFICER DEPARTMENT OF THE NAVY

23

5. LAST NAME - FIRST NAME- MIDDLE NAME OF INSURED: CAROLLO DOMENIC

6. DATE PREMIUM PAYMENT PERIOD ENDS: 10-31-59

The premium payment period for this policy ends on the date shown in Item 6. Please have the insured authorize the action shown in Item 7 and in Item 8, if checked.

☑ 7. DISCONTINUE ALLOTMENT

☐ 8. ESTABLISH ALLOTMENT

7A. AMOUNT $202

7B. EFFECTIVE DATE 9/59

8A. AMOUNT $

8B. EFFECTIVE DATE

8C. POLICY NO.

9. PREPARED BY (Signature and title) Barthmann Prem Rec Clerk PAIT WRK

10. DATE 7-31-59

V A FORM JAN 1957 **9-94** SUPERSEDES VA FORM 9-94, AUG 1956, WHICH WILL NOT BE USED.

VA-DC-242621

UNITED STATES COAST GUARD

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

PTP-2
P14-1/AC

Dear Sir:

You are authorized to compete in the examination for appointment to the United States Coast Guard Academy. Presenting this letter as your authority, you may report to

at 8:00 A. M. (local time) on 24 and 25 February 1959. The examination will be conducted only as shown on the enclosed schedule.

On the second day of the examination you will be given an interview. At this time you must give the interviewing officer an unmounted photograph of yourself, not smaller than 2½"by 4" nor larger than 4" by 5", with your name plainly written on the back. The photograph will be used for identification purposes, and if you qualify for appointment it may be used for newspaper publicity.

After the written examinations have been graded and an eligibility list established each candidate whose standing is high enough to merit appointment will be examined physically. Those who qualify in the physical examination will be offered appointments as Cadet, U. S. Coast Guard.

To complete your application you will be required to supply, as soon as it is available, a transcript of any high school or college work now in progress.

The government cannot pay any of your expenses in connection with this examination. If you have any difficulty in complying with these directions, please inform the Commandant.

Sincerely yours,

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 (Rev. 12-57)
Form Approved By
Comptroller General, U. S.
January 9, 1958

INDIVIDUAL ORDER TO ADJUST PAY RECORD.

PC-82

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

[X] WITH LEAVE

[X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable

[ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable

[ ] S&FD pay to be checked, leave within the United States

[ ] S&FD pay not to be checked, leave outside United States

[ ] WITHOUT LEAVE not excused as unavoidable

[X] COMMUTED RATIONS ~~BAS, if any~~, are to be checked

[ ] OVER LIBERTY not excused as unavoidable

	HOUR	DATE
DEPARTURE	1600	10-1-59
ARRIVED U. S.*		
LEAVE OR LIBERTY EXPIRED	2300	10-4-59
DEPARTED U. S.*		
RETURNED TO COAST GUARD JURISDICTION		
NUMBER DAYS CHARGED TO LEAVE RECORD		03

NOTED TDG.

* *These items to be completed in connection with leave to visit the United States only*

Credit leave rations and/or check pay in accordance with the Comptroller's Manual

2. CHANGE RATE

TO	FROM	EFFECTIVE DATE

AUTHORITY	DATE AUTH. REC'D

3. CHANGE IN SERVICE FOR PAY PURPOSES

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

ON

	YEARS	MOS.	DAYS
* OTHER SERVICE			
COAST GUARD SERVICE			
COMPLETED NET SERVICE OF			

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 furnished for this period.

5. SUBSISTENCE ALLOWANCE *(Rations in kind not available or furnished)*

FROM *(Hour & Date)*	TO *(Hour & Date)*	AT $ PER DAY

6. QUARTERS ALLOWANCE *(No Government Quarters available)*

FROM	TO	
		AT $ PER DAY
		AT $ PER MO.

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 [ ] OTHER *(Specify)*

8. MISCELLANEOUS PAY ORDERS

Commuted Rations Terminated: 1600, 1 October 1959
Commuted Rations Commenced: 2300, 4 October 1959

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below named individual for the

File 3-13

PS-1
L-13
13 August 1959

From: Commandant
To: Commanding Officer, Grand Marais Lifeboat Station, USCG
Via: Commander, Ninth Coast Guard District (f)

Subj: CAROLLO, Domenic (214-599) BMC(AN), USCG; U. S. Government Life Insurance, termination of premium paying period, FK 111 36 55

1. The Veterans Administration has notified this office that subject named man's policy issued under FK 111 36 55 will become paid-up on 31 October 1959.

2. It is requested therefore, that the allotment in the amount of $2.02 be discontinued with month of last payment September 1959 and that the allotment form be submitted to Commandant (PS) as soon as possible. The allotment discontinued September 1959 will pay the premium through 31 October 1959.

8/13/59

M. J. MAYER
[illegible]irection

File 3-13

PS-1
L-13
13 August 1959

From: Commandant
To: Commanding Officer, Grand Marais Lifeboat Station, USCG
Via: Commander, Ninth Coast Guard District (f)

Subj: CAROLLO, Domenic (214-599) BMC(AN), USCG; U. S. Government Life Insurance, termination of premium paying period, FK 111 36 55

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8/13/59

M. J. MAYER
By direction

REQUEST FOR INVESTIGATION FOR PERSONNEL SECURITY CLEARANCE
OPNAV FORM-5520-1 (REV. 5-53)

A FROM *(Include mailing address)*

Marquette, Michigan

REFER TO FILE

TO

COMMANDANT (OIN)

DATE

29 June 1956

SUBJECT *(Name of person to be investigated)*	RANK-RATE-GRADE	SERIAL NUMBER	DATE OF BIRTH
CAROLLO, Domenic (n)	BMC	214-599	2 January 1912

Ref: (a) Chapter 15. U.S. Naval Security Manual for Classified Matter, 1951, OPNAV INSTRUCTION 5510.1
(b) OPNAV INSTRUCTION 5520.5

Encl: (1) ☐ One (1) set ONI Form-5510-397, Agency Check Request
(2) ☐ One (1) set OPNAV Form-5510-2, Fingerprint Card
(3) ☐ Four (4) DD-398, Statement of Personal History

1. In accordance with reference (a) it is requested that an appropriate investigation of subject be conducted as indicated below.
2. This investigation is deemed essential to security, and I certify that:
   a. Subject's duties require access to classified material and information up to and including

☒ Confidential ☐ Secret ☐ Top Secret ☐ Cryptographic

   b. ☐ Subject will be a member of board as specified in Article 1503, paragraph 3b, (1)(c) of reference (a).

3. All records of this command have been checked and no derogatory information or record of previous investigation or clearance has been disclosed. (If pertinent information is disclosed give details on attached sheet).
4. Subject claims previous clearance. ☐ YES ☒ NO

Activity at which Clearance Claimed — *Date of Clearance*

JOHN KINNUNEN, ~~WINNEY~~ CHOSN, W-2, USCG, CO
This Request Authorized by — *Signature* — *Title*

B NOTICE OF CHANGE OF DUTY OR EMPLOYMENT

DATE _____

The subject of this request is now under cognizance of this Command. It is certified that the investigation requested above is necessary and it is requested that the results of the investigation be forwarded to:

ADDRESS

Signature — *Title*
This information to be recorded on copy retained in personnel file

C NOTICE OF CANCELLATION: (Forward to cognizant Intelligence Office)
It is requested that this investigation be cancelled.

Subject has ☐ been released from duty ☐ been discharged ☐ resigned ☐ transferred and clearance not needed.

PE-70

SIGNED: _____

DATE: _____

COMDT (PE)

NOTED
I.D.G.

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	1600	3 October 1957
LEAVE OR LIBERTY EXPIRED	0800	8 October 1957
RETURNED TO COAST GUARD JURISDICTION	0700	8 October 1957

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 _____ (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	M. F. CRAMER	CHBOSN W-2, Grp Commander	68-58

SHIP OR STATION	NAME OF A. C. O.
Grand Marais LBSta, Grand Marais, Michigan	

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
CAROLLO, Domenic (n)	214-599	BMC(AN)

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 2

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. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC	1-2-12	Catholic

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
625 E. Main Street Iron Mountain, Michigan	☐ Yes ☒ No (DATE LAST ENTRY)	NONE
		9. SOCIAL SECURITY NO. 368-40-4083

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica G. Carollo	2220 N. 20th St. Sheboygan, Wisconsin

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Angela J. Carollo	"Same as No. 10"		X	F	8-9-52
Mary K. Carollo	"Same as No. 10"		X	F	7-16-53

12. FATHER DECEASED	ADDRESS
13. MOTHER Angela Carollo	ADDRESS 625 E. Main St., Iron Mountain, Michigan
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Mrs. John Campra (Sister)	ADDRESS 525 E. Main St., Iron Mountain, Michigan

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
Monica K. Carollo	"Same as No. 10"

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Angela Carollo	"Same as No. 6"	Mother
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Monica K. Carollo	"Same as No. 10"	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Monica K. Carollo	"Same as No. 10"	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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.
USGI	Treasury Dept., Washington, D. C.	UNK

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Grand Marais LBSta, Grand Marais, Michigan (Grp Marquette)	20 December 1957

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
W. F. Cramer W. F. CRAMER, CHBOSN W-2, USCG	Domenic Carollo Domenic (n) Carollo

PE-68

DD FORM 1 Dec 56 93-1 Previous Editions are obsolete.

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

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. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC	1-2-12	Catholic

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
625 E. Main Street Iron Mountain, Michigan	☐ Yes ☒ No (DATE LAST ENTRY)	NONE
		9. SOCIAL SECURITY NO. 368-40-4083

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica G. Carollo	2220 N. 20th St. Sheboygan, Wisconsin

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Angela J. Carollo	"Same as No. 10"		X	F	8-9-52
Mary K. Carollo	"Same as No. 10"		X	F	7-16-53

12. FATHER DECEASED	ADDRESS
13. MOTHER Angela Carollo	ADDRESS 625 E. Main St., Iron Mountain, Michigan
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Mrs. John Campra (Sister)	ADDRESS 525 E. Main St., Iron Mountain, Michigan

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE			

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
Monica K. Carollo	"Same as No. 10"

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Angela Carollo	"Same as No. 6"	Mother
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Monica K. Carollo	"Same as No. 10"	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Monica K. Carollo	"Same as No. 10"	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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.
USGI	Treasury Dept., Washington, D. C.	UNK

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Grand Marais LBSta, Grand Marais, Michigan (Grp Marquette)	20 December 1957

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. F. Cramer M. F. CRAMER, CHBOSN W-2, USCG	Domenic Carollo

DD FORM 1 Dec 56 93-1 Previous Editions are obsolete.

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

FILE 3-13

USCGC INGHAM (WPG-35)
(Ship or Station)

(Date) 11 February, 1952

From: CAROLLO, Domenic (n) (214-599) BMC USCG
(Surname, first, middle, Service No.)
To: Veterans Administration, Washington 25, D. C.
Via: 1. Authorized Certifying Officer
2. 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 (policies) (Policy Number, if known):

AMOUNT OF INSURANCE: $4,000. AMOUNT OF PREMIUM: $3.24

DATE OF BIRTH: 1/2/12 DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 3/21/49

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 (policies).

Domenic Carollo
(Full signature of insured)

625 E. Main St., Iron Mountain, Mich.
(Mailing address for insurance purposes)

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.

R.C. DAVIS, LCDR, USCG
(Signature and rank of witnessing officer)

Ind-1 (Date) 11 February, 1952

From: Authorized Certifying Officer CGC INGHAM (WPG-35) (Name of unit)
To: Veterans Administration, Washington 25, D. C.
Via: Commandant (PMM)

1. Forwarded. Allotment in the amount of $3.24 first payment January (month) 1950 (year) for the payment of USNSLI (USGLI or USNSLI)

premiums stopped with last deduction January, 1952
(Month and year)

M. I. FRENCK, PCLK, USCG
(Signature of authorized certifying officer)

(Prepare in Triplicate)

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2927 (Rev. 4-48)

3-13

DISTRIBUTION UNIT
Number
Commander
C. G. Group Marquette
Address
Marquette, Mich.

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
WORLD WAR 1i VICTORY MEDAL
AND
AREA CAMPAIGN MEDALS

PE-83 FILE SPH

INSTRUCTIONS
Return this form to Commandant (PMM), U.S.Coast Guard, Washington 25, D. C. Typewrite or print in ink.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
CAROLLO,	Domenic	(n)

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
214-599	BMC	CG Group Marquette, Michigan

HOME ADDRESS *(Give Number, Street, City, Zone No., and State only if separated from the service)*

INDICATE STATUS BY CHECK MARK AND UNDERSCORE ABBREVIATION APPLICABLE

- [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)
- [ ] Deceased - Ex-USCG, USCGR, USCGR(T) or USPHS

B. STATEMENT OF ELIGIBILITY

Fill in this statement if 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.

- [ ] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [ ] World War II Victory Medal (No Clasp)
- [x] NATIONAL DEFENSE SERVICE MEDAL
- [ ] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Domenic Carollo
Domenic Carollo
(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.

- [ ] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [ ] World War II Victory Medal (No Clasp)
- [X] National Defense Service Medal
- [ ] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Domenic Carollo
Domenic Carollo
(Recipient sign here)

(Do not sign unless awards are actually received)

A 8555

ORIGINAL

RECORD OF EMERGENCY DATA
See instructions on rev.

1. DESIGNATOR'S LAST NAME - FIRST - MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC(AN)	2 Jan 12	CATHOLIC

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Grand Marais Lifeboat Station Grand Marais, Michigan	XX YES ☐ NO 21 Years	- - -
		9. SOCIAL SECURITY NO. # 368 - 40 - 4083

FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica K. Carollo (Wife)	Grand Marais LBSta, Grand Marais, Michigan

11. NAME OF CHILDREN	ADDRESS	MARRIED yes	MARRIED no	SEX	DATE OF BIRTH
Monica Grace Carollo	Same as wife		X	F.	
Angela J. Carollo	"		X	F.	
Mary K. Carollo	"		X	F.	

12. FATHER Anton Carollo (deceased)	ADDRESS ------
13. MOTHER Angela Carollo	ADDRESS 625 E. Main St., Iron Mountain, Michigan
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Catherine Campra (Sister)	ADDRESS 525 E. Main St., Iron Mountain, Michigan

14a. ALL PERSONS RECEIVING MORE THAN 50% of THEIR SUPPORT FROM ME - (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE of BIRTH
- - -			

15. PERSON(S) NAMED ABOVE WHO ARE TO BE NOTIFIED DUE TO ILL HEALTH Monica K. Carollo (Wife)	ADDRESS Grand Marais LBSta, Grand Marais, Michigan	

DESIGNATIONS

	FIRST NAME - MIDDLE NAME - LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P.L. 88) 84th CONGRESS)	Angela Carollo	See Block #13	Mother

17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P.L. 147, 84th Congress) PERCENTAGE OF SHARES MUST TOTAL 100 PERCENT	100 %	Monica K. Carollo	Same as Block # 10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS	PERCENT OF PAY EACH MO. 100	Monica K. Carollo	"	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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
-	-	-

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG, Grand MaraissLifeboat Station, Grand Marais, Michigan	25 March 1958

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. F. Cramer M. F. CRAMER, CHBOSN W-2, USCG, CO	Domenic Carollo Domenic Carollo

DD FORM 1 Dec 53 93-1 PREVIOUS EDITIONS ARE OBSOLETE.

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. DATE OF BIRTH	5. RELIGION
CAROLLO, Domenic (n)	214-599	BMC(AN)	2 JAN 12	Catholic

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Grand Marais Lifeboat Station Grand Marais, Michigan	☒ YES ☐ NO 25 MAR 58 (DATE LAST ENTRY)	Same 9. SOCIAL SECURITY NO. 368-40-4083

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Monica K. Carollo	Grand Marais Lifeboat Station Grand Marais, Michigan

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Monica Grace Carollo	Same as No. 10		X	F	8-8-50
Angela J. Carollo	" " " "		X	F	7-21-52
Mary K. Carollo	" " " "		X	F	7-9-53
Michael Domenic Carollo	" " " "		X	M	6-12-58

12. FATHER Anton Carollo (Deceased)	ADDRESS
13. MOTHER Angella Carollo	ADDRESS 625 E. Main St., Iron Mountain, Michigan
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Catherine Campra (Sister)	ADDRESS 525 E. Main St., Iron Mountain, Michigan

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH Monica K. Carollo (Wife)	ADDRESS Grand Marais LBSta, Grand Marais, Michigan

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Angela Carollo	Same as No. 13	Mother
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100	Monica K. Carollo	Same as Block No. 10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Monica K. Carollo	Same as No. 10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies 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.

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
USCG, Grand Marais Lifeboat Station, Grand Marais, Michigan	13 January 1959

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
M. F. Cramer M. F. CRAMER, CHBOSN W-3, USCG - CO	Domenic Carollo Domenic Carollo

DD FORM 1 Dec 56 **93-1**

Previous Editions are obsolete.

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

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:

ON 6 November 1956 (*Date*) COMPLETED 20 years.

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE	20	0	0
NET SERVICE OF	20	0	0

* *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:

PE-88

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 XXXXXXXXXXXX ONLY (*Number*)	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	M. F. CRAMER	CHBOSN W-2, USCG - CO	32-59

SHIP OR STATION: Grand Marais Lifeboat Sta., Grand Marais, Michigan

NAME OF A. C. O.:

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

(PE)

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.D.G.

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	20	00	00
NET SERVICE OF	20	00	00

ON 5 November 1956 (*Date*) COMPLETED 20 Yrs.

* *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

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EFFECTIVE FOR ITEM (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
XXXXXXXXXXXXXXXX	M. F. CRAMER	CHBOSN W-3, USCG - CO	52-59

SHIP OR STATION	NAME OF A. C. O.
Grand Marais LBSta, Grand Marais, Mich. (Grp Marquette)	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	BMC(AN)

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 2

CPE1

Ketchikan, Alaska

3-13

Commanding Officer
CGC SWEETBRIER (WAGL-405)

7 April 1955
P16-3/MM

From: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
To: Commandant (PE)
Via: (1) Commanding Officer, CGC SWEETBRIER (WAGL-405)
(2) Commander, 17th Coast Guard District (p)

Subj: Assignment to U. S. Naval Mission, Haiti; request for

Ref: (a) Weekly Report of Activities No. 12-55

1. It is requested that I be considered for transfer to the U. S. Naval Mission, Haiti, as outlined in reference (a).

2. The expiration date of my current enlistment is 20 March 1958.

DOMENIC CAROLLO

FIRST ENDORSEMENT on CAROLLO's ltr dtd 4/7/55

8 April 1955

From: Commanding Officer CGC SWEETBRIER (WAGL-405)
To: Commandant (PE)
Via: Commander, 17th Coast Guard District (p)

1. Forwarded approved provided suitable replacement is provided prior to transfer. COROLLO is believed to have all of the required qualifications for the assignment. He advises that he has no background in French, however, he advises that he speaks and understands Italian well.

L. J. GLATZ

3-13 file

3-11

p
14 April 1955
P16-3/MM

SECOND ENDORSEMENT on CAROLLO's letter P16-3/MM of 4-7-55

From: Commander, Seventeenth Coast Guard District
To: Commandant (PE)

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN); request for assignment to U.S. Naval Mission, Haiti, forwarding of

1. Forwarded recommending favorable consideration.

2. In the event that CAROLLO's request is approved, relief of similar rating is requested.

R. W. THRESHER
By direction

55 APR 18 13 47

PEA-A

PE-68

UNITED STATES COAST GUARD
Ketchikan, Alaska

ADDRESS REPLY TO
Commanding Officer
CGC SWEETBRIER (WAGL-405)
REFER TO FILE

RECEIVED
APR 14 1955
U. S. COAST GUARD
CDR 17th CG District

7 April 1955
P16-3/MM

From: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
To: Commandant (PE)
Via: (1) Commanding Officer, CGC SWEETBRIER (WAGL-405)
(2) Commander, 17th Coast Guard District (p)

Subj: Assignment to U. S. Naval Mission, Haiti; request for

Ref: (a) Weekly Report of Activities No. 12-55

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Domenic Carollo
DOMENIC CAROLLO

- -

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8 April 1955

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To: Commandant (PE)
Via: Commander, 17th Coast Guard District (p)

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L. J. GLATZ

p
14 April 1955
P16-3/MM

SECOND ENDORSEMENT on CAROLLO's letter P16-3/MM of 4-7-55

From: Commander, Seventeenth Coast Guard District
To: Commandant (PE)

Subj: CAROLLO, Domenic (n) (214-599) EMC(AN); request for assignment to U.S. Naval Mission, Haiti, forwarding of

1. Forwarded recommending favorable consideration.

2. In the event that CAROLLO's request is approved, relief of similar rating is requested.

R. W. THRESHER
By direction

...S AUTHORIZATION

842223

☐ START ☒ STOP ☐ SUPERSEDING ☐ NO.

F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO. 1,538,454	(Number ↑)
		SERVICE NO. 214-599	SERVICEMAN'S NAME (Last, first, middle) CAROLLO, Domenic	RATE BM1	PREVIOUS SERV. NO.

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	11-47	Monica K. Carollo % Port Washington Breakwater	Wife			A					
X X X				11-49	Light Station Port Washington, Wisconsin									X X X
	X X X	88	P	11-47	Angela Carollo 625 East Main Street	Mother			B-1					
X X X				11-49	Iron Mountain, Michigan									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													
X X X														X X X

DISCONTINUANCE

	TOTALS ←	DATE OF APPLICATION	DATE REPORTING FOR ACTIVE DUTY	DATE INITIAL PAYMENT AUTHORIZED	TOTAL RETROACTIVE AMOUNT	

REMARKS

FA Amount--$100. Lump sum checkage FA 10-49 thru 11-49--$200.

Entitlement ceased 9-49.

PE-6B

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE kg 6 December 1949

Chief, FA Section

BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

AUTHORIZATION

☐ START ☐ STOP ☒ SUPERSEDING ☐ NO. 1,538,454

F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO. 9,025,361	DISCONTINUES NO.	(Number ↑)
		SERVICE NO. (214-599)	SERVICEMAN'S NAME (Last, first, middle) CAROLLO, Domenic	RATE B.M.1c.(AN)	PREVIOUS SERV. NO. Same

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	N.C.	P	11-47	Monica K. Carollo, Port Washington Breakwater, Light Station, Port Washington, Wisconsin.	Wife			A					
X X X														X X X
	X X X		P	11-47	Angela Carollo, 625 East Main Street, Iron Mountain, Michigan.	Mother			B-1					
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
	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

REMARKS

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE 19 December, 1947

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

S AUTHORIZATION

☒ START ☐ STOP ☐ SUPERSEDING ☐ NO. 9,025,361

DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
F.C.C. PREVIOUS	SERVICE NO. (214-599)	SERVICEMAN'S NAME (Last, first, middle) CAROLLO, Domenic	RATE B.M.1c.(AN)	PREVIOUS SERV. NO.

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	PS	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	X X X		P	11-47	Monica K. Carollo, Port Washington Breakwater Light Station, Port Washington, Wisconsin.	Wife			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
	X X X													
X X X														X X X
	X X X													
X X X														X X X
		TOTALS ←	DATE OF APPLICATION 11-1-47		DATE REPORTING FOR ACTIVE DUTY 3-13-47		DATE INITIAL PAYMENT AUTHORIZED None		TOTAL RETROACTIVE AMOUNT					

REMARKS

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

Is 28 November, 1947
DATE

Chief, PA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

Form 324-C
H. C. MILLER CO., MILWAUKEE, 11-43

WISCONSIN STATE BOARD OF HEALTH
Bureau of Vital Statistics

COPY OF ORIGINAL

State of Wisconsin

Certificate of Marriage

Local Register Number: 781 Filing Date:

GROOM

Name: Domenic Carollo (Please print)

Residence { Town / Village / City }: 625 E. Main St., Iron Mountain

County: State: Michigan

Date of Birth: 1-2-1912 Age: 35 Color: white

Birthplace County: Dickinson State: Michigan

Marital status: { Single / Widowed / Divorced } Number of previous marriages: one

Relationship to Bride: none

Occupation: U. S. Coast Guard

Father's name: Anton

Mother's maiden name: Angela Pessavento

Date of Prev. Marriage: 1-17-1943

To Whom Married: Gertrude Olsen Date of Death: 5-30-46

Was a special dispensation issued? none

BRIDE

Name: Monica K. Godfrey (Please print)

Residence { Town / Village / City }: 2118 N. 20th St., Sheboygan

County: Sheboygan State: Wisconsin

Date of Birth: 8-15-1916 Age: 31 Color: white

Birthplace County: Sheboygan State: Wisconsin

Marital status: { Single / Widowed / Divorced } Number of previous marriages: none

Relationship to Groom: none

Occupation: Registered Nurse

Father's name: Robert Thomas

Mother's maiden name: Grace Ogle

Bride's maiden name:

County Clerk: License No. 781 Issued October 15th 19 47, by Ernst L. Kaufmann, Count, Cler

CERTIFICATE OF MARRIAGE:

Officiating Person:

I, Rev. George J. Knackert (Please print), hereby certify that on the 18th day of October, 19 47, at the St. Dominic's Church (church, etc.) within the (Town, Village, City) of Sheboygan, County of Sheboygan, State of Wisconsin the above named groom and bride were by me united in marriage as authorized by a Marriage License issued for that purpose by th

Place of Marriage:

County of: Sheboygan

Town (or) Village (or) City of: Sheboygan

To be filled in by— Clerk of Sheboygan County, State of Wisconsin, numbered 781 and dated th

15th day of October, 19 47.

Official designation:

Signature: Geo. J. Knackert

My credentials are filed in the office of Clerk of Circuit Court Sheboygan County.

Post Office Address: 1942 N. 21st St., Sheboygan, Wis.

Witnesses: We, the undersigned, were present at the marriage of the above named groom and bride, as set forth in the foregoing certificate, at the request, and heard their declarations that they took each other for husband and wife.

Signatures of Two Witnesses: Aldo Carollo, Patricia Helen Godfrey

Filed with Local Registrar Oct. 20, 19 47. G. J. Hildebrand, Local Registr

The marriage certificates marked duplicate and triplicate duly signed shall be given by the officiating person to the persons married by him, and the certificate marked original legibly and completely filled out with unfading ink shall be returned by such officiating person, or in the case of a marriage ceremony performed without an officiating person, then by the parties to the marriage contract, or either of them, to the officiating person, then by the parties to the marriage occurs in a city, then to register of deeds of the county of marriage except when marriage occurs in a city, then to the city health officer, within three days from the date of marriage. (Sec. 245.25)

(214-599)

28 November, 1947

Mrs. Monica K. Carollo,
Port Washington Breakwater
Light Station,
Port Washington, Wisconsin.

Madam:

CAROLLO, Domenic (214-599)

Monica K. Carollo November, 1947

md

REC'D NOV 28 194/.

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.



ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

NOV 1 91947

Mrs. Angela Carollo
625 E. Main Street
Iron Mountain, Michigan

Dear Madam:

Application for family allowance in your behalf has been made by Domenic Carollo (214-599) BM1c

The Servicemen's Dependents Allowance Act of 1942, as amended, provides for payments to certain relatives of enlisted persons in the Coast Guard. Part of the money for such payments comes from the pay of the enlisted person and part of it comes from the Government.

The law provides allowances for the children of an enlisted person and for the wife of an enlisted man whether or not they are financially dependent on the enlisted person. In the case of any other relative, an allowance is payable only if such person is dependent upon the enlisted person for at least a substantial portion of his or her support. The law as amended divides these dependents (fathers and mothers, grandparents, brothers, and sisters) into two groups. Those who are dependent on the enlisted person for a substantial portion of their support are to receive family allowance in a total amount of $37 per month for the entire group of such dependents. Those who are dependent on the person in the service for the chief portion of their support (more than half) are to receive a family allowance which is substantially higher in amount.

If you decide to make a claim for an allowance, you must answer all questions on this form. If you have difficulty in answering these questions, you should obtain help from the local chapter of the American Red Cross, from some welfare organization in your community, or from any competent friend or businessman. When completed the form should be returned promptly in the enclosed envelope which requires no postage.

If you do not desire to claim dependency, you are requested to inform the Commandant, United States Coast Guard Headquarters, Washington 25, D. C., immediately in order that the amount deducted from the enlisted person's pay may be refunded.

By direction of the Commandant.

Yours very truly,

S. K. Flick

Chief, Family Allowance Section.

16—43348-1

DEPENDENCY AFFIDAVIT

NAVCG 2569 (REV. 1-45)

YOU MUST PUT A CHECK IN THE SQUARE OPPOSITE ONE OF THE FOLLOWING TWO STATEMENTS:

☑ 1. *I hereby certify that I am dependent for a portion of my support on the person in the service and I hereby make claim for family allowance.*

☐ 2. *I am not dependent for a portion of my support on the person in service and do not make claim for family allowance. (If this item is checked sign on last page, leave all other items blank and return the form.)*

FORM TO BE EXECUTED BY INDIVIDUALS CLAIMING DEPENDENCY

NOTICE: *If you make a claim for a family allowance as a dependent of an enlisted person in the Coast Guard, you are asked to give a full answer to EVERY question in this form. The answers you give will be considered as confidential by the Coast Guard. If the question does not apply, write NONE in the space provided.*

1. YOUR NAME (Last)	(First)	(Middle)	AGE
Carollo	Angela	Iron	60

RESIDENCE (Street address or R. F. D.)	(City or Post Office)	(Zone)	(State)	SOCIAL SECURITY NO.
625 East Main St.	Mountain	Mich.	none	

MARITAL STATUS

☐ Single ☐ Married ☐ Divorced ☐ Living apart under a legal separation ☑ Widowed

If your husband or wife is deceased or is divorced or separated from you, state date of death, divorce or separation: (Month) (Year) June 26, 1936

2. YOUR PRESENT OCCUPATION OR BUSINESS	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
none		$
YOUR HUSBAND'S (OR WIFE'S) OCCUPATION	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
none		$

3. IF THE WAGE EARNER IS UNEMPLOYED, STATE THE REASON

NOTE: If unemployment is due to mental or physical disability, a licensed doctor's certificate must accompany this form. If receiving compensation as a result of such disability state amount per week: $_____ per week.

4. If you maintain your own household, list all members below. (You need not give occupation, earnings, or date of birth of persons not related to you.)

NAME	BUSINESS OR OCCUPATION	MONTHLY EARNINGS BEFORE DEDUCTIONS	RELATIONSHIP TO YOU	DATE OF BIRTH MO.	DATE OF BIRTH YR.	PAYMENTS TO YOU FOR HIS OR HER ROOM AND BOARD (PER MONTH)	OTHER CASH CONTRIBUTED TO YOU (PER MONTH)
myself only		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$

5. If you do not maintain your own household, state the name and relationship of the person with whom you reside and the amount you pay for board and lodging per month: (Name) (Relationship to you) (Payment) $_____

16—43[illegible]1

6. LIST BELOW ALL YOUR LIVING CHILDREN (GIVE SERIAL NUMBER OF THOSE IN THE ARMED SERVICES), BUT OMIT EACH PERSON HERE WHO IS LISTED IN ITEM (4) ABOVE.

NAME AND ADDRESS (If in armed services, give serial number instead of address)	AGE	MARRIED OR SINGLE	BRANCH OF SERVICE, BUSINESS, OR OCCUPATION	PRESENT MONTHLY CONTRIBUTIONS TO YOUR SUPPORT	HAS HE OR SHE APPLIED FOR FAMILY ALLOWANCE IN YOUR BEHALF
SERVICE PERSON NAMED ON FRONT PAGE					
Domenic Carallo (214-599) BM1c	35	married 10-18-47			
OTHER CHILDREN					
Joe Carallo 109 Munson Bell, Cudahy, Wis.	37	married	machinist	none	no
Aldo Carallo 3326 N. 29th St. Milwaukee	27	single	machinist	$15 to $20	"
Attilio Carallo Sheridan Park, Cudahy, Wis.	25	married	salesman	none	"
Mrs John Campera 525 E. Main St, Manitowoc	39	married	housewife	none	"
Mrs Irene Nowak 625 E Main St Manitowoc	34	married	housewife	none	"
Sister Mary Antolin mother superior	31	single	nun	none	"
Marie Carallo cousin Tech. Milwaukee 109 N. Palm Drive, Beverly Hills, Calif.	28	single	X-ray tech. student	$5 to $10	"

7. What income was received by you or your husband (or wife) per month during the past year from the following sources (if none, so state):

SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR	SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR
WAGES OR SALARIES	none		INTEREST ON BONDS, INVESTMENTS, SAVINGS	none	
SALE OF LIVESTOCK OR POULTRY	none		CONTRIBUTIONS FROM RELATIVES	Receives some cash for birthdays & X mas from children	
SALE OF FARM PRODUCE	none		OLD-AGE ASSISTANCE	none	
ALIMONY OR SUPPORT PAYMENTS	none		OTHER ASSISTANCE FROM WELFARE AGENCIES	none	
SOCIAL SECURITY PAYMENTS OR OLD-AGE AND SURVIVORS INSURANCE	none		UNEMPLOYMENT OR DISABILITY COMPENSATION	none	
PAYMENTS FROM INSURANCE OR PRIVATE PENSION	none		OTHER SOURCES OF INCOME (Specify below)	none	
RENTS RECEIVED FROM PROPERTY	none				

8. DO YOU LIVE ON A FARM? ☐ YES ☑ NO IF YES, STATE MARKET VALUE OF FARM PRODUCTS USED IN YOUR HOME DURING PAST 12 MONTHS: $

9. HOW MUCH RENT DO YOU PAY PER MONTH OR, IF YOU LIVE IN YOUR OWN HOME, HOW MUCH ARE YOUR MONTHLY PAYMENTS? $ none

10. STATE AMOUNT OF OTHER LIVING EXPENSES PER MO. $60 to $75. is the average monthly expense

11. LIST BELOW ALL REAL ESTATE AND PERSONAL PROPERTY, INCLUDING CASH, STOCKS, BONDS, ETC., OWNED BY YOU AND YOUR HUSBAND (OR WIFE). (DO NOT INCLUDE YOUR HOME OR FURNITURE OR HOUSEHOLD EQUIPMENT.)

DESCRIPTION	VALUE	ENCUMBRANCES
willed to me & sons 2 lots	$ $100 each	
20 acres of land	$ $200	$
one $18.75 U. S. Saving Bond	$ $18.75	yrly interest
	$	$

12. LIST ANY LARGE DEBTS OWED BY YOU OR YOUR HUSBAND OR WIFE:

DESCRIPTION	AMOUNT
none	$
	$
	$
	$
	$

(Please turn page)

13. Itemize by months, the amounts contributed to you (or to your husband or wife) by the enlisted person during the preceding twelve months:

MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH		MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH	
			ROOM AND BOARD	OTHER CONTRIBUTIONS				ROOM AND BOARD	OTHER CONTRIBUTIONS
Dec 46	U.S. Coast Guard	?	none	$50.	July 47		?	none	50.
Jan 47			"	"	Aug 47			"	50
Feb 47			"	"	Sept 47			"	50.
Mar 47			"	"	Oct 47			"	50
April 47			"	"	Nov 47			"	50.
May 47			"	"					
June 47			"	"					

14. List below other contributions made to you by this enlisted person in the form of labor or goods. If he or she did not contribute previously because he (or she) was too young or was unemployed, explain briefly why you consider yourself to be dependent upon this enlisted person at this time:

Have $50. monthly from my son Dominic since Dec. 46 for my support thru allotment from the U. S. Coast Guard. Was previously supported by son Attilio, but can not do so now.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; I FURTHER CERTIFY THAT I WILL NOTIFY U. S. COAST GUARD HEADQUARTERS, WASHINGTON 25, D. C., AT ONCE OF ANY CHANGE IN THE FINANCIAL CIRCUMSTANCES OF ANY OF THE PERSONS LISTED IN THIS FORM OR OF ANY CHANGE IN THEIR STATUS SUCH AS MARRIAGE OR DEATH.

Mrs Angela Carollo
(Signature)

NOTE: *Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.*

IMPORTANT

1. IF YOU ARE MAKING A CLAIM FOR A FAMILY ALLOWANCE, HAVE YOU FILLED IN ALL THE BLANKS ON THIS FORM? Yes
2. IF THE WAGE EARNER IS UNEMPLOYED BY REASON OF PHYSICAL OR MENTAL DISABILITY, HAVE YOU ATTACHED A DOCTOR'S CERTIFICATE TO THIS FORM?

FORM APPROVED
BUDGET BUREAU No. 45-R070-1
APPROVAL EXPIRES 1 AUGUST 1945

U. S. GOVERNMENT PRINTING OFFICE 16—43348-1

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-633

SUPPLEMENTAL APPLICATION

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Port Washington Brkw. Lt. Station Port Washington, Wisconsin REC'D NOV 18 1947	11-1-47	3-13-47

[X] BUREAU OF NAVAL PERSONNEL [X] COMMANDANT U. S. COAST GUARD [ ] COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last) (First) (Middle)	SERVICE NUMBER	RATING
CAROLLO, Domenic --	214-599	BM1c (AN)

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	Monica Katherine Carollo Port Washington Brkw.Lt.Sta., Port Washington, Wisconsin	Wife				
2	X	Angela Carollo 625 E. Main Street Iron Mountain, Michigan	Mother				$50.00
3							
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

PLACE OF PRESENT MARRIAGE: Sheboygan, Wisconsin — DATE OF MARRIAGE: 10-18-47 — 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? [X] YES [ ] NO — IF SO, HOW WAS MARRIAGE DISSOLVED [X] 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: Copy of marriage license attached.

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

Subscribed and sworn to before me this 4th day of November 1947

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

T. F. SULLIVAN — *(Signature of attesting officer)*

Lieut., USCG. — *(Title)*

Domenic Carollo — *(Signature of Serviceman)*

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

(214-599) 19 December, 1947

Angela Carollo,
625 East Main Street,
Iron Mountain, Michigan.

Madam,

CAROLLO, Domenic (214-599)

Angela Carollo, November, 1947

is

NAVCG-9731

Date: 6 December 1949 MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

CAROLLO, Domenic (214-599)	BM1	9th CGD
Name	Rating	Unit

Class A & B-1	$27.00	Began: Nov. 1947 Term: Sept. 1949
Disbursing Officer	Monthly Checkage	Month of First Entitlement

88 Lump sum checkage FA 10-49 thru 11-49--$200.

S. K. FRICK
Chief, FA Section

1920
kg

NOV 28 1949

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS.
NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES.

CAROLLO, Domenic (n)	214-599	BM1
(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.

(X) 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: $ 73.00
FA: A and B
Month first payment 11/47
FA amount . . . . . $ 100.00
Name of payee . . . . Monica K. Carollo & Angela Carollo
Lump Sum checkage FA-$ 200.00 (10/49 & 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.--$73.

Chief, Military Morale Division.

PE-3
16 July 1957
MM/P2/9

From: Commandant
To: Commander, CG Group, Marquette, Michigan
Via: Commander, Ninth Coast Guard District (p)

Subj: Personnel Diary; correction of

1. MC. 010, 4-6-57 indicates that Domenic (n) CAROLLO (214-599) BMC reported 0800 from 5 days ALREG, however, inasmuch as he departed on this leave on 4-1-57 (MC. 001) it appears that he used only 4 days leave. In order that HQ records may be corrected an appropriate corrective entry should be made on the next daily diary submitted.

7-16-57

A. E. McLANE
By direction

SHIELDS: 1s return to 3-13

File 3/13

Waukegan, Illinois
Waukegan Harbor Lt. Sta. 18 March, 1950

file: 707

From: OinC Waukegan Harbor Light Station, Waukegan, Illinois.
To: Veterans Administration, Washington 25, D.C.
Via: Commander 9th Coast Guard District, Cleveland, Ohio.

Subj: CAROLLO, Domenic (214-599) BM1 USCG, NSLI, Review of.

1. National Service Life Insurance policy No. N-1 123 210 in the amount of $9,000 issued to subject man expired on 12-31-49.

2. This policy was converted to $5,000 20 pay life and $4,000 NSLI. Checks to cover first payments were forwarded with the applications and acknowledgent of the remittance has been received from your office. Allotments from service pay in the amounts of $13.50 for $5,000 20PL and $3.24 for $4,000NSLI has been made to meet monthly premiums.

3. On 18 March, 1950 I received NSLI policy no. V 1415- 22 - 49 with face amount of insurance $9,000 carrying a monthly premium of $7.29 effective date 1- 01 - 1950.

4. It is requested that my insurance policy be reviewed and checked for possible errors.

214-599
Domenic Carollo BM1 USCG

Ind-1

21 March, 1950
File: pmp 73

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

Forwarded. Subject man's pay record indicates that he is paying $16.74 to the Treasurer of the United States for NSLI premiums.

C. D. BUDD
By direction

RE-10

Hq (PE)

209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

GM
22 August 1953
P16-4/MM

ORDER NO. 1465-53

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG - PRESENT

Subj: Orders, transfer, travel

PE-67

1. In accordance with COMDT (PE-2) ltr. dated 17 June 1953, file MM/P16-3/5 and C5CGD ltr. dated 23 June 1953, file GD5/MM/P16-4/1, as amended by C5CGD/D 162/35Z (JULY'53), you are directed to proceed and report to the Commanding Officer, CG Base, Seattle, Washington, for further transfer to the Commander, Seventeenth CG District for assignment to duty.

2. Travel necessary to the execution hereof is required by the public interests and is chargeable against Hq allotment symbol 99-20, authorization number 519193. Travel by government transportation when available outside the continental limits of the United States is directed. For government aircraft, priority three is certified.

3. Your Service, Health and Pay Records are handed you herewith for safe delivery to your destination.

4. This order constitutes a permanent change of station from the USCG Marine Inspection Office, Baltimore, Maryland to such station as may be assigned by the Commander, Seventeenth CG District.

5. In accordance with the requirements of, (1), Personnel Circular No. 37-50, you appeared before a medical board at the USPHS Hospital, Baltimore, Maryland and were found physical qualified for overseas duty; (2), Finance and Supply Circular No. 3-52, all financial arrangements for your dependents and other obligations have been made with the Authorized Certifying Officer handling your Pay Records.

6. You are hereby granted fifteen (15) days delay enroute to count as leave, four (4) days proceed time and twelve (12) days travel time. Departed _____ this place and date via privately owned conveyance. EDA: 2400, 22 September 1953.

ALFRED W. KABERNAGEL

Copy to:
C5CGD(p)
C17CGD(p)
CO, CG Base, Seattle, Wash.
ACO, PSU, Baltimore, Md.
Commander, Baltimore GROUP

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
U. S. Coast Guard Marine Inspection Office	209 Chamber of Commerce Bldg., Baltimore 2, Maryland	16 June 1953

FROM (REQUESTER):	TO	VIA:
BMC(AN) CAROLLO, Domenic (n)(214-599)	OCMI, Baltimore, Md.	- - - -

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON
TEN (10)	on or about 7 July 1953.	☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1607 Freedom Way, Baltimore, Maryland

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 DOMENIC CAROLLO

Ind.-1 Unit: Date

Date current leave accounting period began 7-1-53	Balance brought forward beginning of present accounting period THIRTY-EIGHT (38)
Number days' leave used during current accounting period N O N E	Date of expiration of current enlistment 24 March 1958

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

PE-67

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: MIO, Baltimore, Md. Date 16 June 1953

☒ Returned, GRANTED TEN (10) days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE
☒ ACCRUED REGULAR (Reason for leave) Leave.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT, USCG, OCMI, Baltimore
(Signature, rank, and title)

Ind.-4 Unit: MIO, Baltimore, Md. Date 11 August 1953

Departed at 0800, this date. This leave expires before ~~XXXXXXX~~ 0900 22 August 1953

at THIS UNIT and is subject to the instructions on the reverse hereof.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT, USCG, OCMI, Baltimore
(Signature, rank, and title)

Ind.-5 Unit: MIO, Baltimore, Md. Date 22 August 1953

Reported at 0800, this date, having used TEN (10) days' leave.

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT, USCG, OCMI, Baltimore
(Signature, rank, and title)

16—40220-3

(Over)

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 6.4

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	1000	11-21-56
LEAVE OR LIBERTY EXPIRED	0900	11-27-56
RETURNED TO COAST GUARD JURISDICTION	1720	11-26-56

NUMBER DAYS CHARGED TO LEAVE RECORD five (5)

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:

PC-10

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)	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
~~ONLY~~ (1) ONLY	John Kinnunen JOHN KINNUNEN	CHBOSN W-2, Grp Cdr	38-57

SHIP OR STATION	NAME OF A. C. O.
GRAND MARAIS LIFEBOAT STATION, GRAND MARAIS, MICH	

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	EMC(AN)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3397 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CGC SWEETBRIER (WAGL-405) Ketchikan, Alaska

17 April 1956: Rptd OCCGD9 FFA.
18 April 1956: Dptd enroute to CG Group, Marquette, Mich. fft Grand Marais LBSTA fasdu as Officer in Charge.

W. H. HEIL, LTJG, USCGR
By direction

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
	CCGD17(p) Order No. 514595 dtd 21 December, 1955		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
BMC	8-16-50	R. H. HAGADORN	LCDR, USCG, Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

2200 hours, 5 March 1956. No marks assigned during this period.

6 March 1956
0915, Attached less than 48
discipline.
R. J. MOHR, CHSCLK, USCG
Personnel Officer

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
Grand Marais LBS	4/21/56	JOHN KINNUNEN, CHBOSN, USCG, CDR, CG GRP MARQ. MICH.

NAME (Last)	(First)	(Middle)	SERVICE NO.
CAROLLO,	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

16—66780-1

SHIP OR STATION

ADMINISTRATIVE REMARKS

CGC SWEETBRIER (WAGL-405) Ketchikan, Alaska

2-29-56 Transferred this date at 1630, to CG Base, Ketchikan, Alaska for temporary duty awaiting the sailing of the Canadian Steamship from Ketchikan, Alaska to Seattle, Washington for further transfer to Commander, 9th CG District, Cleveland, Ohio.
AUTH: CCGD17(p) Order No. 514593 dtd 12-21-55.
Served on board this vessel outside the CONLUS for a period of 2 years, oo months, and 1 day.

R. H. Hagadorn
R. H. HAGADORN
By direction

29 FEBRUARY 1956 - Reported 1000U for Temporary Duty and for furhter transfer to CG Base, Seattle, Washington for Temporary Duty and further transfer to the Commander, Ninth CG District for assignment to duty. (TONO 514593).

H. McALLISTER, LT., USCG
Executive Officer

MAR 2 1956 - Transferred to CG Base, Seattle, Washington for Temporary Duty and for further transfer to the Commander, Ninth CG District for Assignment to Duty.

H. McALLISTER, LT., USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
	CCGD17(p) Order No. 514595 dtd 21 December, 1955		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
BMC	8-16-50	R. H. HAGADORN	LCDR, USCG, Executive Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

2200 5 March 1956 0915, 6 March 1956
hours. No marks assigned during this period. Attached less than 48 days.

R. J. MOHR, CHSCLK, W-3, USCG
Personnel Officer

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
Grand Marais LSS	4/21/56	JOHN KINNUNEN, CHBOSN, W-2, CDR, CG GRP MARQ. MICH.

NAME (Last)	(First)	(Middle)	SERVICE NO.
CAROLLO,	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

16—66780-1

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

NOTED
I.I.

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:

Transferred this date at 1630, to CG Base Ketchikan, Alaska for temporary duty awaiting the sailing of the Canadian Steamship from Ketchikan, Alaska to Seattle, Washington for further transfer to Commander, 9th CG District, Cleveland, Ohio.
AUTH: CCGD17(p) Order No. 514593 dtd 12-21-55.

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 8 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	H. H. HAGADORN	LCDR, USCG, XO.	71-56

SHIP OR STATION: CGC SWEETBRIER (WAGL-405) Ketchikan, Alaska

NAME OF A. C. O.:

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
CAROLLO,	Domenic	(n)	214-599	BMC

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1 PAGE 12 3

FILE 3-13

VETERANS ADMINISTRATION

To: Commandant (PS)
United States Coast Guard
Washington 25, D. C.

June 24, 1955
(Date)

FROM: I.C.D.C. A & R Unit
Rm. 4208 - Munitions Bldg.
Washington 25, D. C.

Name: CAROLLO, Domenic
Service or serial No.: 214 599
Rank or rating:
All identifying Nos.: V 1415 22 49
(N, V, H, K, T, C, XC)
Death claim: Yes ☐ No ☒

SUBJECT: Request for Service Information in Connection With Insurance.
It is requested that the information checked below regarding the serviceman described be furnished this office.

1. ☐ Dates of entry upon and separation from last tour of active Federal duty.
2. ☐ Record of service, dates of: Entry on active duty, discharge, transfers; organizations, ships and stations to which assigned or attached.
3. ☐ Report of offense and finding if court-martialed. Date of restoration to duty.
4. ☒ Home address.
5. ☐ Verify service serial number.
6. ☐ Date and place of birth.
7. ☐ Other information.
8. ☒ Service address.
9. ☐ Verify name.
10. ☐ Date of entry upon present tour of active Federal duty.
11. ☐ Copies of all records indicating application for Government insurance. (Copy of page 10 of army service record.)
12. ☐ Aviation status giving entitlement to Government-paid insurance:
    (a) ☐ Date of commencement.
    (b) ☐ Date of termination.
    (c) ☐ Date of entitlement.

J. H. MESSEC
Chief, Premium Accounts Division

2014-9ABC /gb

J. H. Messec
(Name and title)

To: Veterans Administration
I.C.D.C. A & R Unit
RM. 4208 - Munitions Bldg.
Washington 25, D. C.

Date: 8 July 1955

FROM: Commandant (PS) USCG, Washington 25, D. C.

Subj: CAROLLO, Domenic (214-599) BMC(AN), USCG

8. Service address: % Commander, 17th Coast Guard District, P. O. Box 2631, Juneau, Alaska.
4. Home address: 2220 North 20th Street, Sheboygan, Wisconsin.

PERS C

JUL 11 1955

B. V. BALL, LCDR, USCGR
Special Services Division
By direction

mjm.

MJM:jhk rm 2111 sta 2-4

FL 9-150
Dec. 1947
Replaces FL 9-258

(Use reverse side if more space is required)

VA-DC-6 50 30

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	18	0	0
NET SERVICE OF	18	0	0

ON 6 November 1954 (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 3 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	R. H. HAGADORN,	LCDR, USCG, XO.	165-55

SHIP OR STATION	NAME OF A. C. O.
CGC SWEETBRIER (WAGL-405)	

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
CAROLLO, Domenic (n)	214-599	BMC

INDIVIDUAL ORDER TO ADJUST PAY RECORD 16—69873-1

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
CAROLLO, Domenic (n)	214-599	BMC(AN)	☐ 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)*: ANGELA (n) CAROLLO — RELATIONSHIP *(If friend, so state)*:

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main St., Iron Mountain, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Monica Katherine Carollo

ADDRESS *(Number, street, city, zone, and State)*: Ferris Apartments, Apt. 317, Ketchikan, Alaska

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Monica Grace Carollo	same as No. 6		X		X	4 yrs
Angela J. Carollo	" "		X		X	2 yrs
Mary K. Carollo	" "		X		X	1 yr.

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Anton Carollo (deceased)

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Angela Carollo

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main St. Iron Mountain, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Angela Carollo — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main St., Iron Moutain, 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: Catherine Campra — RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: 525 E. Main St., Iron Moutain, 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.
-	-	

(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: Monica Katherine Carollo — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: ~~ZZZ~~ Ferris Apartments, Apt. 317; Ketchikan, Alaska — RECEIVE EACH MONTH: 50 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CGC SWEETBRIER (WAGL-405) Ketchikan, Alaska	9/16/54	Domenic Carollo DOMENIC CAROLLO

DD FORM 1 JAN 50 93 REPLACES 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.

PE-56 16—8146

DEPARTMENT
AST GUARD
TREA 312 REVISED
U APPROVED BY
LLER GENERAL, U. S.
CO OVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

NOTED
T. J. T.

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	1/2/55
LEAVE OR LIBERTY EXPIRED	1100	1/7/55
RETURNED TO COAST GUARD JURISDICTION		

NUMBER DAYS CHARGED TO LEAVE RECORD FOUR (4)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual. ALL LEAVE TAKEN IN ALASKA

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.
	H. H. HAGADORN	LCDR, XO, ByDir	104-55

SHIP OR STATION: CGC SWEETBRIER (WAGL-405) — NAME OF A. C. O.:

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.	RATE
CAROLLO	DOMENIC	(h)	214-599	BMC(AN)

PE-66

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CGC SWEETBRIER (WAGL-405)	Ketchikan, Alaska	31 December 1954

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (n) (214-599) BMC	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
4	2 January 1955	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 317 Ferris Apts., Ketchikan, T. A.

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).

Domenic Carollo
SIGNATURE OF APPLICANT DOMENIC CAROLLO

Ind.-1 Unit: SWEETBRIER Date 12/31/54

Date current leave accounting period began 7-1-54

Balance brought forward beginning of present accounting period 19

Number days' leave used during current accounting period none

Date of expiration of current enlistment 3-24-58

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

R. H. Hagadorn
R. H. HAGADORN, LCDR, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: SWEETBRIER Date 12/31/54

☒ Returned, GRANTED 4 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE regular Leave.
(Reason for leave)
☒ ACCRUED

L. J. GLATZ, LCDR, CO
(Signature, rank, and title)

Ind.-4 Unit: SWEETBRIER Date 2 January 1955

Departed at 1500, this date. This leave expires before 1200, 7 January 1955

at on board and is subject to the instructions on the reverse hereof.

H. R. Daniels
H. R. DANIELS, CHBOSN, O.O.D.
(Signature, rank, and title)

Ind.-5 Unit: CGBASE, KETCH.T.A. Date 7 January 1955

Reported at 1100, this date, having used 4 days' leave.

TRF SWEETBRIER 0815 1/20/55
RESREGDUTY.

H. McAllister
H. McALLISTER, LT, USCG. XO.
(Signature, rank, and title)

16—40220-8

(Over)

PL-66

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

IND-6 CGC SWEETBRIER 20 January 1955

Reported at 0830, this date, to resume regular duties, from CG Base, Ketchikan.

R. H. HAGADORN, LCDR, XO

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG Base, Milwaukee, Wisconsin

CG BASE, Seattle, Washington
22 February, 1954 - Transferred to CG-95301, Seattle, Washington, FFT SWEETBRIER (WAGL-405), Ketchikan, Alaska for assignment to duty.

J. D. GOOLSBY, CHSLK, USCG,
PERSONNEL OFFICER.

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
2 January 1954	TA 514951		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
BMC(AN)	2-20-43	J W Dodson	Lieutenant, Commanding Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):
CG BASE, Seattle, Wn. - Rptd 1200 fm CO, CGB, Milwaukee, Wisconsin, upon comp of 14LV, 29 January 1954 09TT & 04PT FASTD FFT to C17CGD FASD.

J. D. GOOLSBY, CHSCLK, PO, USCG

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
SWEETBRIER (WAGL-405)	2-27-54	D. G. VAWTER, LT, XO

NAME (Last)	(First)	(Middle)	SERVICE NO.
CAROLLO	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

PE-74

16—66780-1

PE-2
9 November 1953
MM

1953 NOV 9 13 57

PEA-A

AUTHORIZATION NO. 514951

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

Subj: CAROLLO, Domenic (214-599) BMC(AN), USCG; orders, transfer, travel

1. On or about 2 January 1954, transfer subject man to report to the Commanding Officer, CG Base, Seattle, Washington, for further transfer to report to the Commander, Seventeenth CG District for further assignment to duty.

2. Travel necessary to the execution of this order is chargeable against HQ travel allotment symbol 99-20. Travel by government transportation when available outside the continental limits of the United States is directed. For government aircraft priority three is certified.

3. This order constitutes a permanent change of station, for CAROLLO, from present station to such station as may be assigned by the Commander, Seventeenth CG District.

4. Comply with Article 4-B-36, Personnel Manual.

5. If his leave account warrants, you are authorized to grant CAROLLO up to fifteen (15) days' leave enroute.

K. O. A. ZITTEL
By direction

Copy to:
COMSEVENTEENCGD(p)
CO CG Base, Seattle, Wash.

ELLIS:GDW:AIM:mjs ret 3-13

PE-2
2 September 1953
MM

FIRST ENDORSEMENT on Commander, Fifth CG District
ltr GD5/MM/P16-4/1 of 23 June 1953

From: Commandant
To: CAROLLO, Domenic (214-599) BMC(AN), USCG

Subj: Orders, transfer, travel

1. Reported to CG Headquarters, Washington, D. C., while on authorized leave.

2. In view of home conditions, your basic orders are amended in that you will report to the Commander, Ninth CG District, Cleveland, Ohio, for further assignment to duty instead of to the CG Base, Seattle, Washington, for further transfer to the Seventeenth CG District.

3. Your orders are further amended in that you are granted two (2) days travel time instead of twelve (12) and you will report to your destination not later than 2400 on 12 September 1953.

4. This order constitutes a permanent change of station from Baltimore, Maryland, to such station as may be assigned by the Commander, Ninth CG District.

5. Delivered and departed _____ this date.

K. O. A. ZITTEL
By direction

Copy to:
COMSEVENTEENCGD(p)
CO, CG Base, Seattle, Wash.
COMNINECGD(p)

209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

GM
22 August 1953
P16-4/MM

ORDER NO. 1465-53

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG - PRESENT

Subj: Orders, transfer, travel

1. In accordance with COMDT (PE-2) ltr. dated 17 June 1953, file MM/P16-3/5 and C5CGD ltr. dated 23 June 1953, file GD5/MM/P16-4/1, as amended by C5CGD/D 162/352 (JULY'53), you are directed to proceed and report to the Commanding Officer, CG Base, Seattle, Washington, for further transfer to the Commander, Seventeenth CG District for assignment to duty.

2. Travel necessary to the execution hereof is required by the public interests and is chargeable against H-4 allotment symbol 99-20, authorization number 519195. Travel by government transportation when available outside the continental limits of the United States is directed. For government aircraft, priority three is certified.

3. Your Service, Health and Pay Records are handed you herewith for safe delivery to your destination.

4. This order constitutes a permanent change of station from the USCG Marine Inspection Office, Baltimore, Maryland to such station as may be assigned by the Commander, Seventeenth CG District.

5. In accordance with the requirements of, (1), Personnel Circular No. 37-50, you appeared before a medical board at the USPHS Hospital, Baltimore, Maryland and were found physical qualified for overseas duty; (2), Finance and Supply Circular No. 3-52, all financial arrangements for your dependents and other obligations have been made with the Authorized Certifying Officer handling your Pay Records.

6. You are hereby granted fifteen (15) days delay enroute to count as leave, four (4) days proceed time and twelve (12) days travel time. Departed _____ this place and date via privately owned conveyance. EDA: 2400, 22 September 1953.

ALFRED W. KABEHNAGEL

Copy to:
C5CGD(p)
C17CGD(p)
CO, CG Base, Seattle, Wash.
ACO, PSO, Baltimore, Md.
Commander, Baltimore GROUP

PE-2
2 September 1953
MM

3-13 file

FIRST ENDORSEMENT on Commander, Fifth CG District
ltr CD5/MM/P16-4/1 of 23 June 1953

From: Commandant
To: CAROLLO, Dominic (214-599) EMC(AN), USCG
Carollo.
Subj: Orders, transfer, travel

1. Reported to CG Headquarters, Washington, D. C., while on authorized leave.

2. In view of home conditions, your basic orders are amended in that you will report to the Commander, Ninth CG District, Cleveland, Ohio, for further assignment to duty instead of to the CG Base, Seattle, Washington, for further transfer to the Seventeenth CG District.

3. Your orders are further amended in that you are granted two (2) days travel time instead of twelve (12) and you will report to your destination not later than 2400 on 12 September 1953.

4. This order constitutes a permanent change of station from Baltimore, Maryland, to such station as may be assigned by the Commander, Ninth CG District.

5. Delivered and departed 1540 this date.

K. O. A. ZITTEL
By direction

Copy to:
COMSEVENTEENCGD(p)
CO, CG Base, Seattle, Wash.
COMNINECGD(p)

PE-66

with ELLIS:GDW:AIM:js ret to 3-13 GW. adm

PE-67

PE-2

3 September 1953
MM

1953 SEP 3 13 58

PEA-A

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

Subj: CAROLLO, Domenic (214-599) BMC(AN), USCG; transfer of, information regarding

1. Subject man's orders have been amended directing him to report to your district for assignment to duty instead of the Seventeenth CG District. CAROLLO desires time to settle his wife and three children, ages - 3 years, 1 year, and 3 weeks, with his wife's family. It is expected that orders will be issued directing his transfer to the Seventeenth CG District on or about 1 January 1954.

K. O. A. ZITTEL
By direction

ELLIS:CDW:AIM:mjs ret 3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

HQ

UNIT	ADDRESS	DATE
CG Base, Milw, Wisconsin	Milwaukee, Wisconsin	13 October 1953

FROM (REQUESTER):	TO	VIA:
CAROLLO, Domenic (214-599) BMC	Commanding Officer	Executive Officer

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
10	13 October 1953	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 1607 Frfedom Way, Baltimore 13, MD, 416 W. Orchard St., Milwaukee, Wis

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 Domenic Carollo
Domenic Carollo

Ind.-1 Unit: USCGC Base, Milwaukee Date 13 October 1953

Date current leave accounting period began 1 July 1953	Balance brought forward beginning of present accounting period 38
Number days' leave used during current accounting period 25	Date of expiration of current enlistment 24 March 1958

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

J. M. Barker
J. M. BARKER, BOSN, USCG, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

PE-67

(Signature, rank, and title)

Ind.-3 Unit: USCGC Base, Milwaukee Date 13 October 1953

☒ Returned, GRANTED 10 days.

☐ ADVANCE REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

J. W. Dodson
J. W. DODSON, TLT, USCG, CO
(Signature, rank, and title)

Ind.-4 Unit: USCGC Base Milwaukee Date 13 October 1953

Departed at 1630, this date. This leave expires before 0900, 24 October 1953

at CG Base, Milwaukee, Wisconsin and is subject to the instructions on the reverse hereof.

J. M. Barker
J. M. BARKER, BOSN, USCG, XO
(Signature, rank, and title)

Ind.-5 Unit: CG Base, Milwaukee, Wisconsin Date 23 October 1953

Reported at 1800, this date, having used 10 days' leave.

P. E. Barnard
P. E. BARNARD, BOSN, Personnel Officer
(Signature, rank, and title)

16-40220-8

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

HQ

ADMINISTRATIVE REMARKS

SHIP OR STATION

USCG Marine Inspection Office, Baltimore, Md.

9-19-52

Served outside CONLUS on or after 27 June 1950, on the CGC INGHAM (6-12-51 to 2-18-52).

Harry A. Walker

HARRY A. WALKER, CDR., USCG
Acting OCMI, Baltimore, Md.

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY
22 August 1953	ORDER NO. 1465-53; HQ/ltr(PE-2)dtd 6-17-53 file MM/P16-3/5 & C5CGD/ltr dtd 6-23-53 file GD5/MM/P16-4/1 & 162035Z

RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
BMC(AN)	8-16-50		ALFRED W. KABERNAGEL, CAPT, OCMI

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

Rptd OCCGD9 9-12-53 for fasdu. Dptd 9-14-53 enroute Milwaukee Base.

EARL ELDER
By direction

PE-67

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
CG Base, Milw, Wis.	9-16-53	J. E. DODSON, LT, USCG, CO

NAME (Last)	(First)	(Middle)	SERVICE NO.
CAROLLO,	Domenic	(n)	214-599

ADMINISTRATIVE REMARKS

PE-PR-46

PE-2
7 July 1953
MM

1953 JUL 7 12 45

PEA-A

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

Subj: CAROLLO, Dominic (214-599) HMC(AN), USCG; request for delay in execution of orders

1. The request for delay in execution of subject man's transfer to the Seventeenth CG District, contained in your letter of 2 July 1953, file GD5/MM/P16-3, is acknowledged.

2. The determination as to whether or not CAROLLO is transferred in accordance with HQ letter of 17 June 1953, file MM/P16-3/5, authorization No. 519193 is a district concern. If it is felt that CAROLLO should not be transferred at this time, another man should be selected for transfer to the Seventeenth CG District.

K. O. A. ZITTEL
By direction

ELLIS:GDW:AIM:pp ret to 3-13

209 Chamber of Commerce Bldg.
Baltimore 2, Maryland

Officer in Charge
Marine Inspection

RECEIVED
MAILROOM

RECEIVED
OFFICE, CHIEF PERSONNEL DIV.
5TH COAST GUARD DIST.
JUL 1 1953

1953 JUL 1 05

GN
29 June 1953
P16-4/MM

From: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG
To: Commander, Fifth CG District (p)
Via: Officer in Charge, Marine Inspection Office, Baltimore, Md.

Subj: Orders; transfer, request for delay in departure

1. With reference to transfer orders contained in C5CGD letter dated 23 June 1953, file GD5/MM/P16-4/1, it is requested that I be permitted to delay my departure from this unit an additional sixty (60) days.

2. My reason for making this request is that my wife is in an advanced stage of pregnancy and we expect the child to be born in the month of July. My dependents will not be able to travel to her home in Wisconsin until several weeks afterwards and it is my desire to escort them safely myself. In addition to the expected child, we have two (2) other small children, one (1) and three (3) years old respectively and it would be a hardship for my wife to manage this move alone.

DOMENIC CAROLLO
(214-599), BMC(AN)

- -

29 June 1953
P16-4/MM

FIRST ENDORSEMENT to CAROLLO's ltr dtd 6-29-53, P16-4/MM

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: Commander, Fifth CG District (p)

1. Forwarded approved.

ALFRED W. KABERNAGEL

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
5TH COAST GUARD DISTRICT
BOX 540, NEW POST OFFICE BLDG.
NORFOLK 1, VA.

6 13 39 • P

2 July 1953
GD5/MM/P16-3

PEA-A

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

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG; request for delay in execution of orders

Ref: (a) COMDT PE-2 ltr dtd 17 June 1953 file PE-2 MM/P16-3/5, TONO 519193
(b) Ltr of COROLLO, Domenic (n) (214-599) BMC(AN), USCG dtd 29 June 1953 file P16-4/MM

1. In response to reference (a) subject named man was selected for transfer to the 17th Coast Guard District to depart this district on or before 22 July 1953. Reference (b), letter of subject named man requesting delay in execution for a two month period, is enclosed herewith in support of the recommendation that such delay be authorized.

J. W. BOLDING
By direction

Encl: (1) Copy of reference (b).

p
2 July 1953
GD5/MM/P16-3

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

Subj: CAROLLO, Domenic (n) (214-599) BMC(AN), USCG; request for delay in execution of orders

Ref: (a) COMDT PE-2 ltr dtd 17 June 1953 file PE-2 MM/P16-3/5, TONO 519193
(b) Ltr of COROLLO, Domenic (n) (214-599) BMC(AN), USCG dtd 29 June 1953 file P16-4/MM

1. In response to reference (a) subject named man was selected for transfer to the 17th Coast Guard District to depart this district on or before 22 July 1953. Reference (b), letter of subject named man requesting delay in execution for a two month period, is enclosed herewith in support of the recommendation that such delay be authorized.

J. W. BOLDING
By direction

Encl: (1) Copy of reference (b).

USCG MARINE INSPECTION OFFICE

BALTIMORE, MARYLAND **5 November 1952**

From: Officer in Charge, Marine Inspection Office, Baltimore, Md.
To: Authorized Certifying Officer, PSU Barracks, Baltimore, Md.

Subj: **CAROLLO, Domenic (n) (214-599) BMC(AN), USCG**
Statement of Service

The following is a statement of creditable service of the above named man for the purpose of computing pay: **to and including 5 November 1952.**

Entered Service	Service Terminated	AWOL - - - AOL from-to	NPDI(Inclusive dates) from-to	SKMC from-to
11-6-36		**None**	**None**	**None**
Now serving				

	Yrs	Mos	Days
CG Service	**16**	**0**	**0**

Total Service **16 0 0**

Completed **16** years creditable service for longevity pay purposes on **5 November 1952**.

ALFRED W. KABERNAGEL, CAPT., USCG
OCMI, Baltimore, Md.

UNITED STATES COAST GUARD

ADDRESS REPLY TO

REFER TO FILE

8 June, 1951
P16-3

File 3-13

From: CAROLLO, Domenic (214-599), BMC (AN)
To: Commandant (PE)
Via: Commander, 5th. Coast Guard District (p)

no action 11-14-52

Subj: Request for Transfer.

1. Pursuant to provisions contained in paragraph 6, Personnel Circular No. 37-47, it is requested that I be considered for assignment to duty beyond the continental limits of the United States. The district 14th. and 17th. Coast Guard districts are the selection of my choice, preferably the latter.

2. The reason for the above request is, I have never served in Alaska and would like such assignment in the interest of the Service.

3. Having less than two years' obligated service remaining in my current enlistment, I hereby agree to extend for two full years if necessary, although it is my intentions of making the service my life's career.

Domenic Carollo
DOMENIC CAROLLO.

Ind-1

p
11 June, 1951
GD5/MM/P16-3/2

From: Commander, 5th Coast Guard District
To: Commandant (PE)

Forwarded, approved, provided adequate relief is furnished. There is no disciplinary action pending, average proficiency in rating marks are 3.6 and conduct 4.0.

ack 6/15

J. W. BOLDING,
By direction

Reg file

8 Ju
P16-

From: CAROLLO, Domenic (214-599), BMC (AN)
To: Commandant (PE)
Via: Commander, 5th. Coast Guard District (p)

Subj: Request for Transfer.

1. Pursuant to provisions contained in paragraph 6, Personnel Circular No. 37-47, it is requested that I be considered for assignment to duty beyond the continental limits of the United States. The district 14th. and 17th. Coast Guard districts are the selection of my choice, preferably the latter.

2. The reason for the above request is, I have never served in Alaska and would like such assignment in the interest of the Service.

3. Having less than two years' obligated service remaining in my current enlistment, I hereby agree to extend for two full years if necessary, although it is my intentions of making the service my life's career.

DOMENIC CAROLLO.

Ind-1

p
11 June, 1951
GD5/MM/P16-3/2

From: Commander, 5th Coast Guard District
To: Commandant (PE)

Forwarded, approved, provided adequate relief is furnished. There is no disciplinary action pending, average proficiency in rating marks are 3.6 and conduct 4.0.

J. W. BOLDING,
By direction

8 June, 1951
P16-3

From: CAROLLO, Domenic (214-599), BMC (AN)
To: Commandant (PE)
Via: Commander, 5th. Coast Guard District (p)

Subj: Request for Transfer.

1. Pursuant to provisions contained in paragraph 6, Personnel Circular No. 37-47, it is requested that I be considered for assignment to duty beyond the continental limits of the United States. The district 14th. and 17th. Coast Guard districts are the selection of my choice, preferably the latter.

2. The reason for the above request is, I have never served in Alaska and would like such assignment in the interest of the Service.

3. Having less than two years' obligated service remaining in my current enlistment, I hereby agree to extend for two full years if necessary, although it is my intentions of making the service my life's career.

DOMENIC CAROLLO.

Ind-1

p
11 June, 1951
GD5/MM/P16-3/2

From: Commander, 5th Coast Guard District
To: Commandant (PE)

Forwarded, approved, provided adequate relief is furnished. There is no disciplinary action pending, average proficiency in rating marks are 3.6 and conduct 4.0.

J. W. BOLDING,
By direction

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

214-599 (File or service No.)

CAROLLO, Domenic (n) (Surname) (First name) (Initial)

BMC(AN), USCG (Rank or rating and branch of service)

24 March, 1952 (Date discharged or released from active duty)

Marine Inspection Office, Baltimore, Md. (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 YES

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)

Daniel A. Heyn

DANIEL A. HEYN, GS-12, Acting OCMI

(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 since 6/26/50. Yes (Enter Yes or No)

Domenic Carollo

DOMENIC CAROLLO (Signature of applicant)

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

(Omit address if service is LESS than 60 days)

209 Chamber of Commerce Building (Number) (Street)

Baltimore 2, Maryland (City) (Zone) (State)

LUMP SUM MOP $ 300.00

DISBURSING OFFICER'S PAYMENT DATA

Paid ~~$100.00~~ on 408-579 (Public voucher) 239,611 (Check number) AUG 26 1952 (Date)

PAUL D. BANNING, CH. DISBURSING OFFICER, 1376

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

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

PE-3
5 June 1952
MM

From: Commandant
To: Officer-in-Charge, Marine Inspection Office, Baltimore, Md.
Via: Commander, 5th CG District(p)

Subj: CAROILO, Domenic (214-599), orders; forwarding of

Subject man's original orders, as requested by your letter dated 28 May 1952, are forwarded herewith.

W. H. BUXTON,
By direction

Incl: Comdr., 5th CGD ltr dated 11 March 1952

CHILLOUS:ef-return to 3-13

ADDRESS REPLY TO
Officer-in-Charge
Marine Inspection
REFER TO FILE

UNITED STATES COAST GUARD
209 Chamber of Commerce Bldg.
Baltimore - 2, Maryland

File 3-13

GN
28 May 1952
P16-4/2

From: Officer-in-Charge, Marine Inspection Office, Baltimore, Md.
To: Commandant (PE)

Subj: CAROLLO, Domenic (n) (214-599) orders; request of

Ref: (a) Original orders of subject CAROLLO, making temporary duty permanent, ltr. dtd. 11 March 1952, file GD5/MM/P16-4/2

(b) Commander, FIFTH Coast Guard District ltr. dtd. 26 May 1952, file GD5/MM/P16-4/2

1. It is requested that original orders of reference (a) be forwarded to Commander FIFTH Coast Guard District in order that CAROLLO may be reimbursed for travel performed.

2. Subject named man was discharged on 24 March 1952 and reenlisted on 25 March 1952 for Six (6) years. The orders requested were inadvertently included in the Service Record forwarded to Headquarters subsequent to his discharge and reenlistment.

Alfred W. Kabernagel.
ALFRED W. KABERNAGEL

Incl: Ref. (b) ltr.

CC: CO, CGD5 (p)

PEA-A

PE-PR-1

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 2-59

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
CAROLLO, Domenic (n)	214-599	MMC(AN)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USCGC INGHAM (WPG-35)		Curtis Bay, Md.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
05-052-035		2/18/52

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1600
DATE 18 February, 1952

TRANSFERRED TO: Marine Inspection Office, Baltimore, Md.
FOR Assignment to temporary duty, approximately 30 days duration.

AUTH: C5CGD Order No. 052570-52

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

EE-PR-19

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

R. C. DAVIS, CGDR, XO, By dir.
(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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 3-18

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
REPORTING UNIT	**LOCATION**	**DATE**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	21 March, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

21 March, 1952: Enlistment extended for three (3) days by reason of date of reenlistment falls on Saturday, 22 March, 1952.

AUTH: Section 12-3-32B(5)(c) CG Regulations.

E-FR-19

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
(Signature—Grade and Title)
OCMI, Baltimore

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-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 3-11

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
REPORTING UNIT	**LOCATION**	**DATE**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	13 March, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170-30

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

Temporary duty made permanent effective 13 March, 1952.

AUTH: CCGD FIVE/L dtd 3-11-52, file GD5/MM/P16-4/2

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
OCMI, Baltimore
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	PE-PR-23	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 2-19

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
REPORTING UNIT	**LOCATION**	**DATE**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	19 Feb., 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
U.S.C.G. MARINE INSPECTION OFFICE	Baltimore, Maryland	05-215170

TIME 0800
DATE 19 Feb., 1952

REPORTED FROM: CO, CGC INGHAM (WPG-35)
FOR Temporary Duty

AUTH: ORDER NO: 052570-52

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

Alfred W. Kabernagel

ALFRED W. KABERNAGEL, CAPT., USCG
(Signature—Grade and Title)
OCMI, Baltimore

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	PE-PR-2	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 8 November, 1940.

From: Commandant.
To: Commander, CHICAGO DISTRICT.

Subject: CAROLLO, Domenic (214-599) Surf.: (Sheboygan Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 8 November, 1940.

Enlisted	Discharged	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
11-6-36	11-5-39 H D	None		None		None	
11-6-39		None		None		None	
Now serving							

MAILED
NOV 8 1940
Mail Room

	Yrs.	Mos.	Days
Total C. G. service	4	0	3
Navy service			
Other service			
Total	4	0	3

Completed 4 years service 5 November, 1940.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Secti

U. S. GOVERNMENT PRINTING OFFICE 2—15507

mcs 8 H.O. Bal

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR-73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 8 November, 1940.

From: Commandant.
To: Commander, CHICAGO DISTRICT.

Subject: CAROLLO, Domenic (214-599) Surf.: (Sheboygan Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 8 November, 1940.

Enlisted	Discharged	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
11-6-36	11-5-39 H D	None		None		None	
11-6-39		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	4	0	3
Navy service			
Other service			
Total	4	0	3

Completed 4 years service 5 November, 1940.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

NAVCG-9843 (9-44)

MAQ Claim of: Carollo Domenic
214-599
9th Coast Guard District

QUARTERS ALLOWANCE FILE

Approved: 22 January 1947
~~Denied:~~

Effective Date 1 December 1946

Election MAQ(M)

Redeterminations: (1)
(2)
(3)

REMARKS: Enrolled - CM elected FA
Class A+B-1, 11-1-47

----- MILITARY MORALE DIVISION -----

UNITED STATES COAST GUARD

Address Reply To
THE COMMANDANT (PMM) Washington 25, D. C.
Refer to File: CG 73

16 January, 1948

From: Commandant
To: Commanding Officer, CG Depot, Milwaukee, Wisconsin

Via: Commander, 9th Coast Guard District

Subj: CAROLLO, Domenic (214-599) EM1c; quarters allowance, claim denied

1. Reference is made to Headquarters' determination of 22 January, 1947, certifying to the dependency of subject man's mother, Mrs. Angela Carollo, 625 East Main Street, Iron Mountain, Michigan, for the purpose of authorizing payment of a quarters allowance.

2. Subject man should be informed that his claim has been cancelled effective 31 October, 1947, in view of the fact that he filed application for FA on behalf of his dependent wife and mother on 1 November, 1947.

3. No further payments upon this claim are authorized.

4. Payment of FA in the amount of $50.00 per month has been authorized on behalf of subject man's mother with first payment to begin with the month of November, 1947. Also payment of FA in the amount of $50.00 per month has been authorized on behalf of his dependent wife with payment to begin November, 1947.

N. W. SPROW
By direction

Mrs. Kirby: After letter is signed and released, please return file copy

UNITED STATES COAST GUARD

Address Reply To
THE COMMANDANT (PMM)
Refer to File: CG 73

Washington 25, D. C.

16 January, 1948

From: Commandant
To: Commanding Officer, CG Depot, Milwaukee, Wisconsin

Via: Commander, 9th Coast Guard District

Subj: CAROLLO, Domenic (214-599) BM1c; quarters allowance, claim denied

1. Reference is made to Headquarters' determination of 22 January, 1947, certifying to the dependency of subject man's mother, Mrs. Angela Carollo, 625 East Main Street, Iron Mountain, Michigan, for the purpose of authorizing payment of a quarters allowance.

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N. W. SPROW
By direction

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.



ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

CAROLLO, Domenic 214-599 BM1c

Fathers Allowance

Dear

Application for ~~family~~ allowance in your behalf has been made by

The Servicemen's Dependents Allowance Act of 1942, as amended, provides for payments to certain relatives of enlisted persons in the Coast Guard. Part of the money for such payments comes from the pay of the enlisted person and part of it comes from the Government.

The law provides allowances for the children of an enlisted person and for the wife of an enlisted man whether or not they are financially dependent on the enlisted person. In the case of any other relative, an allowance is payable only if such person is dependent upon the enlisted person for at least a substantial portion of his or her support. The law as amended divides these dependents (fathers and mothers, grandparents, brothers, and sisters) into two groups. Those who are dependent on the enlisted person for a substantial portion of their support are to receive family allowance in a total amount of $37 per month for the entire group of such dependents. Those who are dependent on the person in the service for the chief portion of their support (more than half) are to receive a family allowance which is substantially higher in amount.

If you decide to make a claim for an allowance, you must answer all questions on this form. If you have difficulty in answering these questions, you should obtain help from the local chapter of the American Red Cross, from some welfare organization in your community, or from any competent friend or businessman. When completed the form should be returned promptly in the enclosed envelope which requires no postage.

If you do not desire to claim dependency, you are requested to inform the Commandant, United States Coast Guard Headquarters, Washington 25, D. C., immediately in order that the amount deducted from the enlisted person's pay may be refunded.

By direction of the Commandant.

Yours very truly,

Chief, Family Allowance Section.

16—43348-1

DEPENDENCY AFFIDAVIT

NAVCG 2569 (REV. 1-45)

YOU MUST PUT A CHECK IN THE SQUARE OPPOSITE ONE OF THE FOLLOWING TWO STATEMENTS:

☑ 1. *I hereby certify that I am dependent for a portion of my support on the person in the service and I hereby make claim for family allowance.*

☐ 2. *I am not dependent for a portion of my support on the person in service and do not make claim for family allowance. (If this item is checked sign on last page, leave all other items blank and return the form.)*

FORM TO BE EXECUTED BY INDIVIDUALS CLAIMING DEPENDENCY

NOTICE: *If you make a claim for a family allowance as a dependent of an enlisted person in the Coast Guard, you are asked to give a full answer to EVERY question in this form. The answers you give will be considered as confidential by the Coast Guard. If the question does not apply, write NONE in the space provided.*

1. YOUR NAME (Last)	(First)	(Middle)	AGE
Carello	Mrs Angela		59

RESIDENCE (Street address or R. F. D.)	(City or Post Office)	(Zone)	(State)	SOCIAL SECURITY NO.
625 East Main St	Iron Mountain		Mich	none

MARITAL STATUS

☐ Single ☐ Married ☐ Divorced ☐ Living apart under a legal separation ☑ Widowed

If your husband or wife is deceased or is divorced or separated from you, state date of death, divorce or separation: (Month) June (Year) 1936

2. YOUR PRESENT OCCUPATION OR BUSINESS	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
none	none	$ none
YOUR HUSBAND'S (OR WIFE'S) OCCUPATION	NAME AND ADDRESS OF EMPLOYER	MONTHLY EARNINGS BEFORE DEDUCTIONS
deceased		$

3. IF THE WAGE EARNER IS UNEMPLOYED, STATE THE REASON

NOTE: If unemployment is due to mental or physical disability, a licensed doctor's certificate must accompany this form. If receiving compensation as a result of such disability state amount per week: $_____ per week.

4. If you maintain your own household, list all members below. (You need not give occupation, earnings, or date of birth of persons not related to you.)

NAME	BUSINESS OR OCCUPATION	MONTHLY EARNINGS BEFORE DEDUCTIONS	RELATIONSHIP TO YOU	DATE OF BIRTH MO.	DATE OF BIRTH YR.	PAYMENTS TO YOU FOR HIS OR HER ROOM AND BOARD (PER MONTH)	OTHER CASH CONTRIBUTED TO YOU (PER MONTH)
none		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$
		$				$	$

5. If you do not maintain your own household, state the name and relationship of the person with whom you reside and the amount you pay for board and lodging per month: (Name) (Relationship to you) (Payment) $_____

16—43348-1

6. LIST BELOW ALL YOUR LIVING CHILDREN (GIVE SERIAL NUMBER OF THOSE IN THE ARMED SERVICES) BUT OMIT EACH PERSON HERE WHO IS LISTED IN ITEM (4) ABOVE.

NAME AND ADDRESS *(If in armed services, give serial number instead of address)*	AGE	MARRIED OR SINGLE	BRANCH OF SERVICE, BUSINESS, OR OCCUPATION	PRESENT MONTHLY CONTRIBUTIONS TO YOUR SUPPORT	HAS HE OR SHE APPLIED FOR FAMILY ALLOWANCE IN YOUR BEHALF
SERVICE PERSON NAMED ON FRONT PAGE					
Domenic Carallo, 214-599 BMic	35	single	U.S. Army	$50.	yes
OTHER CHILDREN					
Aldo Carallo 3326 N. 28th St., Milwaukee	Wis. 27	single		15 to 20	
Attilio Carallo 3051 N. Bremen, Milwaukee,	Wis 23	married		none	
Joe Carallo 118 Mission Bell, Conlee Dam	Wash. 36	married		none	
Mrs John Campa 625 E. Main, Iron Mountain,	Mich. 38	married		none	
Mrs George Nowak 625 E. Main, Iron Mountain,	Mich 33	married		none	
Sister Mary Anthony, St Joseph's School, Iron Prairie,	Wis.	single		none	
Mary Carallo, 1162 S. Bundy Drive,	W	Los Angeles, Calif.,		single — about $600	

7. What income was received by you or your husband (or wife) per month during the past year from the following sources (if none, so state):

SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR	SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL FOR THE PAST YEAR
WAGES OR SALARIES	none	none	INTEREST ON BONDS, INVESTMENTS, SAVINGS	none	none
SALE OF LIVESTOCK OR POULTRY	none	none	CONTRIBUTIONS FROM RELATIVES	$20 to $25.	about $300.
SALE OF FARM PRODUCE	none	none	OLD-AGE ASSISTANCE	none	none
ALIMONY OR SUPPORT PAYMENTS	none	none	OTHER ASSISTANCE FROM WELFARE AGENCIES	none	none
SOCIAL SECURITY PAYMENTS OR OLD-AGE AND SURVIVORS INSURANCE	none	none	UNEMPLOYMENT OR DISABILITY COMPENSATION	none	none
PAYMENTS FROM INSURANCE OR PRIVATE PENSION	none	none	OTHER SOURCES OF INCOME (Specify below)	none	none
RENTS RECEIVED FROM PROPERTY	none	none			

8. DO YOU LIVE ON A FARM? ☐ YES ☑ NO IF YES, STATE MARKET VALUE OF FARM PRODUCTS USED IN YOUR HOME DURING PAST 12 MONTHS: $

9. HOW MUCH RENT DO YOU PAY PER MONTH OR, IF YOU LIVE IN YOUR OWN HOME, HOW MUCH ARE YOUR MONTHLY PAYMENTS? $ own home

10. STATE AMOUNT OF OTHER LIVING EXPENSES PER MO. $ about 60 to 70.00

11. LIST BELOW ALL REAL ESTATE AND PERSONAL PROPERTY, INCLUDING CASH, STOCKS, BONDS, ETC., OWNED BY YOU AND ~~YOUR HUSBAND (OR WIFE)~~. (DO NOT INCLUDE YOUR HOME OR FURNITURE OR HOUSEHOLD EQUIPMENT.)

DESCRIPTION	VALUE	ENCUMBRANCES
~~owned by myself and sons~~		
2 lots	$ $100 each	$
20 acres of land	$ $200	$
one U. S. Saving bond	$ 18.75	$
	$	$

12. LIST ANY LARGE DEBTS OWED BY YOU OR YOUR HUSBAND OR WIFE:

DESCRIPTION	AMOUNT
none	$
	$
	$
	$
	$

(Please turn page)

16—43348-1

13. Itemize by months, the amounts contributed to you (or to your husband or wife) by the enlisted person during the preceding twelve months:

MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH		MONTH	OCCUPATION	MONTHLY EARNINGS	PAYMENTS TO YOU AND YOUR HUSBAND (OR WIFE) PER MONTH	
			ROOM AND BOARD	OTHER CONTRIBUTIONS				ROOM AND BOARD	OTHER CONTRIBUTIONS
Jan. 46 to Dec. 46	U. S. Coast Guard	BM1C ?	none	none					
starting Dec. 46	U. S. Coast Guard	BM1C ?	none	$50.					

14. List below other contributions made to you by this enlisted person in the form of labor or goods. If he or she did not contribute previously because he (or she) was too young or was unemployed, explain briefly why you consider yourself to be dependent upon this enlisted person at this time: None

Previously I was receiving an allotment from my son (Attilio Carullo) in the army, but now he is discharged and is married and has one child also to support.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; I FURTHER CERTIFY THAT I WILL NOTIFY U. S. COAST GUARD HEADQUARTERS, WASHINGTON 25, D. C., AT ONCE OF ANY CHANGE IN THE FINANCIAL CIRCUMSTANCES OF ANY OF THE PERSONS LISTED IN THIS FORM OR OF ANY CHANGE IN THEIR STATUS SUCH AS MARRIAGE OR DEATH.

Mrs Angela Carullo
(Signature)

NOTE: *Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.*

IMPORTANT

1. IF YOU ARE MAKING A CLAIM FOR A FAMILY ALLOWANCE, HAVE YOU FILLED IN ALL THE BLANKS ON THIS FORM? Yes
2. IF THE WAGE EARNER IS UNEMPLOYED BY REASON OF PHYSICAL OR MENTAL DISABILITY, HAVE YOU ATTACHED A DOCTOR'S CERTIFICATE TO THIS FORM?

FORM APPROVED
BUDGET BUREAU No. 45-R070-1
APPROVAL EXPIRES 1 AUGUST 1945

U. S. GOVERNMENT PRINTING OFFICE 16—43348-1

~~62~~ 2-4

To: ALLOTMENT SECTION - ROOM 6120

Return to: MILITARY MORALE SUBSECTION - ROOM ~~2116~~ 2102

Carollo, Domenic | 214-5-99 | 9th CGD.

Name | Service No. | District (Unit)

REGISTERED ALLOTMENTS

Quarters Allowance

Amount	Payee	Purpose	Starting Date	Termination Date
				If terminated please state reason.
$50 00	Angela Carollo 625 E. Main St, ~~Iron Mountain~~, Mich.	Support of mother	Dec. 1946	In effect.

Rec'd 1/13/47

Note that if this allowance is continued, it will not be paid to you, but will be credited directly to your son's pay account, as in the past.

Please state the complete facts concerning your personal income, and the monthly contributions made by your son for your support, so that a redetermination may be made on this claim without delay.

By direction of the Commandant.

Very truly yours,

ael Chief, Military Morale Division

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PMM-FXC)
REFER TO FILE: CG-73

WASHINGTON 25. D. C.

10 January, 1947

Mrs. Angela Carollo
625 E. Main Street
Iron Mountain, Michigan

Dear Madam:

Your son, who is a member of the Coast Guard, has been receiving a quarters allowance for the past year, based upon his contributions for your support. Before a determination can be made approving a continuance of this allowance, it will be necessary for you to complete the attached affidavit and execute it before a notary public.

Please complete this affidavit in every detail, and return it to this office as soon as possible. All blanks must be completed or your affidavit cannot be considered.

Note that if this allowance is continued, it will not be paid to you, but will be credited directly to your son's pay account, as in the past.

Please state the complete facts concerning your personal income, and the monthly contributions made by your son for your support, so that a redetermination may be made on this claim without delay.

By direction of the Commandant.

Very truly yours,

ael

Chief, Military Morale Division

UNITED STATES COAST GUARD
Sheboygan, Wisconsin

ADDRESS REPLY TO
Sheboygan LB/ Sta.
AND REFER TO
File-73-521

JAN 9 '47 PM

REC'D JAN 10 1947

25 November, 1946

To: Coast Guard Headquarters, Military Morale Div.

Via: CO, CG Group, Two Rivers, Wis.
COMMANDER, 9th. Coast Guard District, Cleveland, Ohio

Subj: Quarters Allowance for Dependents, application for.

1. It is requested that I be allowed quarter allowance pay for my dependent mother, Mrs. Angela Carollo, of 625 E. Main St. Iron Mountain, Michigan and to commence 1 December, 1946

2. I have made application for an allotment of fifty dollars ($50.00) per month for her support.

Domenic Carollo

Domenic Carollo, 214-599 BM1c (AN)

Ind-1
CG Grp.Two Rivers
28 November, 1946

1. Forwarded.

Thomas Daly.

Ind-2
Comdr, 9th CG District (fpd)
30 December, 1946

From: Commander, 9th CG District (fpd).
To: Commandant (PMM).

Forwarded. Carollo has registered an allotment in amount of $50.00 first payment December, 1946, in favor of Angela Carollo.

O. P. THOMAS
By direction

Sheboygan, Wisconsin

Sheboygan LB/ Sta.

File-73-521

25 November, 1946

To: Coast Guard Headquarters, Military Morale Div.

Via: CO, CG Group, Two Rivers, Wis.
COMMANDER, 9th. Coast Guard District, Cleveland, Ohio

Subj: Quarters Allowance for Dependents, application for.

1. It is requested that I be allowed quarter allowance pay for my dependent mother, Mrs. Angela Carollo, of 625 E. Main St. Iron Mountain, Michigan and to commence 1 December, 1946

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O. P. THOMAS
By direction

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neral U.S.
x 13, 1933

STATEMENT OF CREDITABLE SERVICE

Sheboygan Station, Chicago District
(Unit)

CAROLLO, Domenic
(Name in full—surname to the left)

6 November, 1939.
(Date)

214-599
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for three years)	1936 (Year)	11 (Month)	6 (Day)			
Date of discharge (5 November, 1939 Honorable (Character of discharge))	1939 (Year)	11 (Month)	5 (Day)			
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	NONE	NONE	NONE	NONE	NONE	NONE
Total	NONE		Total	NONE		Total	NONE	

Total absence (NONE days)	0	0	0
Creditable time served during last enlistment period	3	0	0

CERTIFIED TO BE A TRUE COPY:

D. M. Small Ch. Bos'n. (L),
D. M. SMALL,

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. I further certify that the above mentioned man re-enlisted on 6 November, 1939.

/s/ A. E. KRISTOFFERSON
(Rank) Boatswain (L), U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 2—16278

NCG 2500
(Rev. June, 1942)

RE-ENLISTMENT CONTRACT

5/11/49
ROBED
10

PEA-E
92

UNITED STATES { COAST GUARD
XXXXXXXXXXXXXXXXXX

ENLISTMENT OF CAROLLO, Domenic (Full name, surname to left); 214-599 (Service number); $162.00 (Pay per month)

Accepted for enlistment at Waukegan Hbr. Light Sta., Waukegan, Illinois; BM1(AN) (Rating in which enlisted)

Enlisted at Waukegan Hbr. Light Sta., Waukegan, Illinois; 22 March, 1949 (Date of enlistment)

Transferred to Retained at this unit.

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization - Certificate No. - - - - -

Date of birth 2 January, 1912 Place of birth Iron Mountain, Michigan

Home address 625 E. Main St., (Street and number) Iron Mountain, (Town) (County) Michigan (State)

Married or single Married Name and address of next of kin or legal guardian

Monica Katherine Carollo (Wife), (Relationship) 2220 North 20th St., Sheboygan, Wisconsin (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / XXXXXX } 12 (Years) 4 (Months) 16 (Days)

First enlisted 6 November, 1936 (Date) at Sheboygan, Wisconsin (Place) and was

last discharged 21 March, 1949 (Date) from Waukegan Hbr. Light Sta., Waukegan, Ill. (Unit)

with Honorable (Character) discharge as BM1(AN) (Rate) No. Form 2510

Previous Navy service 0 (Years) 0 (Months) 0 (Days) Previous Marine Corps service 0 (Years) 0 (Months) 0 (Days)

Previous Army service 0 (Years) 0 (Months) 0 (Days) Age 37 years 2 months.

Height 5 feet 11 inches. Weight 175 pounds.

Eyes Hazel Sex Male Hair Dark Complexion Fair Color White

Personal characteristics None marks, etc.

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 H. M. WARNER, Cdr. 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 22 March, 1949 / during minority until 21 March, 1952 } 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, Domenic Carollo 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.

Domenic Carollo

Domenic Carollo

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 22nd day of March, A. D. 1949

Carl A. Kammerer

(Commanding officer, notary public, or other officer qualified to administer oaths)

Notary Public

(Title)

My Commission Expires March 22, 1952

Citizenship substantiated and contract perfected.

H. M. WARNER,

Commander, U. S. C. G., *Enlisting Officer.*
Chief, Military Personnel Division

EXTENSION OF ENLISTMENT CONTRACT

(Date)

(Place)

(Unit) by reason of

Enlistment extended until

under authority of

(Signature of man)

(Signature of commanding officer)

16—8420-2

Approved by the Comptroller General, U. S. January 31, 1941

...ary 31, 1941 U. S.

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Waukegan Harbor Light Station, Waukegan, Illinois
(Unit)

CAROLLO, Domenic (21-599) BM1(AH)
(Name in full—surname to the left)

23 March, 1919
(Date)

(21-599)
(Service number)

Boatswain's Mate First Class (AH)
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for Two years)	1917	3	20			
Enlistment extended (for ..... years from)						
Date of discharge (HONORABLE) (Character of discharge)	1919	3	21			
Total time of last enlistment period				2	0	2

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		

Entitled to $100.00 reenlistment allowance.

Total Absence (0 days)

Creditable time served during last enlistment period	2	0	2

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.

Office, 9th CG District, Cleveland, Ohio

Date 23 March, 1919

(Rank) F. H. SCHOENWOLF, LTJG, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 March, 1919

Office, 9th CG District, Cleveland, Ohio
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE years from this date.

F. H. SCHOENWOLF, LTJG, USCG

(Rank) LTJG, U. S. C. G.
Commanding officer.

16—20908-1

Comptroller General, U. S.
April 13, 1934
(Revised 1937)

REPORT OF CHANGE IN PAY STATUS

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

CAROLLO (Surname) Domenic (First name) None (Middle initial) 214-599 (Service No.) BM1 (AN) (Rank or rating)

Waukegan Harbor Light Station (Unit) Waukegan, Illinois (Place) 21 March, 1949 (Date)

From: COMMANDING OFFICER, OinC Waukegan Harbor Light Station, Waukegan, Illinoi
To: PAY OFFICER. Cleveland 9th Coast Guard District

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

21 March, 1949 Discharged from U.S. Coast Guard, regular enlistment in the rating of BM1 (AN), with honorable discharge, form no., 2510, by reason of expiration of full two year term of enlistment; to reenlist the following date.
PAFE: Milwaukee, Wisconsin 20 March, 1947
POD: Waukegan, Illinois 21 March, 1949
Entitled to mileage at the rate of 5¢ per mile from POD to PAFE
Not entitled to MOP, have received previous payment.
Elected to receive cash compensation for 60 days unused leave due on discharge.
Total creditable service 12 years, 4 months, 16 days.
Subsistence allowance of $1.50 per day terminated.

AUTHORITY:
Art. 589(1) Regs., CC 31-47
Art. 138, P&SI, F&SC 172-45

Domenic Carollo
Domenic Carollo BM1
(Commanding)
OinC

(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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Waukegan HBR. Light Station (Unit) — Waukegan, Illinois (Place)

CODED NO. 10

FROM: CAROLLO, Domenic (214-599) BM1(AN) — 22 March, 1949 (Date)

TO: COMMANDANT (via Commander, 9th CG District (pmp))

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:

Monica Katherine Carollo (Full name of wife; if not married, so state) — 2220 North 20th St., Sheboygan, Wisc. (Address of wife)

none (Full name of child; if none, so state) — (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:

Angela Carollo (Full name of relative) — Mother (Relationship) — 625 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL (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:

Mrs. John Campra (Full name of relative) — Sister (Relationship) — 525 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL (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 22nd day of March, 1949

Paul Kamenicky (Signature)

Notary Public (Rank or title)

Domenic Carollo (Signature)

BM1(AN), USCG (Rank or rating)

16—25758-1

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Waukegan HBR. Light Station (Unit) — Waukegan, Illinois (Place)

FROM: CAROLLO, Domenic (214-599) BM1(AN) — 22 March, 1949 (Date)

TO: COMMANDANT (via Commander, 9th CG District (pmy))

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:

Monica Katherine Carollo (Full name of wife; if not married, so state) — 2220 North 20th St., Sheboygan, Wisc. (Address of wife)

none (Full name of child; if none, so state) — (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:

Angela Carollo (Full name of relative) — Mother (Relationship) — 625 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL (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:

Mrs. John Campra (Full name of relative) — Sister (Relationship) — 525 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL (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 22nd day of March, 1949

Carl H. Hammerud (Signature)

Notary Public (Rank or title)

Domenic Carollo

Domenic Carollo (Signature)

BM1(AN), USCG (Rank or rating)

16—25758-1

NCG 2500
(Rev. June, 1942)

RE-ENLISTMENT CONTRACT

5/11/49 CODED 10 Mrs

PEA-E 92

UNITED STATES { COAST GUARD / ~~XXXXXXXXXXXXXXXXXXXX~~ }

ENLISTMENT OF CAROLLO, Domenic (Full name, surname to left); 214-599 (Service number); $162.00 (Pay per month)

Accepted for enlistment at Waukegan Hbr. Light Sta., Waukegan, Illinois BM1(AN) (Rating in which enlisted)

Enlisted at Waukegan Hbr. Light Sta., Waukegan, Illinois; 22 March, 1949 (Date of enlistment)

Transferred to Retained at this unit.

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization - Certificate No. - - - - -

Date of birth 2 January, 1912 Place of birth Iron Mountain, Michigan

Home address 625 E. Main St., Iron Mountain, Michigan (Street and number; Town; County; State)

Married or single Married Name and address of next of kin or legal guardian

Monica Katherine Carollo (Wife), 2220 North 20th St., Sheboygan, Wisconsin (Relationship; Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / ~~XXXXXX~~ } 12 (Years) 4 (Months) 16 (Days)

First enlisted 6 November, 1936 (Date) at Sheboygan, Wisconsin (Place) and was

last discharged 21 March, 1949 (Date) from Waukegan Hbr. Light Sta., Waukegan, Ill. (Unit)

with Honorable (Character) discharge as BM1(AN) (Rate) No. Form 2510

Previous Navy service 0 (Years) 0 (Months) 0 (Days) Previous Marine Corps service 0 (Years) 0 (Months) 0 (Days)

Previous Army service 0 (Years) 0 (Months) 0 (Days) Age 37 years 2 months.

Height 5 feet 11 inches. Weight 175 pounds.

Eyes Hazel Sex Male Hair Dark Complexion Fair Color White

Personal characteristics None marks, etc. ____

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 H. M. WARNER, Cdr. 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 22 March, 1949 / during minority until 21 March, 1952 } 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, Domenic Carollo, 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.

Domenic Carollo

Domenic Carollo

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 22nd day of March, A. D. 1949

Carl A. Kammerer

(Commanding officer, notary public, or other officer qualified to administer oaths)

Notary Public

(Title)

My Commission Expires March 22, 1952

Citizenship substantiated and contract perfected.

H. M. WARNER,

Commander, U. S. C. G., *Enlisting Officer.*
Chief, Military Personnel Division

EXTENSION OF ENLISTMENT CONTRACT

(Date)

(Place)

(Unit) by reason of

Enlistment extended until

under authority of

(Signature of man)

(Signature of commanding officer)

16—8420-2

...ary 31, 1941

STATES COAST GUARD

...ENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CAROLLO, Domenic (21-599) BM1(AN) — Waukegan Harbor Light Station, Waukegan, Illinois
(Name in full—surname to the left) (Unit)

(21-599) — 23 March, 1919
(Service number) (Date)

Boatswain's Mate First Class (AN)
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for TWO years)	1917	3	20			
Enlistment extended (for ..... years from)						
Date of discharge (HONORABLE) (Character of discharge)	1919	3	21			
Total time of last enlistment period				2	0	2

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		

Entitled to $100.00 reenlistment allowance.

Total Absence (0 days)

Creditable time served during last enlistment period	2	0	2

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.

Office, 9th CG District, Cleveland, Ohio

Date 23 March, 1919 — (Rank) F. H. SCHONEWOLF, LTJG, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 March, 1919 — Office, 9th CG District, Cleveland, Ohio
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE years from this date.

F. H. SCHONEWOLF, LTJG, USCG

(Rank) LTJG, U. S. C. G.
Commanding officer.

16—20908-1

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

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

REPORT OF CHANGE IN PAY STATUS

CAROLLO (Surname) Domenic (First name) None (Middle initial) 214 599 (Service No.) BM1 (AN) (Rank or rating)

Waukegan Harbor Light Station (Unit) Waukegan, Illinois (Place) 21 March,1949 (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

OinC Waukegan Harbor Light Station, Waukegan,Illinoi
Cleveland 9th Coast Guard District

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

21 March,1949 Discharged from U.S. Coast Guard,regular enlistment in the rating of BM1 (AN), with honorable discharge, form no.,2510, by reason of expiration of full two year term of enlistment; to reenlist the following date.
PAFE: Milwaukee,Wisconsin 20 March,1947
POD: Waukegan, Illinois 21 March,1949
Entitled to mileage at the rate of 5¢ per mile from POD to PAFE
Not entitled to MOP, have received previous payment.
Elected to receive cash compensation for 60 days unused leave due on discharge.
Total creditable service 12 years, 4 months, 16 days.
Subsistence allowance of $1.50 per day terminated.

AUTHORITY:
Art. 589(1) Regs.,CC 31-47
Art. 138, P&SI, F&SC 172-45

Domenic Carollo
Domenic Carollo BM1
(Commanding)
OinC

(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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED NO. 10

Waukegan HBR. Light Station (Unit) Waukegan, Illinois (Place)

FROM: CAROLLO, Domenic (214-599) BM1(AN) 22 March, 1949 (Date)

To: COMMANDANT (via Commander, 9th CG District (pmp))

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:

Monica Katherine Carollo (Full name of wife; if not married, so state) 2220 North 20th St., Sheboygan, Wisc. (Address of wife)

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

Angela Carollo (Full name of relative) Mother (Relationship) 625 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL (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:

Mrs. John Campra (Full name of relative) Sister (Relationship) 525 E. Main St., Iron Mountain, Mich. (Address of relative)

POTENTIAL (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 22nd day of March, 1949

Paul Hammerud (Signature)

Notary Public (Rank or title)

Domenic Carollo (Signature)

Domenic Carollo

BM1(AN), USCG (Rank or rating)

16—25753-1

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Waukegan HBR. Light Station
(Unit)

Waukegan, Illinois
(Place)

CODED M.L.C.

FROM: CAROLLO, Domenic (214-599) BM1(AN)

22 March, 1949
(Date)

TO: COMMANDANT (via Commander, 9th CG District (pmy))

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:

Monica Katherine Carollo
(Full name of wife; if not married, so state)

2220 North 20th St., Sheboygan, Wisc.
(Address of wife)

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

(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:

Angela Carollo
(Full name of relative)

Mother
(Relationship)

625 E. Main St., Iron Mountain, Mich.
(Address of relative)

POTENTIAL
(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:

Mrs. John Campra
(Full name of relative)

Sister
(Relationship)

525 E. Main St., Iron Mountain, Mich.
(Address of relative)

POTENTIAL
(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 22nd day of March, 1949

Carl A. Kammerud
(Signature)

Notary Public
(Rank or title)

Domenic Carollo
Domenic Carollo
(Signature)

BM1(AN), USCG
(Rank or rating)

16—25758-1

N. C. G.-2500 C
Revised 1938

CODED
NO. 10

O in C

30f

PEA-E
92

Waukegan Hdqrs 9th Dist

Service Record

CAROLLO
(Surname)

DOMENIC	214-599	NB
(Christian names)	(Service No.)	(Citizenship)
BM1c	20 March, 1947	TWO
(Enlisted as)	(Date)	(Term of years)
CG-REPAIR BASE	MILWAUKEE, WISCONSIN	
(Ship or station)	(Place)	

16—0677-1

NOT ELIGIBLE FOR
MUSTERING OUT PAY

From compensation of—

Domenic Carollo

APPLICATION FOR ALLOTMENT

PAYABLE TO—

Monthly allotment in the amount of—

Thirty Dollars & No Cents (Words) ($ 30.00 (Figures)) Dollars.

Name Mrs. Angela Carollo

Street and Number 625 East Main Street

Post Office Iron Mountain *State* Michigan

If payable to a Bank, Business Institution, or Individual, for credit of*—

Name

Reason for allotment Contribute to mother's support.

First payment: Month April, 19 42

I hereby request and authorize allotment, chargeable to my pay, as above.

Domenic Carollo

Domenic Carollo

Rank or rating BM 1c (Pro), U. S. C. G.

, 19

Approved, allotment granted.

Commanding

Dist. Comdr. *District.*

Witnessed and registered , 19

Pay Officer,
Officer in charge, *Station.*

Form 2528.—Revised July 1934
TREASURY DEPARTMENT
U.S. COAST GUARD
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.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

* Allotter or member immediate family

From compensation of—

DOMENIC CAROLLO (2114-59), Surfman

PAYABLE TO—

APPLICATION FOR ALLOTMENT

Monthly allotment in the amount of—

Fifteen and no/100 (Words) ($15.00 (Figures)) Dollars.

If payable to a Bank, Business Institution, or Individual, for credit of*—

Name .....

Name Angelo Carollo

Street and Number 625 E. Main Street,

Post Office Iron Mountain *State* Michigan

Reason for allotment for home use, to help support my mother. (The allottee is my mother.

First payment: Month April, 1941

I hereby request and authorize allotment, chargeable to my pay, as above.

Domenic Carollo

Domenic Carollo

Rank or rating Surfman, U. S. C. G.

....., 19....

Approved, allotment granted.

.....

Commanding .....

Dist. Comdr. ..... *District.*

Witnessed and registered....., 19....

.....

Pay Officer,
Officer in charge, ... *Station.*

Form 2528.—Revised July 1934
TREASURY DEPARTMENT
U.S. COAST GUARD
Form approved by Comptroller General U.S.
April 14, 1934

(OVER) DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	1941	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.	15.00				
May	15.00				
June	15.00				
July	15.00				
Aug.	15.00				
Sept.	15.00.				
Oct.					
Nov.					
Dec.					

* Allotter or member immediate family

From compensation of

CAROLLO, Domenic (214-5[illegible])

APPLICATION FOR ALLOTMENT CGC-83418,6ND

PAYABLE TO

Name: Treasurer of the United States
Address: Washington, D. C.
First payment: Month FEBRUARY, 1945.
Last payment: Month IND, 194___

Monthly allotment in the amount of
THIRTY-SEVEN DOLLARS and 50/100 - - - ($37.50) Dollars
(Words) (Figures)

Number of months 1 DEFINITE
(Words) (Figures)

Reason for allotment: Purchase of War Bonds under Installment Plan.

I hereby request and authorize allotment, chargeable to my pay, as above.

Domenic Carollo
Domenic Carollo
Rank or rating CBM(a), U. S. C. G.

24 January, 1945.

Approved, allotment granted.

IRA L. PECK, Lt.Comdr., USCG.
~~Commanding~~ Dist.Finance Officer
D.C.G.O. 6th Naval District.

Witnessed and registered 24 January, 1945.

C. E. MCDANIEL, SDA#55-333
~~Pay Officer~~,
BY: H. L. TEMPLE, CPC, USCGR.
Ass't. Pay Officer, DCGO, 6ND.

DO NOT FOLD -- MAIL FLAT

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

(Over)

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (11-47)

Name , Carollo, Domenic	Service No. 214-599	Rating BM1(AN)
Unit Waukegan Hbr. Light Sta.	Location Waukegan, Illinois	Date reported
FINAL AVERAGE EFFICIENCY MARKS	Proficiency in rating 3.56	Conduct 4.0

Deductible time while attached [XX] None [ ] Entered in absence from duty article of record

Disposition of identification credentials [ ] Surrendered [XX] Not Surrendered (Explanation below)

STATEMENTS OF DISCHARGEE

Explanation of non-surrender of identification credentials

Discharged 3-21-49
Reenlisting 3-22-49

Place to which travel allowance is elected From Waukegan, Illinois to Milwaukee, Wisconsin

Receipt of the following is acknowledged

- [ ] Honorable Discharge Button
- [ ] Honorable Service Button
- [ ] Honorable Service Emblems
- [X] Satisfactory Service Card No. 167790
- [ ] Information relative to rights and benefits as a veteran with ammendments

Address subsequent to discharge

Waukegan HBR. Lt. Sta., Waukegan, Ill.

Signature of dischargee

Domenic Carollo
Domenic Carollo

Remarks

$100.00 reenlistment allowance, $2.45 mileage from Waukegan, Illinois to Milwaukee, Wisconsin, and $141.00 for 60 days unused leave has been credited to pay account for inclusion in normal pay.

DISCHARGE

CODED NO. 10

Date	Type of discharge
3-21-49	HONORABLE

Reason

Expiration of full TWO years term of Enlist.

Authority

Art. 561 (1), REGS.

MUSTERING OUT PAY

[ ] Entitled [XX] Not Entitled

Amount paid	Voucher No.	Check No.

TRAVEL ALLOWANCE AND PAY

Paid TA from	To
Milwaukee, Wis.	Waukegan, Illinois
Total TA 2.45	Total TA & pay (in full to date of discharge) NONE
Check No. None	Name of pay officer J. D. SIMPSON, PCLK, USCG

CREDITABLE SERVICE THIS ENLISTMENT

Years	Months	Days
2	0	2

REENLISTMENT RECOMMENDATION

[XX] Recommended [ ] Not Recommended

Certified to be correct upon termination of service

F. H. SCHONEWOLF, LTJG, USCG
COMMANDING OFFICER
By direction

INCLOSURE 3

* 2500
(June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / [illegible] }

ENLISTMENT OF CAROLLO, Domenic (Full name, surname to left); 214-599 (Service number); _____ (Pay per month)

Accepted for enlistment at CG-Repair Base, Milwaukee, Wisconsin; EMlc. (AN) (Rating in which enlisted)

Enlisted at CG-Repair Base Milwaukee, Wisconsin; 20 March, 1947 (Date of enlistment)

Transferred to CG-Repair Base Milwaukee, Wisconsin

Occupation Salesman Citizenship * NB If naturalized, place and date of naturalization NONE Certificate No. NONE

Date of birth 2 January, 1912 Place of birth Iron Mountain, Michigan

Home address 625 E. Main St. Iron Mountain, Michigan (Street and number) (Town) (County) (State)

Married or single Single Name and address of next of kin or legal guardian

Angela, Carollo (Mother) (Relationship) 625 E. Main St. Iron Mountain, Michigan (Address)

Continuous Service Certificate _____ (Number) Previous service { Coast Guard / [illegible] } 1C (Years) 4 (Months) 14 (Days)

First enlisted 6 November, 1936 (Date) at Sheboygan, Wisconsin (Place) and was

last discharged 19 March, 1947 (Date) from CG-Repair Base Milwaukee, Wisconsin (Unit)

with Honorable (Character) discharge as EMlc. (AN) (Rate) No. A62456

Previous Navy service 0 (Years) 0 (Months) 0 (Days) Previous Marine Corps service 0 (Years) 0 (Months) 0 (Days)

Previous Army service 0 (Years) 0 (Months) 0 (Days) Age 35 years 2 months.

Height 5 feet 11 inches. Weight 175 pounds.

Eyes Hazel Sex Male Hair Dark Complexion Fair Color White

Personal characteristics NONE marks, etc. _____

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 F.E. SANDERSON 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 { TWO years from 20 March, 1947 / [illegible] 19 March, 1949 } 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, Domenic Carollo, 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.

Domenic Carollo

Domenic Carollo

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 20th day of March, A. D. 19 47

F.E. Sanderson

F.E. SANDERSON, Lieut., (jg)

(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer (Acting)

(Title)

Citizenship substantiated and contract perfected.

F.E. Sanderson

F. E. SANDERSON, Lieut., (jg)

Commanding Officer Acting, *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

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised July 1941)

SERVICE RECORD

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			WaukeganHbrLtSta.	4-3-48	F. H. SCHONEWOLF Lieut (jg) By dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

16—9676-1

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-529 (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
Port Washington Brkw.Lt. Sta.	8-8-47	Awarded World War Victory and American Defense Medal Auth: Act of Congress 6 July. 1945 and General Order #10 CG Reg;	Lieut

16—9676

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
CG-Training Center Groton, Conn.	7/1/46	Successfully completed a twenty one week course in Aids to Navigation. Awarded (A-N) Desig.	G.W. Centner By direction

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
Port Wash. Brkw. Lt.Sta.	3/13/47	3/19/48	BM1c (AN)	Edward K. Olson
Waukegan Lt. Station	4/4/49			Edward K. Olson

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF CAROLLO, Domenic 214-599
(Full name, surname to the left) (Service No.)

ACCRUED CREDITS			LEAVE TAKEN				TYPE	B/L. DUE	CO's SIGNATURE and UNIT
REASON	DATE	NO DAYS	FROM	TO	REASON	NO days	~~XXXX~~ LV.	NO DAYS	
IC	9-1-46	20							/s/ Thomas Daly
			10-3-46	10-17-46	15		ACC	5	Bos'n Two Rivers LB Sta.
Reen	3-20-47								
ANCR	6-30-47	25						30	
BBF	7-1-47	30	3-~~19~~-48 20	3-~~30~~-48 29	Reg.	10	ACC	20	E. K. Olson
~~BBF~~	~~3-10-48~~	~~20~~							E.K. Olson, CBM OinC, Port Wash. Lt. Sta.
AN CR	6-30-48	30						50	F. H. SCHONEWOLF Lieut (jg) By dir.
BBF	7-1-48	50						50	F. H. SCHONEWOLF Lieut (jg) By dir.
CR(Dis)	3-21-49	22						60	F. H. SCHONEWOLF Lieut (jg) By dir.

ELECTED TO RECEIVE CASH COMPENSATION FOR 60 DAYS UNUSED LEAVE DUE ON DISCHARGE.

CREDITED $ ~~366.00~~ 444.00 ON CURRENT PAY RECORD, COMPENSATION FOR 60 DAYS "ACCRUED LEAVE" TO DATE OF DISCHARGE ON 3-21-49

J. D. Simpson
Authorized Certifying Officer

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO DAYS	CO's SIGNATURE AND UNIT

RECORD OF CAROLLO, Domenic 214-599
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (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—9076

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
Carollo Domenic	214-599	BM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cleveland 9th CGD	Waukegan Lt. Sta.	Illinois
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Cleveland 9th CGD	09-241	3 April,1948

TIME 1700
DATE 3 April,1948
REPORTED FROM: Port Washington Brkw. Lt. Sta.
FOR Assignment to duty as OinC

DUTY CODE NO.
AUTH: DCGO ltr. 10 March, 1948 file 73-531 TO no.0928

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH: DCGO Ltr. 10 March,1948 file 73-531 TO no. 092867
Domenic Carollo
Domenic Carollo BM1c
OinC (XXXXXX)

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.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG-REPAIR BASE (Unit) — MILWAUKEE, WISCONSIN (Place)

20 March, 1947 (Date)

FROM: CAROLLO, Domenic (214-599) Mlc, (AN) USCG

TO: COMMANDANT (via C.O. CG-Rep. Base Milw. Wis.)

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)
NONE	NONE
NONE	NONE
(Full name of child; if none, so state)	(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)
Angela Carollo	Mother	625 E. Main St. Iron Mountain, Mich.

(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)
Mrs. John Campra	Sister	525 E. Main St. Iron Mountain Mich.

Potential

(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 20th day of March, 19 47

F. E. Sanderson

F. E. SANDERSON, Lieut., (jg) (Signature)

Commanding Officer (Acting) (Rank or title)

Domenic Carollo

DOMENIC CAROLLO (Signature)

Mlc. (AN) (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-Repair Base Milwaukee, Wisconsin
(Unit)

CAROLLO, Domenic
(Name in full—surname to the left)

20 March, 1947
(Date)

214-599
(Service number)

Mlle. (AN)
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 4 years)	1943	2	20			
Enlistment extended (for 1 Yr. 4 years from)	1947	2	19			
Date of discharge (Honorable) (Character of discharge)	1947	3	19			
Total time of last enlistment period	4	1	0	4	1	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)	0	0	0
Creditable time served during last enlistment period	4	1	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.

F. E. Sanderson
F. E. SANDERSON,

Date 20 March, 1947

(Rank) Lieutenant, (jg)
Acting
Commanding officer., U. S. C. G.

Regular Establishment

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 March, 1947

Coast Guard Repair Base Milwaukee, Wisconsin
(Unit and place)

I CERTIFY that the above-named man CAROLLO, Domenic (214-599) Mlle (AN)
(Reenlisted or voluntarily extended his enlistment)
for a period of TWO years from this date.

F. E. Sanderson
F. E. SANDERSON, I

(Rank) Lieutenant (jg)
Acting
Commanding officer., U. S. C. G.

16—20908-1

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
CAROLLO, Domenic	214-599	EMlc. (AN) USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-Repair Base		Milw. Wisconsin

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
09-259		13 March, 1947

TIME 1630
DATE 13 March, 1947

REPORTED FROM: CG-Group, Two Rivers, Wisconsin
FOR assign perm duty as OinC Port Wash. Brkw. Lt. Sta. relieving Griesbacher, Joseph R. (124-790) EMlc.

DUTY CODE NO.

AUTH: Cleve/L-3-6-47 (73-701-531)

TIME 1645
DATE 13 March, 1947

TRANSFERRED TO: Port Wash. Brkw. Lt. Sta.
FOR assign perm duty as OinC Port Wash. Brkw. Lt. Sta. relieving Griesbacher, Joseph R. (124-790) EMlc.

AUTH: Cleve/L-3-6-47 (73-701-531)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

DUTY CODE NO.

AUTH:

F.E. SANDERSON, Lieutenant (jg)
Acting (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 _____

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

14

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CAROLLO, Domonic	214-599	EM1c.(AN) USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-Repair Base	Port Wash. Brkw. Lt. Sta.	Port Wash. Wisconsin

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
09-259	09-267	13 March, 1947

TIME 1730
DATE 13 March, 1947

REPORTED FROM: CG-Repair Base Milwaukee, Wisconsin
FOR assign perm duty as OinC this unit

DUTY CODE NO.

AUTH: Cleve/L-3-6-47 (73-701-531)

TIME

DATE

TRANSFERRED TO:

FOR

SERVICE RECORD COPY

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: F. E. SANDERSON, Lieutenant, (jg)
Acting (*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. 6-45)

28 No.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CAROLLO, Domenic	214-599	EM1c. USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-Repair Base		Milwaukee, Wisconsin

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
09-259		19 March, 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)

1000 - 19 February, 1947 - Extended enlistment for administrative purposes due to TD and subsequent transfer. Records being enroute.

1000 - 19 March, 1947 - Discharged from the U.S. Coast Guard with Honorable Discharge Certificate, Serial # A62456 by reason of expiration of enlistment.

PAFE: CG-Yard Curtis Bay, Maryland
POD: Milwaukee, Wisconsin
Entitled to and certified to for Mustering out payment.
Entitled to TA at the rate of $0.05 per mile from Pafe to POD.

DUTY CODE NO. Art: 542 CG-Reg. PB-103-44 P&SC 172-45
AUTH: F. E. SANDERSON, Lieut. (jg) Acting

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 _____

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

25

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CAROLLO, Domenic	214-599	BMlc. USCG.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-Repair Base		Milwaukee, Wisconsin

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
09-259	20 March, 1947

TIME — REPORTED FROM:

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)

1000 - 20 March, 1947 - Reenlisted in the U.S. Coast Guard Regular Establishment as Boatswain Mate First Class, for a period of two (2) years.

Entitled to $200.00 reenlistment allowance.

Total previous service 10 years 4 months 14 days.

DUTY CODE NO. PB-103-44 Chg. # 49 CG-Reg. AUTH:

F. E. SANDERSON, Lieutenant (jg)
Acting (*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

UNITED STATES COAST GUARD

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE: CG-73 (pra)
702

CLEVELAND 15, OHIO



FOR INSERTION IN SERVICE

1 March, 1947

From: Recruiting Officer, Ninth Coast Guard District
To: **CAROLLO, Domenic (214-599) BM1c - Chicago Sub-Recruiting Station**

Subj: Recruiting Drive, 1 January, 1947 to 1 March, 1947; successful participation in

1. The National Recruiting Drive of 1 January to 1 March, 1947, in which you participated has been most successful. Throughout the drive, you and the personnel attached to your unit have been most successful in recruiting during the first two months when the maximum effort was needed. The drive will continue for several months longer on a somewhat smaller scale.

2. You and the personnel attached to your unit are to be congratulated for your untiring efforts in the Recruiting Drive. It was a pleasure working with you, and you may be sure that all those connected with the drive realize the great amount of personal time and effort you have so willingly given.

3. A copy of this letter will be placed in your service record.

J. C. WENDLAND
Commander, USCG

cc:

HQ
Jacket

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

APR 15 1947

CODED NO. 40

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

ENLISTMENT OF CAROLLO, Domenic (Full name, surname to left); 214-599 (Service number); ____ (Pay per month)

Accepted for enlistment at CG-Repair Base, Milwaukee, Wisconsin; BM1c. (AN) (Rating in which enlisted)

Enlisted at CG-Repair Base Milwaukee, Wisconsin; 20 March, 1947 (Date of enlistment)

Transferred to CG-Repair Base Milwaukee, Wisconsin

Occupation Salesman Citizenship * NB If naturalized, place and date of naturalization NONE Certificate No. NONE

Date of birth 2 January, 1912 Place of birth Iron Mountain, Michigan

Home address 625 E. Main St. Iron Mountain, Michigan (Street and number) (Town) (County) (State)

Married or single Single Name and address of next of kin or legal guardian

Angela, Carollo (Mother) (Relationship) 625 E. Main St. Iron Mountain, Michigan (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / ~~Reserve~~ } 10 (Years) 4 (Months) 14 (Days)

First enlisted 6 November, 1936 (Date) at Sheboygan, Wisconsin (Place) and was

last discharged 19 March, 1947 (Date) from CG-Repair Base Milwaukee, Wisconsin (Unit)

with Honorable (Character) discharge as BM1c. (AN) (Rate) No. A62456

Previous Navy service 0 (Years) 0 (Months) 0 (Days) Previous Marine Corps service 0 (Years) 0 (Months) 0 (Days)

Previous Army service 0 (Years) 0 (Months) 0 (Days) Age 35 years 2 months.

Height 5 feet 11 inches. Weight 175 pounds.

Eyes Hazel Sex Male Hair * Dark Complexion Fair Color White

Personal characteristics NONE marks, etc. ____

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 F.E. SANDERSON 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 { TWO years from 20 March, 1947 / during minority until 19 March, 1949 } 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, Domenic Carollo 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.

Domenic Carollo

Domenic Carollo
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 20th day of March, A. D. 19 47

F.E. Sanderson

F.E. SANDERSON, Lieut., (jg)
(Commanding officer, notary public, or other officer qualified to administer oaths)

Commanding Officer (Acting)
(Title)

Citizenship substantiated and contract perfected.

F.E. Sanderson

F. E. SANDERSON, Lieut., (jg)

Commanding Officer, *U. S. C. G., Enlisting Officer.*
Acting

EXTENSION OF ENLISTMENT CONTRACT

(Place) (Date)

(Unit) by reason of

Enlistment extended until

under authority of

(Signature of man)

10—8420-2

(Signature of commanding officer)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG-REPAIR BASE
(Unit)

MILWAUKEE, WISCONSIN
(Place)

CODED NO. 4

20 March, 1947
(Date)

FROM: CAROLLO, Domenic (214-599) BM1c, (AN) USCG

TO: COMMANDANT (via C.O. CG-Rep. Base Milw. Wis.)

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:

NONE (Full name of wife; if not married, so state)	NONE (Address of wife)
NONE (Full name of child; if none, so state)	NONE (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:

Angela Carollo (Full name of relative)	Mother (Relationship)	625 E. Main St. Iron Mountain, Mich. (Address of relative)

(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:

Mrs. John Campra (Full name of relative)	Sister (Relationship)	525 E. Main St. Iron Mountain Mich. (Address of relative)

Potential
(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

20th day of March, 1947

F. E. Sanderson
F. E. SANDERSON, Lieut., (jg)
(Signature)

Commanding Officer (Acting)
(Rank or title)

Domenic Carollo
DOMENIC CAROLLO
(Signature)

BM1c. (AN)
(Rank or rating)

16—25758-1

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG-REPAIR BASE — (Unit)

MILWAUKEE, WISCONSIN — (Place)

20 March, 1947 — (Date)

CODED NO. 4

FROM: CAROLLO, Domenic (214-599) BMlc, (AN) USCG

TO: COMMANDANT (via C.O. CG-Rep. Base Milw. Wis.)

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:

NONE — (Full name of wife; if not married, so state) — NONE. — (Address of wife)

NONE — (Full name of child; if none, so state) — NONE — (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:

Angela Carollo — (Full name of relative) — Mother — (Relationship) — 625 E. Main St. Iron Mountain, Mich. — (Address of relative)

(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:

Mrs. John Campra — (Full name of relative) — Sister — (Relationship) — 525 E. Main St. Iron Mountain Mich. — (Address of relative)

Potential

(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 20th day of March, 19 47

F. E. Sanderson

F. E. SANDERSON, Lieut., (jg) — (Signature)

Commanding Officer (Acting) — (Rank or title)

Domenic Carollo

DOMENIC CAROLLO — (Signature)

BMlc. (AN) — (Rank or rating)

16—25758-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

25

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
CAROLLO, Domenic	214-599	BM1c. USCG.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-Repair Base		Milwaukee, Wisconsin

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
09-259	20 March, 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)

1000 - 20 March, 1947 - Reenlisted in the U.S. Coast Guard Regular Establishment as Boatswain Mate First Class, for a period of two (2) years.

Entitled to $200.00 reenlistment allowance.

Total previous service 10 years 4 months 14 days.

DUTY CODE NO. PB-103-44
AUTH: Chg. # 49 CG-Reg.

F. E. Sanderson
F. E. SANDERSON, Lieutenant (jg)
Acting (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)

26

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CAROLLO, Domenic	214-599	BM1c. USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-Repair Base		Milwaukee, Wisconsin

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
09-259	19 March, 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)

1000 - 19 February, 1947 - Extended enlistment for administrative purposes due to TD and subsequent transfer. Records being enroute.

1000 - 19 March, 1947 - Discharged from the U.S. Coast Guard with Honorable Discharge Certificate, Serial # A62456 by reason of expiration of enlistment.

PAFE: CG-Yard Curtis Bay, Maryland
POD: Milwaukee, Wisconsin
Entitled to and certified to for Mustering out payment.
Entitled to TA at the rate of $0.05 per mile from Pafe to POD.

DUTY CODE NO. Art: 542 CG-Reg. PB-103-44 F&SC 172-45
AUTH:

F. E. Sanderson
F. E. SANDERSON, Lieut., (jg)
(Commanding)
Acting

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

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised 1938

18

Service Record

CAROLLO
(Surname)

DOMENIC (214-599) NB
(Christian names) (Service No.) (Citizenship)

(Enlisted as) 20 February, 1943 (Date) Three (3) (Term of years)

CGC BRUSSTAR C.G.YARD, Curtis Bay, Maryland
(Ship or station) (Place)

16—9677

CERTIFIED FOR MUSTERING-OUT PAY

8341 8





be assigned upon discharge, even though the period is less than one

medal, honorable discharge
nmendations by Headquar-

	PROF.	CONDUCT	SOBRIETY	A. L. M.	HEALTH	ADAPTABILITY FOR WARRANT GRADE
11-	.0	4.0	4.0	2.8	4.0	
11-						
2-	.33	4.0	4.0	3.2	4.0	
2-20-42						

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ch as messmen, mail clerk,
ruiting, intelligence duty,

f all periods during which
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e use of drugs or alcoholic

ial by a Coast Guard court
l Instructions.)

ure of absence, as follows:

esertion).

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duct.

ng trial by a Coast Guard
el Instructions.)

U. S. TREASURY DEPARTMENT, COAST GUARD FORM #9533 DIEBOLD 1116-100

MISCELLANEOUS DATA

Cr. fr. Sunt. to B.M.1c(Ro) — 1-26-42
CR. fr. BM1c(Ro) to CBM(a)(Ro) — 9-4-42
1-21-43 Transferred to Curtis Bay, Maryland for assignment to duty aboard the E.M. BRUSSTAR.

le 17 will *not* be executed.

cle 17 will *not* be executed.

ompiling Article 16.

rmitted. Should an error
r enlisting officer entering

he typewriter.

V MVJA INT K
K R
CMEW V MVJA NR6 R

FM CCGD NINE 111639Z

TO CG REPAIR BASE MILW/CMEW

INFO CG GROUP TWORIVERS WISC/DLVD

PMP X ENLISTMENT OF CAROLLO DOMENIC 214-599 BM1c AN EXPIRED 19 FEB

X IF NECESSARY FORMS FOR REENLISTMENT NOT AVAILABLE REQUEST SAME

BY DISPATCH X MAN NOW ENROUTE PT WASH LT FOR ASDU

1641/11 MAR SW 111639Z 214-599 BM1c AN 19 PT WASH LT
..R THRU 6 WL 1645Z / 11

COPY COPY COPY

CAROLLO, Domenic (n) (214-599) BMlc.(AN)

CG Grp.Two Rivers
(Sheboygan Lt.Sta.) Sheboygan, Wisconsin.

10 March, 1947

1000 - 10 March, 1947 - Transferred to Port Washington Light Station, for assignment to permanent duty as Officer in Charge.

No leave granted enroute.

Granted four (4) days proceed time enroute.

Subsistence allowance of $1.20 per day terminates as of this date.

Comdr.9CGD T/O #092274

Thomas Daly, Bos'n USCG

CO.

C. G.-2655

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE **1o March, 1947** UNIT **CG Grp.Two Rivers**

FROM		PLAIN
		ENCRYPT
TO (FOR ACTION)		URGENT
		PRIORITY
		ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE
TO (FOR INFORMATION)		URGENT
		PRIORITY
		ROUTINE
		DEFERRED
		MAILGRAM
		ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

101400 - CAROLLO DOMENIC (214-599) BM1c (AN) enlistment expired 2-19-47 in the Regular Establishment X Request extension for administrative purposes X Tr. Port Washington Lt. Sta. 3-10-47 Per duty X Request further instructions.

CO CG Grp. Two Rivers.

INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED

U. S. GOVERNMENT PRINTING OFFICE 16—20710-1

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT (pra)
REFER TO FILE: CG-73
702



1 March, 1947

From: Recruiting Officer, Ninth Coast Guard District
To: CAROLLO, Domenic (214-599) BM1c - Chicago Sub-Recruiting Station

Subj: Recruiting Drive, 1 January, 1947 to 1 March, 1947; successful participation in

1. The National Recruiting Drive of 1 January to 1 March, 1947, in which you participated has been most successful. Throughout the drive, you and the personnel attached to your unit have been most successful in recruiting during the first two months when the maximum effort was needed. The drive will continue for several months longer on a somewhat smaller scale.

2. You and the personnel attached to your unit are to be congratulated for your untiring efforts in the Recruiting Drive. It was a pleasure working with you, and you may be sure that all those connected with the drive realize the great amount of personal time and effort you have so willingly given.

3. A copy of this letter will be placed in your service record.

J. C. WENDLAND
Commander, USCG

cc:

HQ
Jacket

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

Carollo Domenic (Name—Surname to left) | BM1/c (AN) (Rank or rating 31 Aug. 1946) | (214-599) (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 135 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) | Gertrude M. Carollo (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.

Domenic Carollo
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Two Rivers, Wisconsin this 29 th day of November, 1946

(SEAL)

Thomas Daly
Thomas Daly, Bos'n USCG.
(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.

His service record indicates 0-annual and 5-reenlistment for the period 2-20-43 to 11-29-46.

Thomas Daly (Signature of Commanding Officer) Thomas Daly, Adj'n USCG. (Unit) CG Grp. Two Rivers.

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

QUESTIONAIRE FOR PETTY OFFICERS U. S. COAST GUARD

be filled out by Petty Officer and returned to this office

AME Carollo (LAST) Domenic (FIRST) none (MIDDLE) (214-599) (SERVICE NO.)

DATE QUESTIONAIRE IS FILLED OUT 29 Oct.,1946 PRESENT UNIT Sheboygan Lt. Sta.

Date of Birth Jan.,2 1912 Place of Birth Iron Mountain,Mich.

Home Address 625 E.Main Street Iron Mountain, Michigan

Married or Single Single

No. of dependents under 18 years of age. none

Total Service to day
Coast Guard Service ten years
Former Light house none
OTHER MILITARY SERVICE none
Totals ten years

Present Rate BM1/c (AN) Date Rated Jan2,1942

Highest Rank or Rating held during war CBM

Previous Rates held and dates Surfman - 10/6/36 to 1/2/42

CBM - 9/15/42 to 7/1/46

Education, Highest grade completed: 12th.

Schools attended since entering USCG:

School	Name of Course	From	To
Groton, Connetticut	Aids To Navigation	Feb. Jul	to July '46

List CG Institute Courses completed:

BM2c Course

Good English Course

List choice of assignement; ashore & afloat Lighthouse

1st Choice
2nd Choice "
3rd Choice "

List principal Coast Guard duties performed within past 10 years, beginning with present duty, including only assignments of 3 months or more.

SHIP OR STATION	DUTIES	DATES: FROM	TO
~~Lighthouse Sheboygan, Wis.~~	~~Bln C~~	~~Aug.,17, 1946~~	~~present~~
~~Groton, Conn.~~	~~A.to N. School~~	~~Feb.1, 1946~~	~~July 1.1946~~
~~CGC-83449~~	~~SUBMARINE Patrol~~	~~July,1945~~	~~Oct. 1945~~
~~CGC-83418~~	~~SUBMARINE PATROL~~	~~JAN.,1944~~	~~July,1945~~
~~B.H.BRUSTAR~~	~~SUB.PATROL TRAINING~~	~~Jan.1943~~	~~July 1943~~
~~Escanaba,Mich.~~	~~CGPT~~	~~May,1942~~	~~Jan ,1942~~
Surf Stations	Life Saving	Nov.1936	May, 1942

Domenic Carollo

~~Domenic Carollo BM1/c (AN)~~ Signed

Two Rivers, Wisconsin

CG Grp.Two Rivers

File 73-522

5 October, 1946

To: Commander, 9th CG District (f)

Subj: CARROLLO, Domenic (214-599) BM1c; family allowance, termination of.

1. In compliance with Article 360 Pay and Supply Instructions, you are informed that the subject man wife died on the 30 September, 1946.

Thomas Daly,
CO.

Ind-6
Comdr., 9th CG Dist (pra)
73
6 September, 1946

To: Officer in Charge, Group, Two Rivers, Wisconsin

Subj: Carollo, Domenic (214-599) CBM; Enlistment Contract; clarification of

Forwarded for insertion in subject man's service record.

F. H. SCHONEWOLF
By direction

Ind-2
USS ADM C.F. HUGHES(AP-124)
c/o FPO, S.F., CALIF.
11 March, 1946

U. S. COAST GUARD
JUL 23 1946

To: Administrative Commander, Coast Guard Activities-Southwest Pacific, Cavite, P.I.

Forwarded inasmuch as subject-named man was transferred to your command on 23 February, 1946.

G. W. PLAYDON
By direction

Ind-3
CG Activities, CNP, Manila, PI, N-3142
24 July, 1946

U. S. COAST GUARD
RECD SEP 6 1946

To: The Commandant (PE-A)

Forward for Headquarters' dispostion. There is no record of subject man ever having been attached to this command.

E. A. SIMPSON
Executive Officer

RECEIVED
U.S. COAST GUARD
TRAINING STATION
AUG 22 1946
GROTON, CONN.

Ind-4
Commandant (PE-E-1)
CG-73
19 August, 1946

To: Commanding Officer, CG TraSta, Groton, Connecticut

Forwarded.

M. K. HUTCHINSON
By direction

Ind-5
CGTS, Groton, Conn.
31 August, 1946

To: Comdr. 9th CGD

Records at this Station indicate that CAROLLO was transferred to your District on the 2 July, 1946

G.W. GENTNER
By direction

REPLY TO
COMMANDANT (PEA-E-1)
IN REPLY REFER TO FILE: CG-73

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.



17 January, 1946

To: Commanding Officer, CG Training Station, Alameda, Calif.

Subj: CAROLLO, Domenic (214-599) CBM; Enlistment Contract; clarification of

Ref: (a) Your letter 9 January, 1946 (CG-73)

1. Subject man's enlistment contract dated 20 February, 1943 is for a period of four years.

2. At the time of subject man's contract was originally made out for a three year term but was corrected in order to conform with the provisions of Change No. 22. A Form 2599 on file at HQ, a certified copy of which is inclosed, which was submitted on 20 February, 1943 by the BRUSSTAR, indicates that the correction was made on the contract at the time the contract was executed.

M. K. HUTCHINSON
By direction

Incl
Certified copy Form 2599 dated 2-20-43

Ind-1
CO. CG. TraSta.,
Alameda, California
14 February, 1946

To: Commanding Officer, USS ADMIRAL C. F. HUGHES (AP-124); c/o Fleet Post Office, San Francisco, California

Forwarded for your disposition inasmuch as subject man was transferred to your command.

D. M. STADT, Lt.(jg)(R)
By direction

1/29/46
To
CG-73 comm
Cato

Form No. 2599

REPORT OF CHANGE IN PERSONNEL

CAROLLO Domenic --- (214-599) C.B.M.(a) (Pro)

CGC BRUSSTAR C. G.YARD, Curtis Bay, Md. 20 February, 1943

0900, this date, enlisted in the Regular Establishment for a period of four (4) years, as surfman; immediately advanced to the rating of Chief Boatswain Mate (acting) (Provisional). Last discharged 0900, 19 February, 1943 with Honorable Discharge Serial No A64657 upon expiration of full term three (3) years enlistment.

AUTHORITY:
HD'Qrs 3rd. Indorsement
Form 2525B
F.C. 74-42

/s/ Daniel E. Grimshaw

DANIEL E. GRIMSHAW
Lieutenant (j.g.) USCGR

CERTIFIED TO BE A TRUE COPY

M. K. HUTCHINSON, Lieut., USCG

Form No. 2668
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

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

REPORT OF CHANGE IN PAY STATUS

CAROLLO,	Domenic	- -	214-599	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Grp. Two Rivers Sheboygan Light Station	Sheboygan, Wisconsin	1 July, 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:

1 July, 1946 Reverted in rating from CBM (AN) (temporary) to BM1c(AN) (permanent).

NOTE - The above named man reported this unit on the 19 August, 1946. His service record does not indicate any previous report reverting to his permanent rating.

AUTHORITY: ALCOAST 119-46

Thomas Daly
Thomas Daly, Bos'n USCG
(Commanding.)
Commanding Officer.
(Title)

Service Record

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 O 10936

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
CAROLLO, Domenic	214-599	BMlc.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Grp. Two Rivers	Sheboygan Light Station	Sheboygan, Wisconsin.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE
09-235	09-230	1 July, 1946

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM CBM(AN) Temporary TO BMlc (AN) Permanent EFFECTIVE 1 July, 1946

DUTY CODE NO. — AUTH: ALCOAST 119-46

OTHER CHANGES (SPECIFY)

16 January, 1945 Advanced to CBM (temporary) Pay grade-1.

30 June, 1946 Held temporary rating as CBM (AN) .

1 July, 1946 Reverted to permanent rating as BMlc.

NOTE - The above named man reported this unit on the 19 August, 1946. His service record does not indicate any previous report reverting to his permanent rating.

DUTY CODE NO. Service record. — AUTH: ALCOAST 119-46

Thomas Daly
Thomas Daly, Bos'n 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

Sheboygan, Wisconsin

Sheboygan LB/Sta.

File-73-521

25 November, 1946

To: Coast Guard Headquarters, Military Morale Div.

Via: CO. CG Group, Two Rivers, Wis.
Commander, 9th. Coast Guard District, Cleveland, Ohio

Subj: Quarters Allowance for Dependents, application for.

1. It is requested that I be allowed quarter allowance pay for my dependent mother, Mrs. Angela Carollo, 625 E. Main St. Iron Mountain, Michigan and to commence 1 December, 1946

2. I have made application for an allotment of fifty dollars ($50.00) per month for her support.

Domenic Carollo,(214-599) BM1c (AN)

Ind-1
CG Grp.Two Rivers
28 November, 1946

1. Forwarded.

Thomas Daly.

REPORT OF CHANGE IN PERSONNEL
United States Coast Guard
NAVCG-2599 (REV. 6-44)

HQ SR FRO FILE No. 236

Surname, First Name, Initial	Service No.	Present Rank or Rating
CAROLLO, Domenic (n)	214-599	CBM

Major Unit Name	Minor Unit Name	Location
USS ADMIRAL C.F. HUGHES (AP-124)		c/o FPO, San Francisco, Calif.

Unit Item No. or Vessel's Assigned District	Date
	29 January, 1946

TIME
DATE

REPORTED FROM:
FOR

Duty Code No. 96S AUTH:

TIME
DATE 29 January,1946

TRANSFERRED TO: CGTS, Groton, Conn.
FOR training in Aids to Navigation.

AUTH: HD 260204 (January, 1946)

CHANGED IN (RANK / RATING) FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. 96S AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 96S AUTH:

G. W. PLAYDON, Commander, USCG
By direction (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

In accordanc... third indorsem... 24 November, 194... 2525B.

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

ENLISTMENT [a] of CAROLLO, Domenic (214-599) as
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard Cutter ~~Station~~ BRUSSTAR, District, C.G.YARD, Curtis Bay, Md.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Curtis Bay, Maryland
(Place)

1. I, Domenic Carollo, this 20th. day of February, 1943, 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 Iron Mountain, Michigan 2 January, 1912 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - Certificate No. - - - -

If intentions declared, place and date of declaration - - - -

Occupation or trade Salesman Home address 625 E.Main St., Iron Mountain, Mich.

Full name and address of the following: Certude M. Carollo, 625 E.Main St., Iron Mountain, Mich.
(Wife, if any)

(Children under 21 years of age. Specify ages of children)

Angela Carollo, 625 E.Main St., Iron Mountain, Mich. Widowed? Yes
(Mother, if living)

(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 for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

None
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - - 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 February, 1943, from Cutter ~~Station~~ BRUSSTAR with Honorable discharge, herewith submitted, serial No. A64657
(Kind of discharge) (Strike out one)

9. I agree to and with the United States of America, represented by Daniel E. Grimshaw, 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 four 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 unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of four 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 Daniel E. Grimshaw, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Domenic Carollo 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—7931 U. S. GOVERNMENT PRINTING OFFICE

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.

*I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six months after the termination of the war or national emergency.

Dominic Carollo
Domenic Carollo
(Signature of enlisted person)

UNITED STATES OF AMERICA,

Daniel E. Grimshaw
By Daniel E. Grimshaw, Lieut (j.g.) USCGR
(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.

Daniel E. Grimshaw
Lieutenant (j.g.) U. S. C. G. Enlisting Officer.

11. OATH OF ALLEGIANCE

I, Domenic Carollo (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.

*I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six months after the termination of the war or national emergency.

Dominic Carollo
Domenic Carollo
(Signature of enlisted person)

Subscribed and sworn to before me this 20th day of February, A. D. 1943

Daniel E. Grimshaw
Daniel E. Grimshaw
(Comdg. officer, ~~officer authorized by law to administer oaths~~)

12. DESCRIPTIVE LIST

Age 31 years 2 months. Height 5 feet 11 inches. Weight 175 pounds. Eyes Hazel

Hair Dark Complexion Fair Color White Married Yes

Distinguishing marks None

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—7931

RECORD OF CAROLLO, Domenic BM1c.(AN) 214-599 (SERVICE NUMBER)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN						SAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO'S SIGNATURE
REMARKS	DATE	DAYS	FROM	TO	REASON	NO DAYS	ADV. LV.	NO DAYS		FROM	TO	REASON	NO DAYS	
IC	9-1-46	20						20						Thomas Daly Thomas Daly, Bos'n
			10-3-46	10-17-46	LV	15								Thomas Daly Thomas Daly, Bos'n
AnCr	2-20-47	30												Thomas Daly Thomas Dalt, Bos'n.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

SERVICE RECORD

RECORD OF CAROLLO, Domenic (214-599)
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			CGC BRUSSTAR	2-20-43	W. E. B.
Brusstar YARD	JUN 4 1943	H. L. Grimshaw	YARD	JUN 4 1943	By direction
U.S. Curtis Bay	JUL 12 1943	By direction	U.S. Curtis Bay	7-12-43	By direction
SCTC/DCGO/7ND	10/4/43		SCTC-DCGO-7ND	7-20-43	
USNR/S Houston	10-30-43		USNR/S, Houston, Tex.	7 OCT 194	
USS SAVAGE(DE-386)	12-30-43		USS SAVAGE (DE-386)	10-29-43	Lt. (R)
COTP CHAS.	1-21-44		COTP, CHAS. S.C.	12-30-43	
CGRecSta., Chas., SC	2-8-44		C G Rec Sta Chas SC	1-21-44	
			CG-83418	2-9-44	
			U S Naval Frontier Base, San Pedro	17 MAR '45	
USN FROBASE, SP(83418)	7-6-45		CG 83418	9 July '45	
			NOB NavBrks N-926	8-31-45	
NavBrks NOB N-926	10/25/45		CGTS, ALAMEDA (MS)	NOV 19 1945	By Dir
CGTS, ALAMEDA (MS)	JAN 19 1946	By Dir	ADM. C. E. HUGHES (AP-124)	JAN 19 1946	BY DIR
ADM. C. E. HUGHES (AP-124)	JAN 29 1946	BY DIR	CGTS, Groton,	2-2-46	By dir
CGTS-GROTON, CT.	JUL 2 1946		Comdr. 9CG Dist.	8-3-46	F.H. SCHONEWOLF, By dir.
Comdr. 9CG Dist.	8-5-46	F.H. SCHONEWOLF, Bydir.	Sheboygan Lt.Sta.	8-19-46	Thomas Daly, Bos'n CG
Sheboygan Lt.Sta.	3-10-47	Thomas Daly	CG-Repair Base Milw. Wisconsin	3-13-47	X.E. Sanderson, Y3

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
	Cr to C.B.M. (a) (Pro).	2/20/46	by direction
CG-83418	C.B.M.(Temp.Adv.to Pay Grade 1) (Hdqs.ltr. 1-13-45, (PEA-C) (CG-73)	1-16-45	
CGTS, GROTON, CONN. Auth:	CBM TO CBM(A-N) H/L 5-7-45 (PT) (CG-701)	1 July,46	Ship's Clerk, By Dir.
Sheboygan Lt.Sta.	BM1c(AN)(Permanent)	7-1-46 ALCOAST-119-46	Thomas Daly, Bos'n USCG

16—9676

RECORD OF CAROLLO, Domenic (214-599)
(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	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Adaptability for warrant grade	Vessel or station	Signature
3-31-46		4.0	UNDER TRAINING					G. W. Gentman Shpfit C, USNR
6-30-46		4.0	UNDER TRAINING					G. W. Gentman Shpfit C, USNR
7-2-46		4.0	UNDER TRAINING					G. W. Gentman Shpfit C, USNR

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised July 1941)

SERVICE RECORD

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

16—9670-1

RECORD OF CAROLLO, Domenic 214-599
(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special qualification or special detail	Conduct	Signature
8-5-46	CBM	Less than one month				Comdr.9CG Dist.	4.0	F.H. SCHONEWOLF,
9-30-46	BM1c.	3.7	3.7	- -	3.7	Sheboygan Lt.Sta.	4.0	Thomas Daly, Boss
12-31-46	BM1c	3.7	3.7	- -	3.7	Sheboygan Lt. Sta.	4.0	Thomas Daly
3-10-47	BM1c.	3.7	3.7	- -	3.7	Sheboygan Lt.Sta.	4.0	Thomas Daly
3-19-47	BM1c	3.7	3.7		3.7	C.G. Depot Curtis Bay	4.0	[illegible]
Average—	x x x x x					x x x x x x x x 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.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676-1

Record of CAROLLO, Domenic (214-599)
(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating.	Seamanship	Mechanical ability	Ability as leader of men	Special Qualifications or Special Detail.	Conduct	Signature
3-31-43	C.B.M.	3.4	3.4	3.3	3.3	BRUSSTAR	4.0	By Direction
JUN 4 1943	C.B.M	3.4	3.4	3.3	3.3	BRUSSTAR	4.0	
6-30-43	C.B.M	LESS THAN ONE MONTH				YARD	4.0	irection
JUL 12 1943	C.B.M.	3.4	3.4	3.3	3.3		4.0	rection
7-17-43	C.B.M.	LESS THAN ONE MONTH				T.S. Curtis Bay	4.0	By direction
10/4/43	CBM	3.4	3.4	3.4	3.3	SCTC/DCGO/FND	4.0	
10-30-43	CBM	LESS THAN A MONTH					4.0	
12-30-43	CBM	2.5	2.7	3.0	2.5		4.0	Lt. Comdr.
12-31-43	CBM	LESS THAN ONE MONTH				COTP CHAS.	4.0	
1-21-44	CBM	LESS THAN ONE MONTH				COTP CHAS.	4.0	
2-8-44	CBM	LESS THAN ONE MONTH				CGRS, Chas,S.C.	4.0	
3-31-44	CBM	3.5	3.5	3.5	3.6	CG-83418	4.0	
6-30-44	CBM	3.5	3.5	3.5	3.7	CG-83418	4.0	
9-30-44	CBM	3.6	3.6	3.5	3.8	CG-83418	4.0	
12-31-44	CBM	3.6	3.6	3.5	3.8	CG-83418	4.0	
3/31/45	CBM	3.6	3.6	3.5	3.8	CG-83418	4.0	Ens
6-30-45	CBM	3.6	3.6	3.6	3.8	CG-83418	4.0	Ens
7-6-45	CBM	Less	than	one	month	CG-83418	4.0	
DEC 31 1945	CBM	3.6	3.6	3.6	3.8	CGTS, ALAMEDA (MS)	4.0	By Dir
JAN 1 9 1946 Average	CBM	LESS THAN ONE MONTH				CGTS. ALAMEDA (MS)	4.0	BY DIR.
JAN 29 1946		LESS THAN ONE MONTH					4.0	BY DIR

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.

OCT 29 1945
Received on board U.S.S. PRINCE WILLIAM for transportation

RECORD OF CAROLLO, Domenic (214-599)
(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
CGC Bruinton	2/20/43	Honorable Discharge button presently issued	
CGTS, GROTON, CT.	2-20-46	Completed 3 years active service from 11-6-42 to 11-5-45 with no mark in CONDUCT less than 4.0. Authorized to wear bronze star on Good Conduct Ribbon.	P.M. GREENLAW, Lieut., By direction

RECORD OF CAROLLO, Domenic (214-599)
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
CGTS GROTON, CT.	JUL 1 1946	Satisfactorily completed course of instruction in Bds. T.O. Navigation School, with a mark of 92.6 and number 1 in a class of 4.	S N Sentman Ship Clerk, CGHA

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
PTOAD, Curtis Bay, Maryland				
Chicago Sub-Recruiting Off.	1-5-47	3-4-47	Recruiting duty	Thomas Daly, Bos'n USCG.
CVHOTTO' DONSUTO				(SJ4-233)

U. S. GOVERNMENT PRINTING OFFICE 10—9670

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF CAROLLO, Domenic (214-599)
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
CGC BRUSSTAR	Cr. on	enlistment		30	10	A.E.O.
YARD	6-10-43	6-26-43	15	15	10	By direction
CG-83418	CREDIT	2-20-44	30 days	30	0	
CG-83418 - GND	JUN 9 1944	JUN 20 1944	10	20	0	
CG-83418	10-14-44	10-25-44	10	10	00	
CGTS, Groton,	2-20-45	enroute CREDIT	30	30	20 PB12-45	F.H.SCHONEWOLF, By dir.
CGTS, Groton,	2-20-46	CREDIT		30	20	F.H.SCHONEWOLF, By dir.
CGTS, Groton,	7-2-46	enroute	30	-0-	20	F.H.SCHONEWOLF, By dir.
Comdr.9CG Dist.	enroute	8-3-46	30&ltt*	-0-	20	F.H.SCHONEWOLF, By dir.
			* 1 days train time.		5	F.H.SCHONEWOLF, By dir.
CG Grp.Two Rivers	10-3-46	10-17-46	15			Thomas A. Walsh, Boatsn
CG Grp.Two Rivers	CREDIT	2-20-47	- - - -	30	- - - - - -	Thomas A. Walsh, Boatsn

16—9676

10. ABSENT FROM DUTY

Unit	Months	days	From-	To-	Remarks	Signature
CGTS ALAMEDA	No deductable time while at this unit					Wm Hebert by dir
	ADM. C. E. NUGHES (AP-124)				No Deductible Time While Attached to This Unit.	
CGTS-GROTON, CT.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					[illegible] Shops & Repair
Comdr.9CG Dist.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					F.H.SCHONEWOLF, By dir.
Sheboygan Lt.Sta.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					Thomas Daly, Bos'n.
CG-Repair Base	No Deductible Time While Attached To This Unit.					F. E. Sanderson F. E. SANDERSON, Lt. (jg)

OF CAROLLO, Domenic (214-599)
(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

...unt of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under ... resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a ..., or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
Bustatar YARD			"No deductable time while attached to this unit."			W.E. Grimshaw By direction
U.S. Curtis Bay SCTC/DCGO/7ND			"No deductable time while attached to this unit." No deductible time while attached to this unit. NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			M.T. Burns By direction
USS Haggard USS SAVAGE(DE-386)			No deductible time while attached to this unit NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			T.B. Sanderson
COTP CHAS. CGRecSta.,Chas. USN PROBASE,SP(83/18)			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT. NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT. No deductible time			A.C. Richmond, Comdr. USCG

Nav. S.and A. Form 550

MUSTERING OUT PAYMENT

APPLICATION FOR LUMP SUM MOP DISCHARGED FOR PURPOSE OF IMMEDIATE REENLISTMENT

COMMANDING OFFICER'S CERTIFICATE

I CERTIFY THAT CAROLLO, (Surname) Domenic (First Name) (Initial) 214-599 (File or Service No.) Mlc. USCG (Rank or Rating & Branch of Service)

IS BEING DISCHARGED OR RELEASED FROM ACTIVE DUTY 19 March, 1947 (Date) and that he (~~she~~) had active service in the armed forces

"60 days or more" (See Instructions (1) on Reverse) AND IS ENTITLED TO PAYMENT UNDER THE MUSTERING OUT PAYMENT ACT OF 1944.

Service Record Does (Enter(does)(does not)) show service outside continental limits of U.S. or in Alaska.

U.S. COAST GUARD (Activity from which Discharged)

T.B. Sanderson
F. B. SANDERSON, Lt. (jg) (Acting) (Name and Signature of Officer Authorized to Sign in accordance with Art. 2025(2)NR)

VETERAN'S CERTIFICATE

I hereby certify that I have made no previous application for mustering out payment under the MOP Act of 1944. I am aware of the fact that a duplicate application makes it a criminal offense under the United States Criminal Code.

FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE—

ADDRESS TO WHICH CHECKS ARE TO BE MAILED:

Number: Port Washington Brnch. Lt. Sta.
Street:
City: Port Washington, Zone: State: Wisconsin

Have you served outside the continental limits of U.S. or in Alaska? Yes (Enter Yes or No)

Domenic Carollo
Signature of Applicant

DISBURSING OFFICER'S PAYMENT DATA

Paid lump sum MOP $300.00 (Anav 360-45) APR 8 1947
$X10/$100.00 ON P.V. 1676 CHECK NO. 44232 DATED

Type Name and Symbol No. of Disbursing Officer Making Initial Payment

MUSTERING OUT PAYMENTS DIVISION DATA

INSTRUCTIONS ON REVERSE

CAROLLO, DOMENIC

(6)

(SN-955)

U. S. GOVERNMENT PRINTING OFFICE 16—9070

RECORD OF CAROLLO, Domenic (214-599)
(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 arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a action, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
Brusstar YARD	"No deductable time while attached to this unit."					W. E. Dunshaw By direction
U.S. Curtis Bay	"No deductable time while attached to this unit."					W. F. Benson By direction
CTC/DCGO/7ND	No deductible time while attached to this unit.					W. F. Fuelle
USCGC Hoosier	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					
S. SAVAGE(DE-386)	No Deductible time while attached to this unit					
COTP CHAS.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					A. L. Lukens Lt. Comdr. USN
RecSta., Chas.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					Rudyard
FROBASE, SP(83418)	No deductible time while attached to this unit					W. E. Jackson

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
CG-Repair Base Milw. Wisconsin	1 Month	For administrative Purposes. Records enroute.	F. E. Sanderson, Lt. (jg)

CODED NO. 4 MRD

PE-E 61

12. ON DISCHARGE

Date 19 March, 1947 Place CG-Repair Base Milw. Wisconsin Serial No. A62456

Kind of discharge Honorable Authority for ART: 582 CG-Reg.

Discharged on account of Expiration of Enlistment

Is ____ recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE F. E. Sanderson F. E. SANDERSON, Lt., (jg)

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF CAROLLO, Domenic (214-599)
(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:

4 (Years) 1 (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, $ 155.25

The within-named man has been furnished travel allowance amounting to $ 44.60 at the rate of .05 cents per mile from Milwaukee, Wisconsin to Curtis Bay Maryland and paid $ 44.60 in full to date of discharge. Name of pay officer J. D. SIMPSON, PAY CLK, USCG.

Address subsequent to discharge will be:

Port Washington Brkw. Light Station Street,

Port Washington City, Wisconsin State.

HAS SIGNIFIED INTENTION { To / ~~Not To~~ } REENLIST NEXT DAY.

Certified to be correct upon termination of service 19 March, 19 47

F. E. Sanderson.
F. E. SANDERSON, Lt. (jg)
Acting *Commanding Officer* ~~Officer in Charge~~.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

HQ FRO
SR FILE

No. 147

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CAROLLO, Domenic (n)	214-599	CPhM
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
USS ADMIRAL C.F. HUGHES (AP-124)		FPO, San Francisco, Calif.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
		19 January, 1946

TIME 1620
DATE 19 January, 1946

REPORTED FROM: CGTS, MS, Alameda, California
FOR assignment to permanent duty.

DUTY CODE NO. 96S AUTH: HL (POA) 13 November, 1944 (CG-601).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

G. W. PLAYDON, Commander, USCG
(Commanding)
By direction.

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

NOG No. 8668

S.V. No. I _____

Pay No. _____

REPORT OF CHANGE IN PAY STATUS

CAROLLO,	Domenic		214-599	CBM
(SURNAME)	(FIRST NAME)	(INITIAL)	(SER.NO.)	(RATE)

CG TRAINING Station, Alameda, California — 16 Januxry, 1946
(UNIT) (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 USCG	6 November, 1936
Issued HD	5 November, 1939
Enlisted USCG	6 November, 1939
Issued HD	19 February, 1943
Enlisted USCG	20 February, 1943
AWL	NONE
NPDI	NONE
Sick Misc.	NONE
Completed 9 yrs.	5 November, 1945
Now serving	

37-D
AUTHORITY: PB 59-42

D. M. STADT, Lieut.(jg) USCGR
XXXXXXXXXXXXXXXXXXXXXXXXR
By direction

---

1. Receipt of this authorization is hereby acknowledged. The account of the above named have been adjusted.

_____ (Date)

_____ (Pay Officer)

CG-73

CG TRAINING STATION
ALAMEDA, CALIFORNIA

9 January, 1946

A-I-R-M-A-I-L

To: The Commandant (PEA)

Subj: CAROLLO, Domenic (214-599) CBM, Enlistment Contract; clarification of

1. Subject man states that he signed an Enlistment Contract, dated 20 February, 1943 onboard USCGC BRUSSTAR, for a period of three years, but since that time the enlistment contract has been changed to read four years without his knowledge. The change from three to four years is clearly shown on the enlistment contract, but no Headquarters authority for the change is shown in subject man's service record.

2. It is requested that this unit be informed whether the enlistment should be three or four years for the above man and whether this contract is binding if subject man refuses to sign a new four year contract.

D. M. STADT,
By direction.

CAROLLO, Domenic 214-599 CBM

Coast Guard Training Station, Manning Section, Alameda, California

12-118

19 Nov., 1945

1900
19 Nov., 1945

NAVY 926, Guam M.I.
reenlistment leave and reassignment.

37-D

Ltr., 10-25-45, ALC: 106-45

37-D

37-D

37-D

By direction

FOR FURTHER ASSIGNMENT NOV 19 1 5

DATE _____

NAME CAROLLO, Domenic SER.NO. 214-598 RATE C.B.M.

re-enlisment leave and re-assigmment

Address Reply:
Naval Barracks, N.O.B.
Number 926
FPO, SanFranCalif.

Refer to:
NB109/P20/MM

NAVAL BARRACKS, N.O.B.
GUAM, M.I.

25 October 1945.

From: The Commanding Officer.
To : The District Coast Guard Officer, San Francisco, California.

Subj: Records and Accounts - transmittal of.

Ref: (a) AlCoast 106-45.

1. In compliance with reference (a), the following named man/~~men~~ was/~~were~~ transferred to your command this date for reenlistment leave and reassignment.

2. Receipt for below listed records is requested:

	SR	PA	HR
CAROLLO, Domenic (n), 214-599, CBM, USCG.	1	1	1

By direction of the Commanding Officer.

J. A. CLARK, Chief Ship's Clerk USN
Personnel Officer

FIRST ENDORSEMENT

USS:

DATE:

From:
To : The Commanding Officer, Naval Barracks, N.O.B., Navy 926.

1. Receipt of above records is acknowledged.

Address Reply:
Naval Barracks, N.O.B.
Navy Number 926
FPO, SanFranCalif.

Refer to:
NB109/P20/MM

NAVAL BARRACKS, N.O.B.
GUAM, M.I.

25 October 1945.

From: The Commanding Officer.
To : **The District Coast Guard Officer, San Francisco, California.**

Subj: Records and Accounts - transmittal of.

Ref: (a) **AlCoast 106-45.**

1. In compliance with reference (a), the following named man/~~xxx~~ was/~~were~~ transferred to your command this date for **reenlistment leave and reassignment.**

2. Receipt for below listed records is requested:

	SR	PA	HR
CAROLLO, Domenic (n), 214-599, CBM, USCG.	1	1	1

By direction of the Commanding Officer.

J. A. CLARK, Chief Ship's Clerk USN
Personnel Officer

FIRST ENDORSEMENT

USS:

DATE:

From:
To : The Commanding Officer, Naval Barracks, N.O.B., Navy 926.

1. Receipt of above records is acknowledged.

POINT CREDIT FOR ACTIVE DUTY OUTSIDE CONTINENTAL LIMITS

Credit is given for:

INSTRUCTIONS: (a) Duty aboard any commissioned vessel
(b) Any duty outside the continental limits

UNITED STATES COAST GUARD
Alameda, Calif.

Date NOV 19 1945

To: Commanding Officer, CG Training Station, Alameda, Calif.

Subj: Point Credit for duty outside continental limits

I certify that, to the best of my knowledge, I have served aboard commissioned vessels or performed duty outside continental limits, as indicated below.

NAME OF UNIT	AREA OF DUTY	Date Begun	Date Ended	No. of Months
Boston	At	2-20-43	6-4-43	3
DE 386	At	10-29-43 (19 over)	12-30-43	2
Ante Sub	At & Pac	2-9-44 (10 over)	7-6-45	16
83449	Pac	7-6-45 (22 over)	11-19-45 (13 over)	4
		14+14+27+13=		1
			TOTAL MONTHS	31

DO NOT WRITE IN THIS BOX

Verified	ReCheck

31 Months

7 3/4 Points

Checked By

Domenic Carlo
(Signed) First Middle LAST NAME

214-599
Service Number

C.B.M.
Rate

DO NOT WRITE BELOW THIS LINE

Ind-1
CG TraSta, Alameda, Calif.

In accordance with Alcoast 95, the above named man is credited, as of this date, with the above number of points for active duty aboard commissioned vessels and/or duty outside the continental limits of the United States.

C. W. Smith
C. W. SMITH
By direction

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CGC-83418 6th NavDist (Unit) — Mayport, Florida (Place)

1 April, 1944 (Date)

CAROLLO, Domenic (214-599) CMB (a)

FROM: DCGO 6th NavDist

TO: COMMANDANT (via .....)

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:

None (Full name of wife; if not married, so state)	(Address of wife)
None (Full name of child; if none, so state)	(Address of child)
None (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:

Potential (Full name of relative)	(Relationship)	625 E. Main St., Iron Mounta Michigan (Address of relative)

(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:

Potential (Full name of relative)	(Relationship)	625 E. Main St., Iron Mountain Michigan (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.

Domenic Carollo
DOMENIC CAROLLO

Subscribed and sworn to before me this 1st day of April, 1944

MARSHALL R. VIGNES
Marshall R. Vignes
Ensign, USCGR
(Signature)

(Rank or title)

214-599 CMM (a) (Signature)

(Rank or rating)

NINE [illegible]RS ---- 11-5-45

CAROLLO, Domenic 214-599 C.B.M.(a)(Pro)

Captain of the Port Detail, Escanaba, Michigan 26 January, 1943

Previous Coast Guard Service . . . . . 3 yrs. 0 mo. 0 da.
Honorable Discharge 11-5-39

Current Coast Guard Service:

Enlisted (3) 11-6-39
A.W.L. . . . . None
A.O.M. . . . . None
N.D.P.I. . . . . None
Completed . . . . . 6 yrs. 0 mo. 0 da. - 11-5-42

Headquarters' Form 2511,
dated 8 November, 1940 (PR-73)

S. H. CLARK,

Assistant Personnel Officer.

- - - - - - - - - - - - - - - -

Certified to be a true copy

Kenneth J. Quinn

Kenneth J. Quinn, Y.3c, USCGR.

- - - - - - - - - - - - - - - -

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

CGC BRUSSTAR, C.G.YARD, Curtis Bay, Md.
(Unit)

CAROLLO, Domenic
(Name in full—surname to the left)

20 February, 1943
(Date)

(214-599)
(Service number)

C.B.M. (a) (Pro)
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1939 (Year)	11 (Month)	6 (Day)			
Date of discharge (Honorable) (Character of discharge)	1943 (Year)	2 (Month)	19 (Day)			
Total time of last enlistment period	3	3	13	3	3	13

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			Total			Total		

Total absence (___ days)

Creditable time served during last enlistment period — 3 | 3 | 13

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.

Daniel E. Grimshaw

Daniel E. Grimshaw
Lieutenant (j.g.) R
(Rank), U.S.C.G.
Commanding officer.

BENEFICIARY SLIP

Name CAROLLO, Domenic
(Name in full, surname to the left)

Service No. 214-599

Station USN FRONTIER BASE,
(Name)

San Pedro, California (Place) 1 July, 1945 (Date)

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

GERTRUDE M. CAROLLO
(Full name of wife; if not married, so state)

618 N. 15th St., Milwaukee (3), Wisconsin
(Address of wife)

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

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

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

ANGELA CAROLLO
(Relationship)

625 E. Main St., Iron Mountain, Michigan
(Name in full)

(Address)

*

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

59223

[OVER]

16—22321-3

8

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

None

(Relationship)

(Name in full)

(Address)

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

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

I CERTIFY that there has been no change in condition of dependency between 1 April, 1945 and 1 July, 1945

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

Domenic Carollo

Domenic Carollo
(Name)

CBM, USCG, U.S. Navy/Marine Corps.
(Rank or rating)

Subscribed and sworn to before me this 1st day of July, 1945, I having authority to administer oaths.

F. E. Jackson

F. E. JACKSON, Lieut., USNR

INSTRUCTIONS

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

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

This slip shall be made out and handled as follows:

Enlisted men, Navy: In duplicate; one copy to Bureau of Naval Personnel, one copy secured inside service record. In cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—22321-2

£18

BENEFICIARY SLIP

Name CAROLLO, Domenic (n)
(Name in full, surname to the left)

Service No. (214-599)

Station USN Frontier Base
(Name)

San Pedro, Calif. (Place) 1 Apri., 1945 (Date)

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

(Mrs) Gertrude M. Carollo,
(Full name of wife; if not married, so state)

518 N. 7th St., Sheboygan, Wis.
(Address of wife)

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

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

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

(Relationship)

(Name in full)

(Address)

* _____
_____
_____

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

[OVER]

16—22321-3

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

(Relationship)

(Name in full)

(Address)

*

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

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

I CERTIFY that there has been no change in condition of dependency between 1 October, 1944 and 1 April, 1945

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

Domenic Carollo
(Name)

C.B.M., USCG
(Rank or rating) U.S. Navy, Marine Corps.

Subscribed and sworn to before me this 1st day of April, 1945, I having authority to administer oaths.

R.E. JACKSON, Lieut, USNR.

INSTRUCTIONS

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

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

This slip shall be made out and handled as follows:

Enlisted men, Navy: In duplicate; one copy to Bureau of Naval Personnel, one copy secured inside service record. In cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—22321-2

UNITED STATES COAST GUARD

Fleet Post Office
San Francisco, California

Address reply to
CO, CG-83418
Refer to file: 73

To: The Commandant (PEA)

Via: OIC, CG Aspat 1

Subj: CAROLLO, Domenic (214-599) CBM; recommendation for promotion to warrant grade

1. It is recommended that subject man be promoted to boatswain grade for temporary services. Carollo is considered physically fit, mentally, morally, and professionally qualified for appointment to warrant grade. He has served aboard the CG-83418 since 9 February, 1944, and has proved himself thoroughly competent to perform duties of boatswain. Carollo is an outstanding leader of men and in all respects familiar with the handling of 83' craft.

2. Subject man enlisted in the Coast Guard 6 November, 1936, with the rating of surfman, and has served continuously since that date. He was a surfman for a period of approximately five years, and is thoroughly familiar with small craft. Carollo reenlisted in the Regular Establishment 20 February, 1943, for a period of four years.

3. Transcript of marks, case of subject man, is forwarded herewith as supporting paper, and covers only the period since reenlistment as stated above.

H. W. Ireland

H. W. IRELAND,
Ensign, USCG

Incl: 1. Transcript of marks

Ind-1
OIC, CG UNIT 215
FPO, S.F., Calif.
2 June, 1945

To: The Commandant (PEA)

Forwarded, recommending approval. Carollo is considered excellent boatswain material.

C. B. CLAIBORNE,
Lieutenant, USCGR

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

CAROLLO (Surname) Domenic (First name) (Middle initial) 214-599 (Service No.) C.BM. (Rank or rating)

CG-83418 (Major unit) Charleston, S.C. (Unit Item No. or vessel's assigned district) (Place) 27 January, 1945 (Date)

(Minor unit)

1800 - 25 January, 1945 - Departed 6th Naval District enroute to New Orleans, La. for further transfer outside continental limits of United States.

To be dropped from 6th Naval District rolls

DUTY CODE No.: #36
AUTHORITY:

Confidential Dispatch, CESF

C. A. GRAHER, (Commanding)
By direction

(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

Standard Form No. 1012a—Revised
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
July 19, 1937 (Amended Aug. 27, 1941)
General Regulations No. 88

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 18429
Bureau No. .....

(Statement of account 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)

General Accounting Office
PREAUDIT
Certified for payment in the sum of $.....
COMPTROLLER GENERAL OF THE UNITED STATES
By .....

U. S. NAVY DEPARTMENT - COAST GUARD
(Department, bureau, or establishment)
THE UNITED STATES, Dr., To DOMENIC CARILLO
(Payee)
OFFICE, DISTRICT COAST GUARD OFFICER
ROOM 402, CUSTOM (Address)
Official Headquarters NEW ORLEANS, LOUISIANA (19)
Domicile ..... Residence .....
(For use of Postal Service only)

PAID BY
JAMES BLAKE
SDA NAVY DEPT.
SYMBOL 55-165
(For use of Paying Office)

	AMOUNT	
	DOLLARS	CENTS
FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from 1 February, 19 45, to 5 February, 19 45, as per itemized statement within, under authority No. ....., dated ....., 19....., copy of which is attached,* or has been previously furnished with voucher No. ....., paid ....., 19....., by ..... (Name of disbursing officer)	$ 47	11
(Payee will NOT use this space) Differences NONE		
Account verified correct for	$ 47	11

DOMENIC CARILLO
C.B.M. USCG

(Signature or initials) .....

MEMORANDUM

47.11

J. C. RUBELE, Lieut. (jg) USCGR
Asst Finance Officer

ACCOUNTING CLASSIFICATION (For completion by administrative office)

APPROPRIATION, LIMITATION OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMITATION OR PROJECT AMOUNT	APPROPRIATION AMOUNT
2750900.	PAY & ALLOWANCES-COAST GUARD 1945	$	$ 47.11

ALLOTMENT SYMBOL	AMOUNT	ENCUMBRANCE LIQUIDATED	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECT OF EXPENDITURE Symbol	OBJECT OF EXPENDITURE Amount
052-20	$		101	$	0215	$ 47.11

Paid by { Check No. ....., dated ....., 19....., for $..... } on Treasurer of the United States in favor of payee named above.
Cash, $....., on ....., 19.....

SIGN ORIGINAL ONLY

DOMENIC CARILLO
(Signature of payee)

*If there was no prior authority state circumstances which rendered securing prior authority impracticable.

16—23954-1

ITEMIZED SCHEDULE OF TRAVEL AND OTHER EXPENSES

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour)
2. Give duty status on first day of voucher period:
   *Arrived at _____ on _____, 19_____,
   for temporary duty for approximate period _____
   Approximate date of return to official headquarters _____, 19_____
3. †State authorized per diem in lieu of subsistence, $_____
4. †State authorized allowance for actual subsistence expenses: Not to exceed $_____ per day.
5. Where for traveler's personal convenience or through the taking of leave there is interruption of travel, deviation from the direct route, or where traveler delays at a place other than post of duty, a statement showing the facts should appear on the voucher.

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

DATE 45 19_____	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-VOU. NO.**	AMOUNT Subsistence	AMOUNT Other	NOTATIONS (Payee must not use this column)
	Reimbursement for transportation of dependents from Charleston, S. C. to Sheboygan, Wisc. in connection with certificate of permanent change of station signed by Commanding Officer in accordance with F & SC 2-44				
	NAME OF DEPENDENT				
	Gertrude M. Carollo, Lawful wife				
	1 full first class fare.....			37.81	
	1 lower berth.....			9.30	
Feb. 1	Departed Charleston, S. C. at 2000				
3	Arrived Sheboygan, Wisc. at 1900				
	ABOVE TRAVEL PERFORMED BY COMMON CARRIER AT OWN EXPENSE NO GOVERNMENT TRANSPORTATION FURNISHED OR USED				
	My dependent was actually in Charleston, S. C. at time of permanent change of station.				
	TOTAL.....			47.11	

13 February, 1945~~zzz 1944~~

I certify that Carollo, Domenic (2214-599) CBM has been ordered from permanent duty at Charleston, S.C. under orders of CNO/D 171700, 19 Jan., 1945 to sea duty or to a place where the dependents are not permitted to go and is entitled to transportation for dependents to any designated place in continental United States.

Signed H. W. Chadwick

Rank Ens.

Title C. O.

Ind. 1

Voucher for the above travel status allowances paid on FEB 15 1945 by JAMES BLAKE, SDA, Navy Symbol No. 55-165 in the amount of $ 47.11 (~~Subs.~~ $ ~~Qrs.~~ $) Voucher No. 18479

Check No.

(Dependents) by JAMES BLAKE Cecilia Lafort Deputy

Ind.3
DCGO/7th NavDist,Miami,Fla.
4 August, 1943

DE#18

To: The Commandant

Subj: CAROLLO, Domenic (214-599) CEM (a)(Pro); completion of records

1. Basic communication requests that a certified copy of Form 2525-B, showing HQ third indorsement, approving the reenlistment of subject named man on 20 February, 1943 be forwarded.

2. Inclosure is forwarded herewith inasmuch as this is the latest physical examination record attached to the Health Record of CAROLLO. This examination was given on November 13, 1942 and was approved by Headquarters on 24 November 1942.

CHESTER M. ANDERSON
By direction

Incl
Form 2525-B
Physical Exam.Record

COPY

UNITED STATES COAST GUARD

WASHINGTON

COPY

Address reply to
THE COMMANDANT (PEA-27)
Refer to file: CG-73

24 July, 1943

To: Commandant, YARD

Subj: CAROLLO, Domenic (214-599) C.B.M.(a)(Pro); completion of records

It is requested that a certified copy of Form 2525-B, showing HQ third indorsement, approving the reenlistment effected on 20 February, 1943, be forwarded to HQ with a copy of this letter.

/s/ S.C.CRANDALL
By direction

- -

Ind.1
CG YARD, Curtis Bay, Md
29 July, 1943

To: CO, Trasta, Curtis Bay, Md.

Forwarded, subject named man having been transferred to the unit under your command.

/s/ C.R.MacLEAN
By direction

- -

Ind - 2
CG Trasta, Curtis Bay,Md
30 July, 1943

To: DCGO/7th ND

Forwarded. Subject-named man was transferred to the DCGO 7ND 17 July, 1943, for further assignment to the Submarine Chaser Training Center, Miami, Fla.

/s/ W.F.BENSON
By direction

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic		214-599	C.B.M. (Pay Grade #1)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG-83418 6th ND	Charleston, S. C.		16 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

16 January, 1945 - This date, advanced in rating from C.B.M. to C.B.M. (temporarilly advanced to Pay Grade #1).

Actually advanced in rating from C.B.M. to C.B.M. (temporarilly advanced to Pay Grade #1) on 16 January, 1945 and is to be effective from this date.

Code #59

DUTY CODE No.:
AUTHORITY:

H/L 1-13-45 (PEA-C)(CG-73)

(Commanding)
W. G. WALLACE,
By direction.
(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—29504-2

NCG 2599
U.S.COAST GUARD
(Jan.1943)

REPORT OF CHANGE IN PERSONNEL

(*)

(SEE REVERSE)

(Surname)	(First Name)	(Middle I.)	(Service No)	(Rank or Rating)
5-07-01				

DCGO, 7th N.D. (Unit) — Miami, Florida (Place) — **30 July, 1943** (Date)

8:30 a.m., 19 July, 1943 - Reported this office this time and date from **CGTS, Curtis Bay, Maryland** for training with DE Nucleus Crew No. **18, having first reported to the CG Rec. Sta., Miami, Fla.**

6:00 p.m., 28 July, 1943 - Departed for SCTC, Pier #2, Miami, Fla. for temporary duty and training.

Subsisted and quartered by **CG Rec. Sta., Miami, Fla.** while attached to DCGO7thND.

6:30 p.m., 28 July, 1943 - Reported to SCTC, Miami,Fla., for temporary duty and training, to be subsisted and quartered by U.S.Navy while undergoing training.

18
AUTHORITY: **CO, CGTS, Curtis Bay, Md./L**
7-17-43(73-783-531)

D. A. ANELLO
(Commanding)

By direction,
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	Personnel Records		
	Statistics	Correspondence	Records

CAROLLO, Domenic (214-599) C.B.M. (a)
STEVENS, Roland (102-570) C.Q.M. (a)
PRICHARD, Walter A. (231-657) R.M. 2c.
WHITNEY, Ransom D. (226-020) Cox

PATTERSON, Thomas A. (501-617) Mo. M.M.1c. (R)
SIFFORD, Stanhope A. (513-194) Mo. M.M.1c. (R)
WARNER, Lonzo H. (110-760) Mo. M.M.1c.
MUSSENDEN, Henry A. (551-700) R.M.1c. (R)
RILEY, Buford C. (627-029) Cox (R)

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
Carollo Domenic	214-599	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC-83499		FPO N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
Temp. 8ND	7-9-45

1400 CGC-83418

TIME 7-9-45 REPORTED FROM:

DATE FOR

DUTY CODE NO. AUTH:

1400 CGC 83449

TIME 7-9-45 TRANSFERRED TO: Duty

DATE FOR

CNO D July 1945

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

H. W. Ireland

H. W. Ireland Ens. 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

Domenic Carollo

625 E. Main St. Iron Mountain Michigan

Iron Mountain Michigan 2 January 1912 30

6 November, 1939 Surfman U.S. Coast Guard 214-599

5 November, 1939 No

9,000 6.39

Yes

1,000 Not available

Angela Carollo Mother 9,000 625-E. Main St.
Iron Mountain, Michigan

Aldo Carollo Brother 9,000 625-E. Main St.
Iron Mountain, Michigan

1 January 42

Angela Carollo 625-E. Main St. Iron Mountain, Mich.

January, 1942

6.39 //////////////////// xxx 6.39

xxxx

monthly 6.39

Grand Haven, Michigan 30 December 41
Carl E. Howell C.B.M. U.S.C.G.

Domenic Carollo

Carl E. Howell C.B.M. U.S.C.G.

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised August 1938

In accordance with third indorsement, 24 November, 1942, 2525B.

ENLISTMENT CONTRACT

ENLISTMENT [a] of CAROLLO, Domenic (214-599) as
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard Cutter ~~Station~~ BRUSSTAR, ____ District, C.G.YARD, Curtis Bay, Md.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Curtis Bay, Maryland
(Place)

1. I, Domenic Carollo, this 20th. day of February, 1943, 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 Iron Mountain, Michigan 2 January, 1918 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - Certificate No. - - - -

If intentions declared, place and date of declaration - - - -

Occupation or trade Salesman Home address 625 E.Main St., Iron Mountain, Mich.

Full name and address of the following: Gertude M. Carollo, 625 E.MainSt., Iron Mountain, Mich.
(Wife, if any)

(Children under 21 years of age. Specify ages of children)

Angela Carollo, 625 E.Main St., Iron Mountain, Mich. Widowed? Yes
(Mother, if living)

(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 for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

None
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - - - 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 February, 1943, from Cutter ~~Station~~ BRUSSTAR
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A64657
(Kind of discharge)

9. I agree to and with the United States of America, represented by Daniel E. Grimshaw, 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 Four 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 unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of Four 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 Daniel E. Grimshaw, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Domenic Carollo 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—7931 U. S. GOVERNMENT PRINTING OFFICE

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.

"I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist such additional time not to extend beyond six months after the termination of the war or national emergency."

Domenic Carollo
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Daniel E. Grimshaw, Lieut (j.g.) USCGR
(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.

Daniel E. Grimshaw
Lieutenant (j.g.), U. S. C. G. R., Enlisting Officer.

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11. OATH OF ALLEGIANCE

I, Domenic Carollo, 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.

"I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist such additional time not to extend beyond six months after the termination of the war or national emergency."

Domenic Carollo
(Signature of enlisted person)

Subscribed and sworn to before me this 20th day of February, A. D. 19 43

Daniel E. Grimshaw

(Comdg. officer, ~~Recruiting Officer~~)

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12. DESCRIPTIVE LIST

Age 31 years 2 months. Height 5 feet 11 inches. Weight 175 pounds. Eyes Hazel

Hair Dark Complexion Fair Color White Married Yes

Distinguishing marks None

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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.

ATES COAST GUARD

BENEFICIARIES FOR DEATH GRATUITY

CGC BRUSSTAR
(Unit)

C.G.YARD, Curtis Bay, Md.
(Place)

20 February, 1943
(Date)

FROM: CAROLLO, Domenic, (214-599) C.B.M.(a) (Pro).

To: COMMANDANT (via Commanding Officer,)

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:

Gertude M. Carollo — 625 East Main Street, Iron Mountain, Michigan
(Full name of wife; if not married, so state) (Address of wife)

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

Angela Carollo — Mother — 625 East Main Street, Iron Mountain, Michigan.
(Full name of relative) (Relationship) (Address of relative)

Potential
(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

20th day of February, 1943

Daniel E. Grimshaw
Daniel E. Grimshaw
(Signature)

Lieutenant (j.g.) USCGR.
(Rank or title)

Domenic Carollo
Domenic Carollo
(Signature)

C.B.M.(a) (Pro).
(Rank or rating)

16—25758-1

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

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."

RE ENLISTMENT[a] of CAROLLO, Domenic (214-599). as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Station~~ Sheboygan, District, Sheboygan, Wisconsin
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Sheboygan Station
(Place)

1. I, Domenic Carollo, this 6th day of November, 1939, 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 Iron Mountain, Michigan, on 2 January, 1912, 1912 Citizenship[b] NB

If naturalized, place and date of naturalization ------ Certificate number ------

If intentions declared, place and date of declaration ------

Occupation or trade Outside Salesman Home address 625 E. Main St. Iron Mountain, Michigan

Full name and address of the following: None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

Angela Carollo, 625 E. Main St. Iron Mountain, Michigan Widowed? Yes
(Mother, if living)

(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 None
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have had 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 5 November, 1939, from ~~Station~~ Sheboygan
(Strike out one)

with honorable discharge, herewith submitted, serial No. A56247
(Kind of discharge)

9. I agree to and with the United States of America, represented by A.E.Kristofferson, 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 YEAR 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 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 YEAR, 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 A.E.Kristofferson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Domenic Carollo 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 Porto Rico.

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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.

Domenic Carollo

Domenic Carollo
(Signature of enlisted person)

UNITED STATES OF AMERICA,

A.E.Kristofferson

By A.E.Kristofferson, Boatswain (L)
(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.

A.E.Kristofferson

A.E.Kristofferson

Boatswain (L), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Domenic Carollo, 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.

Domenic Carollo

Domenic Carollo
(Signature of enlisted person)

Subscribed and sworn to before me this 6th day of November A. D. 19 39

A.E.Kristofferson

[redacted], officer in charge of a unit, [redacted]

12. DESCRIPTIVE LIST

Age 27 years 9 months. Height 5 feet 11 inches. Weight 163 pounds. Eyes Hazel

Hair Dark Complexion Fair Color White Married No

Distinguishing marks None

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.

RECORD OF CAROLLO, Domenic 214-599
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from— Vessel or station	Date	Reported to— Vessel or station	Date
Consolidation of units.	10-1-40	Two Rivers Station	10-1-40
TWO RIVERS STATION	11-10-41	Grand Haven Station	11-11-41
Grand Haven Station	2-1-42	Two Rivers Station	2/4/42
Two Rivers Station	3-16-42	STURGEON BAY STATION	3-16-42
STURGEON BAY STATION	5-5-42	COTP DETAIL, Escanaba, Michigan	5-5-42
COTP ESCANABA, MICHIGAN	1/21/43	YARD FRC	1-23-43
YARD 9%	1-26-43	C.G.C. BRUSSTAR	1-26-43

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date
Grand Haven Station.	B.M.1c (Pro) fr. Surfman	1/26/42 C. E. Howell
COP-DETAIL	advance to C.B.M.(a)(Pro).	9-4-42 K Jerrett dir.

2—13678

INSTRUCTIONS

... the amount now established, or that may be established, by authority of ...

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (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	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
12-31-39	3.0	4.0	4.0	2.8	4.0	Sheboygan Station	A. E. Kristiansen
3/31/40	3.1	4.0	4.0	3.0	4.0	Sheboygan Station	A. E. Kristiansen
7/11/40	3.1	4.0	4.0	3.1	4.0	Sheboygan Station	Fred Claybrook
9-30-40	3.1	4.0	4.0	3.1	4.0	Sheboygan Lifeboat Sta.	Richard H. Peters C.B.M.
10-1-40		CONSOLIDATION OF UNITS				Two Rivers Station	Richard H. Peters C.B.M.
12-31-40	3.2	4.0	4.0	3.2	4.0	TWO RIVERS STATION.	Richard H. Peters CBM
3-31-41	3.2	4.0	4.0	3.2	4.0	TWO RIVERS STATION.	E. B. Anderson
6-30-41	3.2	4.0	4.0	3.2	4.0	TWO RIVERS STA.	E. E. Clendenen

QUARTERLY MARKS CHANGED IN ACCORDANCE WITH H/L 30 JUNE, 1941 (PB-73).

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men. Spec	Special qualification or Special detail	Conduct	Signature
8-15-41	Surf.	3.2	3.3		3.2		4.0	E. E. Clendenen
9-30-41	Surf.	3.7	3.6		3.3		4.0	O. O. Johnson
11-10-41	Surf.	3.7	3.6		3.3		4.0	O. O. Johnson
12-31-41	Surf.	3.7	3.6	3.0	3.4		4.0	Carl E. Howell
2-1-42	B.M.1c	3.7	3.6	3.0	3.4		4.0	Carl E. Howell
3-16-42	B.M.1c	3.7	3.6	3.0	3.4		4.0	O. O. Johnson
5-5-42	B.M.1c	3.5	3.2	3.0	3.0		4.0	Ludwig Wedemeyer
6-30-42	B.M.1c	3.0	3.0	--	3.2		4.0	[illegible]
9/30/43	B.M.1c	3.5	3.2	---	3.0	COTP ESCANABA	4.0	M. B. Jorgensen
12/31/42 AVERAGES	CBM	3.5	3.1	0-	3.1	COTP ESCANABA	4.0	M. B. Jorgensen
1/21/43	CBM	3.5	3.2	---	3.1	COTP ESCANABA	4.0	M. B. Jorgensen
1-26-43	CBM	LESS THAN ONE MONTH					4.0	E. A. Robertson
2-19-43 Mark	CBM	3.33	3.4	3.2	Remarks	3.2 Final average.	4.0	A. E. Grimshaw by Direction

ADAPTABILITY FOR WARRANT GRADE (Chief petty officers only)

Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer U.S. Sheboygan Station 29 July, 1938 (Date and place)

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
Sheboygan Station	10-29-37	Awarded Expert Pistol Shot Medal.
Sheboygan Station	12-28-38	Commended by Headquarters for efficient performance of duty in connection with rescue of fishtug (EMMA)
Sheboygan Station	6-20-39	Completed course Nonrated Man to B.M.2c.(L) with grade of 96% (3.84).
Sheboygan Station	11-5-39	Awarded Honorable Discharge Buttom
Sheboygan Station	9/17/40	Completed course in Good Englishwith a grade of ———
TWO RIVERS STATION.	9-11-41	Rec'd. Expert Rifleman's Medal for Qualification 8-29-40.

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RECORD OF CAROLLO, Domenic 214-599
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Sheboygan Station	10-29-37	Expert Pistol Shot	
Sheboygan Lifeboat Sta.	8-29-40	Qualified as Expert Rifleman.	Richard G. Peters
Sheboygan Lifeboat Sta.	8-29-40	Qualified as Pistol Marksman.	Richard G. Peters

8. DETAILS

Ship or station	Date From—	Date To—	Duty	Signature of executive officer or District Commander
Sheboygan Lifeboat Sta.	10-6-39	7-1-41	Regular	E.C. Anderson
Two Rivers Lifeboat Sta.	7-1-41	11-10-41	Regular.	O.G. Johnson
Grand Haven Station	11-11-41	2-1-42	Temporary	Carl E. Hagell
Two Rivers LB Station	2-4-42	3-16-42	Regular	O.G. Johnson

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service No.)

9. LEAVE ACCOUNT

WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
Sheboygan Station	11-6-39			30	10	A. E. Kristoffersen
Sheboygan Station	11-21-39	12-5-39	10	20	10	A. E. Kristoffersen
Sheboygan Station	3/21/40	4/1/40	10	10	10	A. E. Kristoffersen
Sheboygan Station	9/27/40	10-8-40	10	0	10	Fred Gleuthe
TWO RIVERS STATION	6 November, 1940		2nd Enl. Yr.	30	10	Richard F. Peters CBM
TWO RIVERS STA.	2-22-41	3-8-41	14	16	10	Richard F. Peters CBM
TWO RIVERS STA.	10-1-41	10-18-41	16	0	10	O. A. Johnson
COTP Escanaba	11/18/42	11/29/42	10	20	---	A. B. Jorgensen

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (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 sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
TWO RIVERS STATION		NO DEDUCTABLE TIME WHILE ATTACHED TO THIS UNIT.			O A Johnson Ch. Bos'n. (L)
GRAND HAVEN STA.		NO DEDUCTABLE TIME WHILE ATTACHED TO THIS UNIT			Carl E Howell
TWO RIVERS STATION		NO DEDUCTABLE TIME WHILE ATTACHED TO THIS UNIT.			O A Johnson
STURGEON BAY STA.		NO DEDUCTABLE TIME WHILE ATTACHED TO THIS UNIT.			Ludwig Hedemeyer
COTP ESCANABA YARD		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT. *No deductable time while attached to this unit.			By direction

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

DCGO, Chicago, 9th Naval District. 5 November, 1942.

Enlistment extended in accordance with Article 4721 Personnel Instructions.
(Pending action N.F. 2525-B by HQ

F. O. LEECH, Ensign, USCGR.
By direction.

12. ON DISCHARGE

CGC BRUSSTAR

Date 19 February, 1943 Place C.G.YARD, Curtis Bay, Md. Serial No. A64657

Kind of discharge Honorable Authority for 3rd. Indorsement Form 2525B.

Discharged on account of Expiration of enlistment.

Is - - - recommended for reenlistment. Rating best qualified to fill C.B.M. (a) (Pro).
(If "not", so state)

13. ON DESERTION

(Date), 193 (Unit) (Place)

(65)

U.S. COAST GUARD Revised July 1943

RECORD OF CAROLLO, Domenic (Full name, surname to the left) 214-599 (Service No.)

14. ON RETIREMENT

(Date), 193 (Cause) (Authority)

15. ON DEATH

(Date), 193 (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:

three(3) (Yrs.) three(3) (Mos.) ~~thirteen~~ (13) 14 (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.

Informed of the provisions of Ninth Naval District Order No. 277-41, 18 November, 1941.

2—13678

RECORD OF CAROLLO, Domenic (1) 214-599
(Full name, surname to the left) (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 138.60

The within-named man has been furnished travel allowance amounting to $ 47.20

at the rate of .05 cents per mile from Curtis Bay, Maryland to Sheboygan Wisconsin and paid $ 21.10 in full to date of discharge. Name of pay officer JAMES MORRISON, Lieut., USCG.

Address subsequent to discharge will be:

625 East Main Street,

Iron Mountain City, Michigan State.

Certified to be correct upon termination of service 19 February, 1943 xxx

Daniel E. Grimshaw
Daniel E. Grimshaw, Lieut (j.g.)
Commanding Officer ~~Officer in Charge~~

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

SPECIAL TEMPORARY ENLISTMENT CONTRACT

12-13-39

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."

RE ENLISTMENT [a] of CAROLLO, Domenic (214-599) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Sheboygan, District, Sheboygan, Wisconsin
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Sheboygan Station
(Place)

1. I, Domenic Carollo, this 6th day of November, 19 39, 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 Iron Mountain, Michigan, on 2 January, ~~1892~~ 1912 Citizenship [b] NB

If naturalized, place and date of naturalization ------ Certificate number -----

If intentions declared, place and date of declaration ------

Occupation or trade Outside Salesman Home address 625 E. Main St. Iron Mountain, Michigan

Full name and address of the following: None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

Angela Carollo, 625 E. Main St. Iron Mountain, Michigan Widowed? yes
(Mother, if living)

(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 None
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have had 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 5 November, 19 39, from ~~Cutter~~ Station Sheboygan
(Strike out one)

with honorable discharge, herewith submitted, serial No. A-56247
(Kind of discharge)

9. I agree to and with the United States of America, represented by A.E.Kristofferson, 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 YEAR 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 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 YEAR, 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 A.E.Kristofferson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Domenic Carollo 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 Porto Rico.

2—3476

HONORABLE DISCHARGE BUTTON PREVIOUSLY ISSUED.

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.

Domenic Carollo
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By A.E.Kristoffersen, Boatswain (L)
(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.

A.E.Kristoffersen

A.E.Kristoffersen

Boatswain (L) U. S. C. G., *Enlisting Officer.*

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11. OATH OF ALLEGIANCE

I, Domenic Carollo (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.

Domenic Carollo
(Signature of enlisted person)

Subscribed and sworn to before me this 6th day of November, A. D. 19 39

A.E.Kristoffersen

Boatswain, officer in charge of a unit, or notary public

---

12. DESCRIPTIVE LIST

Age 27 years 9 months, Height 5 feet 11 inches, Weight 163 pounds. Eyes Hazel

Hair Dark Complexion Fair Color White Married No

Distinguishing marks None

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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.

SIGNA

2—9476 U. S. GOVERNMENT PRINTING OFFICE 1939

UNITED STATES COAST GUARD

...GNATION OF BENEFICIARIES FOR DEATH GRATUITY

Sheboygan Station (Unit) — Sheboygan, Wisconsin (Place)

6 November, 1939 (Date)

FROM: CAROLLO, Domenic (214-599): Surfman.

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:

NONE (Full name of wife; if not married, so state) — (Address of wife)

NONE (Full name of child; if none, so state) — (Address of child)

NONE (Full name of child; if none, so state) — (Address of child)

None (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. Angela Carollo (Full name of relative) — Mother (Relationship) — 625 E. Main Street, Iron Mountain, Michigan. (Address of relative)

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:

Lena Carollo (Full name of relative) — Sister (Relationship) — 625 E. Main Street, Iron Mountain, Mich (Address of relative)

Potential (State briefly wherein dependency exists)

WITNESSED BY: A. E. Kristofferson
A.E. Kristofferson

Rank Boatswain (L)

SIGNED: Domenic Carollo
Domenic Carollo

Rank or Rating Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

NATION OF BENEFICIARIES FOR DEATH GRATUITY

Sheboygan Station (Unit) ..... Sheboygan, Wisconsin (Place)

6 November, 1939 (Date)

FROM: CAROLLO, Domenic (214-599); Surfman.

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:

NONE (Full name of wife; if not married, so state) ..... (Address of wife)

NONE (Full name of child; if none, so state) ..... (Address of child)

NONE (Full name of child; if none, so state) ..... (Address of child)

None (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. Angela Carollo (Full name of relative) ..... Mother (Relationship) ..... 625 E. Main Street, Iron Mountain, Michigan. (Address of relative)

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:

Lena Carollo (Full name of relative) ..... Sister (Relationship) ..... 625 E. Main Street, Iron Mountain, Mich. (Address of relative)

Potential (State briefly wherein dependency exists)

WITNESSED BY:

A.E. Kristofferson

A.E. Kristofferson

Rank Boatswain (L)

SIGNED:

Domenic Carollo

Domenic Carollo

Rank or Rating Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2500 B
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 CAROLLO, Domenic (214-599) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Sheboygan, 11th District, Sheboygan, Wisconsin.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Sheboygan Station
(Place)

1. I, Domenic Carollo (Full name), this 6th day of November, 19 36, desiring 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 Iron Mountain, Michigan, on 2 January, 1912, 1912 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - - - Certificate number - - - - -

If intentions declared, place and date of declaration - - - - - - -

Occupation or trade Outside Salesman Home address 625 E. Main St., Iron Mountain, Michigan.

Full name and address of the following: None
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

~~Mrs.~~ Angela Carollo, 625 E. Main St. Iron Mountain, Mich. Widowed? Yes
(Mother, if living)

(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 None
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have Not (If "not," so state) 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.

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 - - - - - - - - - - - - - - - - - -

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.

Domenic Carollo
Domenic Carollo
(Signature of enlisted person)

UNITED STATES OF AMERICA,

Albert G Delimater
By Albert G. Delimater, B.M.1c.(L)
(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.

Albert G Delimater
Albert G. Delimater
B.M.1c.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Domenic Carollo (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.

Domenic Carollo
Domenic Carollo
(Signature of enlisted person)

Subscribed and sworn to before me this 6th day of November, A. D. 19 36.

Allan Hammes
Notary Public, Sheboygan County Wisc.
(~~Comdg. officer, officer in charge of a unit, or~~ notary public)
My Commission expires May 7, 1939

12. DESCRIPTIVE LIST

Age 24 years 9 months. Height 5 feet 10½ inches. Weight 143 pounds. Eyes Hazel

Hair Dark Complexion Fair Color White Married No

Distinguishing marks

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.

RECORD OF CAROLLO, Dohenic (214-599)
(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	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
12-31-36	2.5	4.0	4.0	2.5	4.0	Sheboygan Station	Albert Anderson
3-31-37	3.0	4.0	4.0	2.8	4.0	Sheboygan Station	Albert Anderson
6-30-37	3.1	4.0	4.0	2.8	4.0	Sheboygan Station	Albert Anderson
9-30-37	3.2	4.0	4.0	2.9	4.0	Sheboygan Station	Albert Anderson
12-31-37	2.49	4.0	4.0	2.5	4.0	Sheboygan Station	Albert Anderson
3-31-38	2.49	4.0	4.0	2.8	4.0	Sheboygan Station	O. E. Kristoffersen
6-30-38	2.9	4.0	4.0	3.0	4.0	Sheboygan Station	O. E. Kristoffersen
9-30-38	3.0	4.0	4.0	2.8	4.0	Sheboygan Station	O. E. Kristoffersen
12-31-38	3.0	4.0	4.0	2.7	4.0	Sheboygan Station	O. E. Kristoffersen
3-31-39	3.0	4.0	4.0	2.9	4.0	Sheboygan Station	O. E. Kristoffersen
6-30-39	3.0	4.0	4.0	2.7	4.0	Sheboygan Station	O. E. Kristoffersen
9-30-39	3.0	4.0	4.0	2.7	4.0	Sheboygan Station	O. E. Kristoffersen
11-5-39	3.5	4.0	4.0	2.8	4.0	Sheboygan Station	O. E. Kristoffersen
AVERAGES	3.0	4.0	4.0	2.8	4.0		

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer at Sheboygan Station 29 July, 1938.
(Date and place)

2—13678

...name, surname to the left) (214-599)

9. LEAVE ACCOUNT WITH PAY

(Service No.)

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
Sheboygan Station	-----Credited------		1st yr. ----	30	0	Albert G. Delmater
Sheboygan Station	7-17-37	8-2-37	15	15	0	Albert G. Delmater, Act.
Sheboygan Station	-----Credited------		2d yr.----	30	0	Robert Anderson.
Sheboygan Station	12-20/37	1-5-38	15	15	0	Robert Anderson
Sheboygan Station	2-28-38	3-11-38	10	5	0	Robert Anderson
Sheboygan Station	-------Credited-------		3rdyr.	30	0	Robert Anderson
Sheboygan Station	11-15-38	11-23-38	7	23	0	A. E. Brittain
Sheboygan Station	4-23-39	5-2-39	8	15	0	A. E. Brittain
Sheboygan Station	7-27-39	8-7-39	10	5	0	A. E. Brittain

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RECORD OF CAROLLO, Domenic (214-599)
(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 sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
No unauthorized absence while attached to this unit.					A. E. Kristoffersen

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

12. ON DISCHARGE

C L D

Date 5 November, 1939 Place Sheboygan, Wisconsin Serial No. A-56247

Kind of discharge Honorable Authority for Article 461 and 461(a), Regulations.

Discharged on account of Expiration of term of enlistment.

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not", so state)

13. ON DESERTION

_____, 193 _____ _____
(Date) (Unit) (Place)

2—13678

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1932

SPECIAL TEMPORARY ENLISTMENT CONTRACT

RECEIVED
U.S. COAST GUARD
NOV 17 AM 9 11

U. S. COAST GUARD
NOV 19 1936

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 CAROLLO, Domenic (Full name, surname to left) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station Sheboygan, 11th District, Sheboygan, Wisconsin. (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Sheboygan Station (Place)

1. I, Domenic Carollo (Full name), this 6th day of November, 19 36 desiring 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 Iron Mountain, Michigan, on 2 January, 1912, 1912 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - - - Certificate number - - - - -

If intentions declared, place and date of declaration - - - - - -

Occupation or trade Outside Salesman Home address 625 E. Main St., Iron Mountain, Michigan.

Full name and address of the following: None (Wife, if any)

None (Children under 21 years of age. Specify ages of children)

~~Mrs.~~ Mrs. Angela Carollo, 625 E. Main St. Iron Mountain, Mich. Widowed? Yes (Mother, if living)

(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 None (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have Not (If "not," so state) 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.

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 Albert G. Delimater, BMlc.(L) (Name of enlisting officer) United States Coast Guard, in manner and form following, that is to say:

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 Albert G. Delimater, BMlc(L) (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Domenic Carollo (Name of person enlisting) who has hereunto signed his

[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.

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NOV 25 1936

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.

Domenic Carollo

Domenic Carollo
(Signature of enlisted person)

UNITED STATES OF AMERICA,

Albert G. Delimater

By Albert G. Delimater, B.M.1c.(L)
(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.

Albert G. Delimater

Albert G. Delimater

B.M.1c.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Domenic Carollo (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.

Domenic Carollo

Domenic Carollo
(Signature of enlisted person)

Subscribed and sworn to before me this 6th day of November, A. D. 19 36.

Allan Hammes

Notary Public Sheboygan County Wisc

(~~Comdg. officer, officer in charge of a unit, or~~ notary public)

My commission expires May 7, 1939

12. DESCRIPTIVE LIST

Age 24 years 9 months. Height 5 feet 10½ inches. Weight 143 pounds. Eyes Hazel

Hair Dark Complexion Fair Color White Married No

Distinguishing marks None

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.

RY ENLISTMENT CONTRACT

RECEIVED

Treasury is authorized to appoint temporary recruiting officers, and to make special temporary ent because of his temporary appointment or employment under this section.

c ..... as Surfman (Rating)

, surname to left) (Location of vessel, or P. O. address of station)

11th District, Sheboygan, Wisconsin.

Accepted for enlistment at Sheboygan Station (Place)

this 6th day of November, 19 36 desiring

have legal consent) to enlist; that I am of good habits the United States Coast Guard, Army, Navy, ved from the United States service, nor ischarged from any service, civil istment.

NB

If naturalized, pa

If intentions declar

Occupation or tra

Full name and ad

3. I cert now exist, affairs whi tion of this 4. I c of any kb 5. I tiary, sp and t 6. Cutt ing of w



T This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

urfman

RNING

in the Coast Guard, Army, and deny such service, your your identity and summary oming for fraudulent enlist-

If statements made herein are found to be false disciplinary action will result.

Sheboygan Wisconsin (Place)

November 6, 1936 (Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 24 years 9 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 Domenic Carollo

Date of birth Jan 2 1912

Place of birth Iron Mountain, Mich Citizenship American

Home address 625 E Main St, Iron Mountain, Mich

Are you married? No Number and relationship of persons dependent on you for support? none

Are you prepared to support your dependents on service pay? no dependents

Are your parents living? Mother Are your parents dependent on you for support? no

Name and address of next of kin Mrs. Angela Carollo 625 E Main St Iron Mt. Mich

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—
Montgomery Ward	Iron Mountain	Retail Store	Aug 15	Nov 4	Dept Head
worked for myself	as outside salesman				

Do you drink intoxicating liquors? If so, to what extent? Sparingly

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—13412

I have had the following education (state grammar schools, high schools, business colleges, colleges attended, stating whether or not you graduated and the number of years you attended):

attended grammar school 8 yrs. graduated
attended Iron Mountain High School 4 years
graduated 1930

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? no

If so, state which

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.

(Sign your full name here) Domenic Carollo

Accepted or rejected Accepted Cause of rejection

Date 6 November, 1936

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.

Albert G. Delimater

Albert G. Delimater, B.M.1c.(L)
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 1936 2—13412

...cation blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

RECEIVED

...CATION FOR ENLISTMENT

Surfs 1936 NOV 17 AM 9:11

U.S. COAST GUARD

WARNING

...have ever been in the Coast Guard, Army, ..., or Marine Corps and deny such service, 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.

Sheboygan Wisconsin
(Place)

November 5, 1936
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 24 years 9 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 Domenic Carollo

Date of birth Jan 2, 1912

Place of birth Iron Mountain Mich Citizenship American

Home address 625 E. Main St Iron Mountain, Mich.

Are you married? no Number and relationship of persons dependent on you for support? none

Are you prepared to support your dependents on service pay? no dependents

Are your parents living? Mother Are your parents dependent on you for support? no

Name and address of next of kin Mrs. Angela Carollo 625 E. Main St Iron Mt, Mich.

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—
Montgomery Ward	Iron Mountain, Mich	Retail Store	Aug 11	Nov 4	Dept. Head
Worked for myself as outside Salesman					

Do you drink intoxicating liquors? If so, to what extent? Sparingly

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

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colle
colleges attended, stating whether or not you graduated and the number of years you a

I attended grammar skool for 8 years and gra
I attended High School for 4 year graduated 193
" Mon Mountain High School "

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? no

If so, state which

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.

(Sign your full name here) Domenic Carollo

Accepted or rejected Accepted Cause of rejection

Date 6 November, 1936

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.

Albert G. Delimater
Albert G. Delimater, B.M.1c.(L)
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE, 1936 2—13412

CATION OF APPLICANT

Recruiting Office at Sheboygan Coast Guard Station, Sheboygan, Wisconsin.

Date 6 November, 1936

To:

Commandant, U. S. Coast Guard.

1. I hereby certify that I have this day had the enlistment contract fully explained to me, understand it fully and certify that no promises of any kind have been made to me concerning assignment to duty, discharge prior to expiration of enlistment, or advancement during the period for which I am enlisting in the Coast Guard.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY and will accept without reservation such station or assignment commensurate with my rating as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic innoculation against typhoid.

4. I further certify that the matter of desertion has been fully explained to me and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRAUDULENT ENLISTMENT and the meaning thereof.

6. I am fully aware of the fact that I am enlisting for a period of THREE years in the rating of Surfman and that the pay of the rating in which I am enlisting is 60.00 per month.

7. I further am aware that my dependents are not entitled to transportation at Government expense from place of enlistment, my home, or any other place to the place where the first unit to which I am permanently assigned or located.

ATTEST:

Albert G. Delimater

Albert G. Delimater, B.M.1c.(L)

Name of Recruiting Officer Rank

Domenic Carollo

Domenic Carollo

Signature of applicant.

...VISION
...ON OF APPLICANT
1936 NOV 17 AM 9:11
U. S. COAST GUARD

Recruiting Office at Sheboygan Coast Guard Station, Sheboygan, Wisconsin.

Date 6 November, 1936

To:

Commandant, U. S. Coast Guard.

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ATTEST:

Albert G. Delimater

Albert G. Delimater, B.M.1c.(L)
Name of Recruiting Officer Rank

Domenic Carollo
Domenic Carollo
Signature of applicant.

RECORD

RD RECRUITING STATION Green Bay, Wisconsin,
(PLACE)

3 November, 1936.
(DATE)

TO CHIEF OF POLICE.

DEAR SIR:

THE FOLLOWING NAMED MAN 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:

DOMENIC CAROLLO - 625 E. MAIN STREET, Iron Mountain, Michigan.
(NAME OF APPLICANT)

HAS THE ABOVE NAMED MAN, FROM THE RECORDS OF YOUR OFFICE, BEEN IN

No REFORM SCHOOL?

No JAIL?

No PENITENTIARY?

No CONVICTED OF CRIME?

No ARRESTED FOR ANY OFFENSE?

TO YOUR KNOWLEDGE IS HE MARRIED OR SINGLE?

Single.

Wm. A. Ferguson
CHIEF OF POLICE.

(OVER)

CLASSIFICATION NO. .....

RIGHT HAND.

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 four fingers taken simultaneously and of thumb.





RIGHT HAND

Plain impression of four fingers taken simultaneously and of thumb.





...cing Station Green Bay, Wisconsin,
(Place)

RECEIVED
CHICAGO DIVISION
1936 NOV 17 AM 9 12

...g Officer.

...Prim. (Address) Iron Mountain, Michigan H. S.

...low states that he was (Employed) by you at (Firm) (Taught) (School)

...or H. S. (Place) Iron Mountain, Michigan

U. S. COAST GUARD

...th 11th and 12th

...t importance that this office have on record your estimate of his abil-
...not personally acquainted with his work, kindly have the questions answered
...official of the company or school best able to supply this information accu-
...ely.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

S. B. JOHNSON, District Commander,
(Recruiting Officer)

Name of applicant - DOMENIC CAROLLO

Are you related to the applicant? NO

Was the applicant ever in your
(Employ)
(Charge) YES

When	From 19 to 19
Where	Sep 1926 to June 1930
	As Student

What was his (Weekly Wage)
(Scholastic Record) Slightly below average ranked 50 in 85

Why did he (Leave) graduated
(Quit)

How do you rate his:

CHECK ONE

	Good	Average	Poor
Trustworthiness	X		
Gen. Intelligence		X	
Ability		X	
His skill as a			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars NO

What was his reputation and standing when in your (employ)
(Charge) Good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars NO

The above statement and answers xxxxxxxxxxxxxxxxxxxxxx (have been dictated and carefully read by me).

NOTE: If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Bruce Jones
(Signature of referende)

November 4, 1936
(Date)

Iron Mountain, Mich.
(Post Office Address)

FITNESS OF APPLICANT

Coast Guard Recruiting Station Green Bay, Wisconsin,
(Place)

RECEIVED
CHICAGO DIVISION
1938 NOV 17 AM 9 12

...c Guard Recruiting Officer,
Mr. B. Guild Prin. Iron Mountain, Michigan H. S.
...name appears below states that he was (Employed) by you at (Firm)
(Taught) (School)
...ountain Senior H. S. (Place) Iron U.S. COAST GUARD Michigan
...s)
...in Grade) 9 10th 11th and 12th

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

S. B. JOHNSON, District Commander,
(Recruiting Officer)

Name of applicant - DOMENIC CARCLLO

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Was the applicant ever in your
(Employ)
(Charge) YES

When	From 19 to 19 Sep 1926 to June 1930
Where	As Student

What was his (Weekly Wage)
(Scholastic Record) Slightly below average ranked 50 in 85

Why did he (Leave)
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How do you rate his: CHECK ONE

	Good	Average	Poor
Trustworthiness	X		
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Ability		X	
His skill as a			

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What was his reputation and standing when in your (employ) Good
(Charge)

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars no

The above statement and answers a~~xxxxxxxxxxxxxxxxxxxxxxxxx~~ (have been dictated and carefully read by me).

NOTE: If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Bruce Smith
(Signature of reference)

November 4, 1936
(Date)

Iron Mountain, Mich.
(Post Office Address)

COAST GUARD

...ICIARIES FOR DEATH GRATUITY

...STATION
...GUARD 11
NOV 8 AM
U. S. COAST GUARD
U. S. COAST GUARD (1)
REC'D NOV 19 1936 BY
ANS'D

...cation
...it)

Sheboygan, Wisconsin.
(Place)

...AROLLO, Domenic, (214-599) Surfman

5 November, 1936
(Date)

...MMANDANT (via Commander, Eleventh 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:

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

(Address of wife)

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

(Address of child)

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

(Address of child)

None
(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.~~ Angela Carollo (Full name of relative) — Mother (Relationship) — 625 E.Main St., Iron Mountain, Michigan (Address of relative)

Potential
(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:

Lena Carollo (Full name of relative) — Sister (Relationship) — 625 E.Main St., Iron Mountain, Michigan. (Address of relative)

Potential
(State briefly wherein dependency exists)

WITNESSED BY:
Albert G. Delimater
Albert G. Delimater

SIGNED:
Domenic Carollo
Domenic Carollo

Rank B.M.1c.(L)

Rank or Rating Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE 1935

C. G.-2665 (Rev. 10-51)

File 3-13 EKM

U. S. COAST GUARD

OUTGOING OFFICIAL MESSAGE

UNIT FP-2 6-12 DATE 29 September 1960 SECURITY CLASSIFICATION

FROM Commandant

TO (FOR ACTION)
CCGDEIGHT

TO (FOR INFORMATION)

	EMERGENCY	"O"
	OPERATIONAL IMMEDIATE	"OP"
	PRIORITY	"P"
NM	ROUTINE	"R"
	DEFERRED	"NM"
	EMERGENCY	"O"
	OPERATIONAL IMMEDIATE	"OP"
	PRIORITY	"P"
	ROUTINE	"R"
	DEFERRED	"NM"

REFERS TO MESSAGE:

IDENTIFICATION	CLASSIFICATION

MAIL TO

TELEPHONE TO

MESSENGER TO

CRYPTOPRECAUTION: YES ☐ NO ☐

OUTGOING HEADING

292130Z

TEXT

UNCLAS X FP TO F X YOUR 281608Z X GILLEN, JOSEPH R. 220-599 EMTC HAD 2 YRS 7 MOS 16 DAS TO SERVE TIL COMPLETION OF 20 YRS SVC EFFECTIVE 30 AUG 1960 UPON REENL 15 JAN 58 X PAID 687 DOLS AND 35 CTS X SHOULD HAVE BEEN PAID 505 DOLS AND 58 CTS X AMT TO BE RECOUPED 181 DOLS AND 77 CTS X SEE COMPT MAN PARA 2B01065-3B.

OPERATOR'S RECORD

DRAFTED BY
EKM
EKMYERS
EXTENSION 5310

RELEASED BY
RAM
H. F. GERHARDT
CHIEF, PAYMENTS AND CLAIMS DIVISION

SECURITY CLASSIFICATION

16—20710-6 U. S. GOVERNMENT PRINTING OFFICE

C. G.-2655 (Rev. 10-51)

U. S. COAST GUARD

OUTGOING OFFICIAL MESSAGE

UNIT FP-2 6-12 DATE 29 September 1960 SECURITY CLASSIFICATION

FROM Commandant

TO (FOR ACTION)
CCGDEIGHT

TO (FOR INFORMATION)

	EMERGENCY	"O"
	OPERATIONAL IMMEDIATE	"OP"
	PRIORITY	"P"
	ROUTINE	"R"
NM	DEFERRED	"NM"
	EMERGENCY	"O"
	OPERATIONAL IMMEDIATE	"OP"
	PRIORITY	"P"
	ROUTINE	"R"
	DEFERRED	"NM"

MAIL TO

TELEPHONE TO

MESSENGER TO

REFERS TO MESSAGE:

IDENTIFICATION	CLASSIFICATION

CRYPTOPRECAUTION: YES ☐ NO ☐

OUTGOING HEADING

292130Z

TEXT

UNCLAS X FP TO F X YOUR 281608Z X GILLEN, JOSEPH R. 220-599 EMTC HAD 2 YRS 7 MOS 16 DAS TO SERVE TIL COMPLETION OF 20 YRS SVC EFFECTIVE 30 AUG 1960 UPON REENL 15 JAN 58 X PAID 687 DOLS AND 35 CTS X SHOULD HAVE BEEN PAID 505 DOLS AND 58 CTS X AMT TO BE RECOUPED 181 DOLS AND 77 CTS X SEE COMPT MAN PARA 2B01065-3B

OPERATOR'S RECORD

DRAFTED BY
EKMYERS
EXTENSION 5310

RELEASED BY
H. F. GERHARDT
CHIEF, PAYMENTS AND CE
DIVI

SECURITY CLASSIFICATION

16—20710-6 U. S. GOVERNMENT PRINTING OF

C. G.-2655 (Rev. 10-51)

U. S. COAST GUARD

OUTGOING OFFICIAL MESSAGE

UNIT FP-2 6-12 DATE 29 September 1960 SECURITY CLASSIFICATION

FROM Commandant

TO (FOR ACTION)

CCGDEIGHT

TO (FOR INFORMATION)

EMERGENCY	"O"
OPERATIONAL IMMEDIATE	"OP"
PRIORITY	"P"
ROUTINE	"R"
DEFERRED	"NM"

IM

EMERGENCY	"O"
OPERATIONAL IMMEDIATE	"OP"
PRIORITY	"P"
ROUTINE	"R"
DEFERRED	"NM"

MAIL TO

TELEPHONE TO

MESSENGER TO

REFERS TO MESSAGE:

IDENTIFICATION	CLASSIFICATION

CRYPTOPRECAUTION: YES ☐ NO ☐

OUTGOING HEADING

292130Z

TEXT

UNCLAS X FP TO F X YOUR 281608Z X GILLEN, JOSEPH R. 220-599 EMTC HAD 2 YRS 7 MOS 16 DAS TO SERVE TIL COMPLETION OF 20 YRS SVC EFFECTIVE 30 AUG 1960 UPON REENL 15 JAN 58 X PAID 687 DOLS AND 35 CTS X SHOULD HAVE BEEN PAID 505 DOLS AND 58 CTS X AMT TO BE RECOUPED 181 DOLS AND 77 CTS X SEE COMPT MAN PARA 2B01065-3B

OPERATOR'S RECORD

DRAFTED BY

EKMYERS
EXTENSION 5310

RELEASED BY

H. F. GERHARDT
CHIEF, PAYMENTS AND CLAIMS DIVISION

SECURITY CLASSIFICATION

16—20710-6 U. S. GOVERNMENT PRINTING OFFICE

CGHQ 9619 (REV. 7-55)

TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICIAL MESSAGE

6-4

JDA122NCD230
RR RBEPJD
DE RBEKYN 28
ZNR

28 SEP 1960

FP

CG HEADQUARTERS
1960 SEP 28 12 26
MESSAGE CENTER

R 281608Z

FM CCGDEIGHT

TO COMDT COGARD

BT

UNCLAS X F TO FP X REQUEST AMT REEN BONUS PD GILLEN, JOSEPH R.
220-599 EMTC X REEN 1/15/58 X RETIREMENT 1 OCT 1960 X POSSIBLE
RECOUPMENT INVOLVED

BT

CFN 220-599 1/15/58 1 1960

28/1608Z

OPERATOR'S RECORD AND DATE

TW 60

OFFICIAL INITIALS

(REV. 7-55)

SEP 1960

TREASURY DEPARTMENT

U. S. COAST GUARD
OFFICIAL MESSAGE

JDA122NCD230
RR RBEPJD
DE RBEKYN 28
ZNR

FP

FP-2 Sue Blue Ceafy

1960 SEP 28 12 26

MESSAGE CENTER

CG HEADQUARTERS

R 281608Z

FM CCGDEIGHT

TO COMDT COGARD

BT

UNCLAS X F TO FP X REQUEST AMT REEN BONUS PD GILLEN, JOSEPH R.
220-599 EMTC X REEN 1/15/58 X RETIREMENT 1 OCT 1960 X POSSIBLE
RECOUPMENT INVOLVED

BT

CFN 220-599 1/15/58 1 1960

28/1608Z

OPERATOR'S RECORD AND DATE

TW 60

OFFICIAL INITIALS

	Yr.	Mo.	Days
Coast Guard Service	20	0	29
Navy service			
Total	20	0	29

A. I. MALSKI
By direction

Completed 3 years on 20 August 1943
Completed 6 years on 20 August 1946
Completed 9 years on 30 August 1949
Complted 10 years on 30 August 1950
Completed 20 years on 30 August 196C

16—36636-3 U. S. GOVERNMENT PRINTING OFFICE

CGHQ-2511-B (Rev. 6-55)
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

PE-3
MM
Ser D27
29 September 1960

To: Chief, Claims and Exceptions Section

Subj.: Statement of service for basic pay purposes

Incl.:

The following is a statement of service, to and including 29 September 1960 of GILLEN, Joseph Raymond (220-599) EMTC, 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—
U.S.C.G. 8-21-40		None		None		None	
Enl. ext. 3 yrs.(Vol.) 9-13-43		None		None		None	
	11-25-46 HD						
U.S.C.G. 12-6-46		None		None		None	
	12-6-48 HD						
12-7-48		None		None		None	
	1-3-52 HD						
1-4-52		None		None		None	
	1-14-58 HD						
1-15-58 Reenl. 3 yrs. Now serving							

	Yr.	Mo.	Days
Coast Guard Service	20	0	29
Navy service			
Total	20	0	29

A. I. Malski
A. I. MALSKI
By direction

Completed 3 years on 20 August 1943
Completed 6 years on 20 August 1946
Completed 9 years on 30 August 1949
Complted 10 years on 30 August 1950
Completed 20 years on 30 August 1960

10—36636-3 U. S. GOVERNMENT PRINTING OFFICE

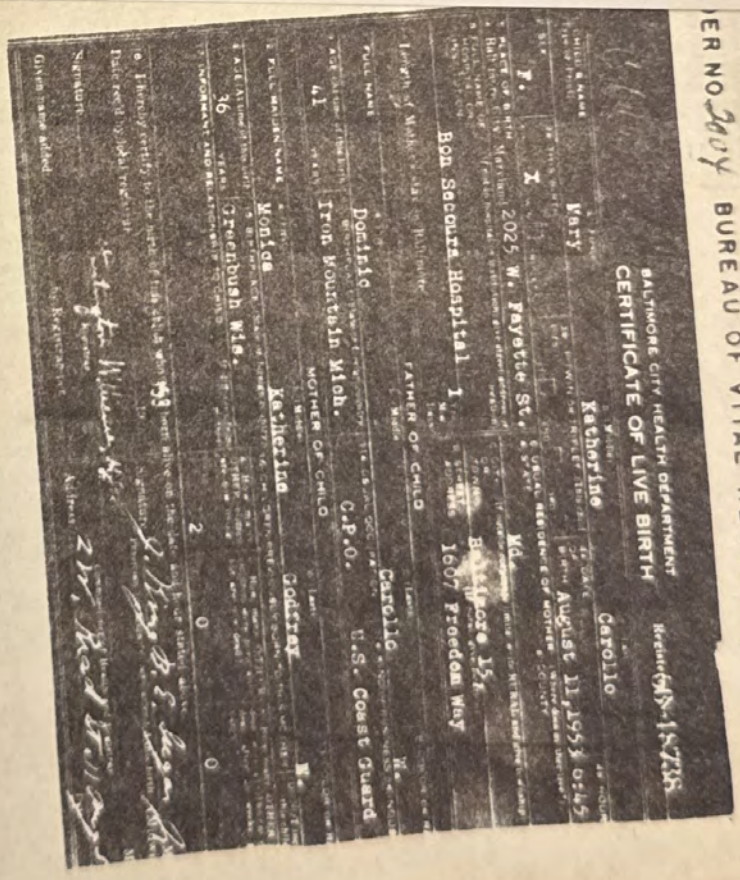
CAROLLO, DOMENIC (N) (214-599)

66551

Retired 60 62A-390

Bot 42.9

File ~~3-13~~



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH
Katherine Carollo
Mary
August 11, 1955 0:45
I.
X
2025 W. Fayette St.
Md.
Baltimore 15
Bon Secours Hospital
1607 Freedom Way
Carollo
Dominic
U.S. Coast Guard
Iron Mountain Mich.
C.P.O.
41
Katherine
Monica
Greenbush Wis.
36
2
0
0

BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF VITAL RECORDS
ER NO. 3004

RB 6-1-60

RECORDS TRANSMITTAL
NAVPERS-755 (Rev. 6-59)

4655 Supl

NH13-33-pdP

FROM
Commanding Officer, U. S. Naval Hospital, Great Lakes, Illinois

DATE
2 June 1964

DE-82

TO
Chief, Bureau of Medicine and Surgery
Navy Department
Washington 25, D. C.

REFERENCE
(a) Article C-5404 BuPers

[XX] Records checked below are forwarded in the case of personnel listed.

[ ] Records checked below are requested in the case of personnel listed.

[ ]

NAME (Surname first in CAPS)	SERVICE NUMBER OR FILE NO/DESIG.	GRADE OR RATE	SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	(OTHER)
CAROLLO, Domenic (n)	214599	BMC USCG	RETIRED			SF600 (1) NAVMED 1406 1

FILE MEDIN

COPY TO (Do NOT forward copy to BUPERS)

SIGNATURE

J. R. BARROWS
By direction

RECORDS TRANSMITTAL
NAVPERS-755 (Rev. 6-59)

NH13-33-pdP

FROM: Commanding Officer, U. S. Naval Hospital, Great Lakes, Illinois

DATE: 2 June 1964

TO:
Chief, Bureau of Medicine and Surgery
Navy Department
Washington 25, D. C.

REFERENCE:

(a) Article C-5404 BuPers

[XX] Records checked below are forwarded in the case of personnel listed.

[ ] Records checked below are requested in the case of personnel listed.

[ ]

NAME (Surname first in CAPS)	SERVICE NUMBER OR FILE NO/DESIG.	GRADE OR RATE	SERVICE RECORD	HEALTH RECORD	PAY ACCOUNT	(OTHER)
CAROLLO, Domenic (n)	214599	BMC USCG	RETIRED			SF600 (1) NAVMED 1406 1

FILE MEDIV

COPY TO (Do NOT forward copy to BUPERS)

SIGNATURE

J. R. BARROWS
By direction

TREA SURY DEPARTMENT
U.S. COAST GUARD
CG 2599 (REV 5-50

REPORT OF CHANGE IN PERSONNEL

No. 6-171

LAST NAME , FIRST NAME INITIAL	SERVICE NO.	PRESENT GRADE OR RAT
CAROLLO, Domenic (	(214-599)	BMC
REPORTING UNIT	LOCATION	DATE
CG BASE,	Portsmouth, Va.	19 June, 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE
O,CCGD5	Norfolk, Va.	05-210440

TIME
DATE

REPORTED FROM:
FOR

AUTH:
TIME 0902
DATE 6/12/51

TRANSFERRED TO: O,CCGD5
FOR resumption of duty

AUTH: CCGD5/O dtd 2 June, 1951 file GD5/MM/P16-4

CHANGED IN (GRADE) (RATING) FROM _____ TO _____ EFFECTIVE _____

AUTH:
OTHER CHANGES (SPECIFY)

W. S. Partridge

W. G. PARTRIDGE, JR.,
(SIGNATURE AND GRADE AND TITLE) XO

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EXAMINED POSTED FLEX

UNITED STATES COAST GUARD

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

PE-2

15 June, 1951

FILE: MM

From: Commandant
To:
Via: Commander, 5th CG District (p)

Subj: CAROLLO, Domenic (214-599) BMC
request for transfer to 14th or the 17th CG District, dated 8 June, 1951.

1. Receipt of subject man's request for transfer, as indicated above, is hereby acknowledged.

2. Advise the above named man that his request has been placed in the active rotation file and will be considered when men of his rating are needed for overseas duty.

3. This request, if not approved after six (6) months, will be filed without further action. If subject man still desires this duty after that period of time, he should resubmit his request.

W. H. BUXTON
By direction

JWS:AIM:jms ret to 3-13

C 108 TREASURY-CGHQ-WASH.,D.C.

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 6-5

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
CAROLLO, Domenic (n)	214-599	BMC., USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
USCGC INGHAM (WPG-35)		Norfolk, Va.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
05-052-035		12 June, 1951

TIME 1445
DATE 12 June, 1951

REPORTED FROM: CO, Enlisted Personnel, 5th CG District Office, Norfolk, Va.
FOR ASDU

AUTH: CC5CGD Ord. #1239-51

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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.							

S.F. HEWINS, CDR., USCG
(Commanding.)

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ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED
	PE-PR-23	

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

Treasury Department
U. S. Coast Guard
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 264

Last name, first name, middle initial	Service No.	Present Grade or rating
CAROLLO, Domenic (n)	214-599	BMC
Reporting Unit: Comdr., 5th CG District	Location: Norfolk, Virginia	Date: 12 June, 1951
Unit to which attached: 5TH CG DISTRICT OFFICE	Location: Norfolk, Virginia	Accounting Code No: 05-510000

Time 0930 Reported From: CG Base, Portsmouth, Virginia
Date 6-12-51 For resumption of regular duty.

AUTH: Art. 710, Regs.

Time 1100 Transferred to: CGC INGHAM, Norfolk, Virginia
Date 6-12-51 For assignment to duty.

AUTH: Art. 710, Regs.

Changed in Rating from _____ to _____ effective _____

AUTH:

Other Changes (specify)

J. W. BOLDING, LTJG, USCG
XO, By direction ps

(Signature-Grade and Title)

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PE-PR-21

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TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599(Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

NO. _____

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic D.	214-599	BMC (L)
REPORTING UNIT	LOCATION	DATE
CG Group	Chicago, Ill.	31 May, 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
CG Group	Chicago, Ill.	09-525575

TIME
DATE

REPORTED FROM
FOR

AUTH:

TIME 1200
DATE 4/30

TRANSFERRED TO C5CGD EDA 21 May, 1951
FOR ASDU

AUTH: TA#516067

CHANGED IN (GRADE) (RATING) FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

C W Berkman

C. W. BERKMAN, LTJG, USCG
By dir. (SIGNATURE - GRADE AND TITLE)

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PE-PR-32		

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 857

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic [illegible]	214-599	BMC(A)

REPORTING UNIT	LOCATION	DATE
COMDR., 5th C. G. DISTRICT	NORFOLK, VIRGINIA	22 May, 1951

UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
5TH CG DISTRICT OFFICE	Norfolk, Virginia	05-510000

TIME 1810
DATE 5-20-51

REPORTED FROM: Commander, CG Group, Chicago, Illinois
FOR assignment to duty, having taken fourteen (14) days' leave, four (4) days pt and two (2) days tt enroute.

AUTH: H/L 4-3-51, file MM/P16-3/9

TIME 1820
DATE 5-20-51

TRANSFERRED TO: CG Base, Portsmouth, Virginia
FOR TAD.

AUTH: Art. 710, Regs.

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

J. W. BOLDING, LTJG, USCG
XO, By direction ps

(Signature—Grade and Title)

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	PE-PR-20	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

...ment
... Guard
...99 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 989

Last name, first name, initial	Service No.	Present Grade or rating
CAROLLO, Domenic (n)	214-599	BMC(AN)
Reporting Unit	**Location**	**Date**
Comdr., 5th CG District	Norfolk, Virginia	29 May, 1951
Unit to which attached	**Location**	**Accounting Code No.**
5TH CG DISTRICT OFFICE	Norfolk, Virginia	05-510000

Time
Date

Reported From:
For

AUTH:

Time 1200
Date 5-28-51

Transferred to: Piney Point Light Station, Piney Point, Md.
For temporary additional duty.

AUTH: Art. 710, Regs.

Changed in Grade Rating From _____ To _____ Effective _____

AUTH:

Other Changes (specify)

PE-PR-7

J. W. BOLDING, LTJG, USCG
XO, By direction ps
(Signature-Grade and Title)

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16-40355-4 U. S. Government Printing Office

...ment
Guard
...99 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 989

Last name, first name, initial	Service No.	Present Grade or rating
CAROLLO, Domenic (n)	214-599	BMC(AN)
Reporting Unit	**Location**	**Date**
Comdr., 5th CG District	Norfolk, Virginia	29 May, 1951
Unit to which attached	**Location**	**Accounting Code No.**
5TH CG DISTRICT OFFICE	Norfolk, Virginia	05-510000

Time
Date

Reported From:
For

AUTH:

Time 1200
Date 5-28-51

Transferred to: Piney Point Light Station, Piney Point, Md.
For temporary additional duty.

AUTH: Art. 710, Regs.

Changed in Grade Rating From _____ To _____ Effective _____

AUTH:

Other Changes (specify)

PE-PR-7

J. W. BOLDING, LTJG, USCG
XO, By direction ps
(Signature-Grade and Title)

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TREASURY DEPARTMENT
U.S. COAST GUARD
CG_2599 (REV 5-50

REPORT OF CHANGE IN PERSONNEL

NO. 6-18

LAST NAME, FIRST NAME INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CARROLLO, Domenic (n)	214-599	EMC

REPORTING UNIT	LOCATION	DATE
CG BASE	Portsmouth, Va.	5 June, 1951

UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE
O, CCGD5	Norfolk, Va.	05-210440

TIME 1735
DATE 6/2/51
REPORTED FROM: O, CCGD5
FOR TAD

AUTH: CCGD5/O dtd 2 June, 1951, file GD5/MM/P16-4
TIME
DATE
TRANSFERRED TO:
FOR

AUTH:
(GRADE)
CHANGED IN (RATING) FROM _____ TO _____ EFFECTIVE _____

AUTH:
OTHER CHANGES (SPECIFY)

W. G. PARTRIDGE, LT.,
(Signature—Grade and Title) XO

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Department
Coast Guard
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 227

Last name, first name, middle initial	Service No.	Present Grade or rating
CAROLLO, Domenic (n)	214-599	BMC
Reporting Unit	**Location**	**Date**
Comdr., 5th CG District	Norfolk, Virginia	8 June, 1951
Unit to which attached	**Location**	**Accounting Code No**
5TH CG DISTRICT OFFICE	Norfolk, Virginia	05-510000

Time 1655
Date 6-2-51 **Reported From:** Piney Point Light Station, Piney Point, Md.
For resumption of regular duty.

AUTH: Art. 710, Regs.

Time 1700
Date 6-2-51 **Transferred to:** CG Base, Portsmouth, Virginia
For TAD.

AUTH: Art. 710, Regs.

Changed in Rating from _____ **to** _____ **effective** _____

AUTH:

Other Changes (specify)

D. W. BOLDING, LTJG, USCG
XO, By direction ps

(Signature-Grade and Title)

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TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 858

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic (n)	214-599	BMC(AN)
REPORTING UNIT	**LOCATION**	**DATE**
COMDR., 5th C. G. DISTRICT	NORFOLK, VIRGINIA	22 May, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
5THCG DISTRICT OFFICE	Norfolk, Virginia	05-510000

TIME 1500
DATE 5-21-51

REPORTED FROM: CG Base, Portsmouth, Virginia
FOR resumption of regular duty.

AUTH: Art. 710, Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-7

J. W. BOLDING, LTJG, USCG
XO, By direction

ps

(Signature—Grade and Title)

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16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV 5-50

REPORT OF CHANGE IN PERSONNEL

NO. 5-472

LAST NAME, FIRST NAME INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CARGLLO, Domenic	214-599	BMC(AN)
REPORTING UNIT	LOCATION	DATE
CG BASE	Portsmouth, Va.	22 May, 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE
O, CCGD5	Norfolk, Va.	05-210440

TIME 1944
DATE 5/20/51
REPORTED FROM: O, CCGD5
FOR TAD

AUTH: CCGD5/O dtd 20 May, 1951, file GD5/MM/P16-4

TIME 1400
DATE 5/21/51
TRANSFERRED TO: O, CCGD5
FOR resumption of duty

AUTH: CCGD5/O dtd 20 May, 1951, file, GD5/MM/P16-4

(GRADE)
CHANGED IN (RATING) FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

W. G. PARTRIDGE, LT.,
(Signature--Grade and Title) ~~XO~~

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EXAMINED	POSTED	FLEX

PE-PR-23

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (Rev. 5-50)

REPORT OF CHANGE IN PERSONNEL

NO. 206

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
CAROLLO, Domenic	214-599	BMC(AN)

REPORTING UNIT	LOCATION	DATE
District Office	Cleveland, Ohio	29 Mar., 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
Light Station, Waukegan Harbor	Waukegan Harbor, Ill.	09-300605

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO
FOR

AUTH:

PE-PR-25

CHANGED IN (GRADE) (RATING) FROM TO EFFECTIVE

AUTH:

OTHER CHANGES (SPECIFY)

19 Mar., 1951: CG Light Station, Waukegan Harbor, Ill. changed from a sub-unit of Office, Commander, NINTH Coast Guard District to a sub-unit of CG Group, Chicago, Illinois.

AUTH: 9D/L o 3-19-51 A4-2/A4-1

A. O'D. WISE, CSCLK, USCG
Chief, Military Personnel Section
(SIGNATURE - GRADE AND TITLE)

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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
CAROLLO, Domenic none	214-599	BM1	☐ 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)*: Angela none Carollo — RELATIONSHIP *(If friend, so state)*: mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Monica Katherine Carollo

ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street Sheboygan, Wisconsin

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Monica Grace Carollo	2220 N. 20th St. Sheboygan, Wisconsin		X		X	3 wks.

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Anton Carollo deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Angela Carollo

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Angela Carollo — RELATIONSHIP: mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, 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: Catherine none Campra — RELATIONSHIP: sister

ADDRESS *(Number, street, city, zone, and State)*: 525 E. Main Street Iron Mountain, 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.

(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: Monica Katherine Carollo — RELATIONSHIP: wife

ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street Sheboygan, Wisconsin

RECEIVE EACH MONTH: 50 % OF MY PAY.

MILITARY ADDRESS: Waukegan Harbor Light Station Waukegan, Illinois

DATE SIGNED: 9-1-50

SIGNATURE OF DESIGNATOR: Domenic Carollo Domenic Carollo

DD FORM 1 JAN 50 93 REPLACES 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.

16—61480-1

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
CAROLLO, Domenic none	214-599	BM1	☐ 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)*: Angela none Carollo — RELATIONSHIP *(If friend, so state)*: mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, Michigan

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL 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)*: Monica Katherine Carollo

ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street Sheboygan, Wisconsin

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Monica Grace Carollo	2220 N. 20th St. Sheboygan, Wisconsin		X		X	3 wks.

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Anton Carollo deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Angela Carollo

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, Michigan

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF 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: Angela Carollo — RELATIONSHIP: mother

ADDRESS *(Number, street, city, zone, and State)*: 625 E. Main Street Iron Mountain, 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: Catherine none Campra — RELATIONSHIP: sister

ADDRESS *(Number, street, city, zone, and State)*: 525 E. Main Street Iron Mountain, 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.

(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: Monica Katherine Carollo — RELATIONSHIP: wife

ADDRESS *(Number, street, city, zone, and State)*: 2220 North 20th Street Sheboygan, Wisconsin — RECEIVE EACH MONTH: 50 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Waukegan Harbor Light Station Waukegan, Illinois	9-1-50	Domenic Carollo Domenic Carollo

DD FORM 1 JAN 50 93 REPLACES 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.

16—61480-1

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 1-51

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
CAROLLO, Domenic none	214-599	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Cleveland 9th CGD	Waukegan Harbor Light Station	Waukegan, Illinois
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
Cleveland 9th CGD	09-241	8-16-50

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM BM1 (AN) TO BMC (AN) EFFECTIVE 16 August, 1950

AUTH: DCGO lt. dated 8-14-50 file pmp 73 Article 561 (1) Regs.

OTHER CHANGES (SPECIFY) NL.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

Domenic Carollo
Domenic Carollo BMC (AN)
(Commanding.)

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ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

10—40355-3 U. S. GOVERNMENT PRINTING OFFICE

...HANGE IN PERSONNEL
...TES COAST GUARD
...9 (REV. 6-45)

No. 142

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CAROLLO, Donenic	214-599	BM1(AN)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Waukegan Hbr. Lt. Station		Waukegan, Ill.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
09-300605		15 August, 1950

TIME
DATE — REPORTED FROM:
FOR

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM BM1(AN) TO BMC(AN) EFFECTIVE 16 August, 1950

DUTY CODE NO. — AUTH: Art. 561(1), CG Regs., H/L/ PE-C-73, dtd 8/7/50

OTHER CHANGES (SPECIFY)

DUTY CODE NO. — AUTH:

A. O'D. WISE, CSCLK, 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

7 August, 1950
PE-C-73

From: Commandant
To: Commander, 9th CG District (p)

Subj: CAROLLO, Domenic (214-599) BM1(AN); advancement in rating

1. Under authority of Article 561 (1), CG Regulations, the above-named man is advanced to the rating of chief boatswain's mate (AN), effective 16 August, 1950, to rank as such from 4 September, 1942, provided that for one year he has had no mark of less than 3.0 and an average of not less than 3.5 in proficiency in rating, and for two years no mark of less than 3.0 and an average of not less than 3.5 in conduct. Certificate of Appointment is inclosed for delivery to him following advancement. If advancement is not justified, the Commandant (PE) will be immediately advised, and the inclosed certificate returned for cancellation.

2. Forward Form 2599 and make necessary entry in service record showing advancement, citing this letter and Article 561 (1), Regulations as the authority therefor.

W. C. CAPRON
By direction

Incl: Certificate of Appointment

CORRESP;jhc;em ret to 3-13

7 August, 1950
PE-C-73

From: Commandant
To: Commander, 9th CG District (p)

Subj: CAROLLO, Domenic (214-599) BM1(AN); advancement in rating

1. Under authority of Article 561 (1), CG Regulations, the above-named man is advanced to the rating of chief boatswain's mate (AN), effective 16 August, 1950, to rank as such from 4 September, 1942, provided that for one year he has had no mark of less than 3.0 and an average of not less than 3.5 in proficiency in rating, and for two years no mark of less than 3.0 and an average of not less than 3.5 in conduct. Certificate of Appointment is inclosed for delivery to him following advancement. If advancement is not justified, the Commandant (PE) will be immediately advised, and the inclosed certificate returned for cancellation.

2. Forward Form 2599 and make necessary entry in serfice record showing advancement, citing this letter and Article 561 (1), Regulations as the authority therefor.

W. C. CAPRON
By direction

Incl: Certificate of Appointment

CORRESP;jhc;em ret to 3-13

for ORR JMS GN

31 March 1950
PMM 73

Veterans Administration
Washington 25, D.C.

V#1415 22 49
N#1 123 210

FILE

Sirs:

There is inclosed a letter from Domenic Carollo (214-599) BM1, USCG regarding the issuance of the policy for his National Service Life Insurance.

By direction of the Commandant.

Very truly yours,

N.W.SPROW
Commander, U. S. Coast Guard
Chief, Military Morale Division

Incl.

MAR 31 1950

wad:mjm room 2002 sta 2-4

mjm

Ind-1 on Commandant's ltr PMM 73
of 5 January, 1950

9 January, 1950
File: pmp 73

SERVICE SECTION

RECEIVED JAN 13 1950 (2)

FILE

From: Commander, 9th CG District
To: Commandant (PMM)

Subj: CAROLLO, Domenic (214-599) BM1(AN); Expiration of term insurance N-1 123 210

Returned. The necessary forms and allotment adjustments on subject man were forwarded to Headquarters' this date.

C. D. BUDD
By direction

APPLICATION FOR CONVERSION
NATIONAL SERVICE LIFE INSURANCE

Budget approved. Budget Bureau No. 76-R070.

Please read Instructions on reverse side before filling out form. Type or use ink.
Use a separate form for each POLICY on which conversion is requested.

DO NOT WRITE IN THIS SPACE
NUMBER ASSIGNED

1. FIRST NAME—MIDDLE NAME—LAST NAME (*Print or type*)
Domenic Carollo

2. *List all Policy or Certificate Nos.*
FN OR N 1-123-210
FV OR V FILE
FH OR H

3A. RESIDENCE ADDRESS (*Number and street or rural route, city or P. O., zone number, and State*)
103 East Madison St. Waukegan Illinois

3B. MAIL PREMIUM NOTICES TO
Same

4. PLACE OF BIRTH (*City or town, county, and State*)
Iron Mountain Mich.

5. DATE OF BIRTH (*Month, day, and year*)
1-2-12

6. BRANCH OF SERVICE
Coast Guard

7. SERVICE SERIAL NO.
214-599

Policy number 1-123-210, in the amount of $9,000, is hereby returned for the purpose of converting from Five-Year Level Premium Term plan to the plan(s) listed below. Indicate in item 9 the amount of this policy to be continued as term insurance. (See paragraphs 1, 2, and 3 of Instructions.)

8. NEW PLAN OF INSURANCE

PLAN NOW DESIRED	AMOUNT OF INSURANCE	EFFECTIVE DATE
20 P.L.	5,000	1/1/50 ~~12-31-49~~

9. TERM INSURANCE CONTINUED

AMOUNT RETAINED
$4,000

If change of beneficiary and/or optional settlement is desired in the amount of Five-Year Level Premium Term Insurance continued in force, a separate request therefor must be made.

10. COMPLETE ONLY WHEN CONVERTING TO AN ENDOWMENT PLAN

ARE YOU NOW DISABLED?
☐ YES ☐ NO (*If "yes," give facts*)

HAVE YOU EVER APPLIED FOR COMPENSATION, RETIREMENT PAY, PENSION, WAIVER OF LIFE INSURANCE PREMIUMS, OR TOTAL DISABILITY INCOME BENEFITS?
☐ YES ☐ NO (*If "yes," give C-No.*)

C-NO.

11. AMOUNT REMITTED WITH THIS APPLICATION
(*See paragraphs 4 and 5 of instructions*)

AMOUNT OF FIRST INSURANCE PREMIUM	$
T. D. I. PROVISION PREMIUM (*If any*)	13.50
RESERVE (*If any*)	
TOTAL	$ 13.50

NOTE.—When, in items 12 and 13, it is indicated that premiums will be paid by allotment or deduction, applicant must authorize separately (a) registration of allotment with service department or (b) deduction from Veterans Administration benefits on VA Form 9-887, to cover the new amount. PREMIUMS MAY BE PAID BY MONTHLY DEDUCTION FROM COMPENSATION, PENSION, OR RETIREMENT PAY ONLY WHEN INSURANCE IS IN FORCE.

12. METHOD OF PAYMENT OF FIRST PREMIUM (*Check one*)

☒ ~~ALLOTMENT FROM ACTIVE SERVICE PAY~~	MONTH ALLOTMENT EFFECTIVE ~~DECEMBER 49~~	AMOUNT OF ALLOTMENT $
☑ DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify kind of remittance, and period covered*) 1 month	REMITTANCE BY (*Check*) draft, money order, postal note or A. F. leave bond assigned to the Veterans Administration) $13.50	PERIOD (*Monthly, quarterly, semiannually, or annually*)

MAKE ALL REMITTANCES PAYABLE TO THE TREASURER OF THE UNITED STATES

13. AMOUNT AND METHOD OF PAYMENT OF FUTURE PREMIUMS (*Check one*)

☒ MONTHLY ALLOTMENT FROM ACTIVE SERVICE PAY, $ 13.50	☐ MONTHLY DEDUCTION FROM COMPENSATION, PENSION OR RETIREMENT PAY, $	☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION (*Specify period*), $	PERIOD (*Monthly, quarterly, semiannually, or annually*) Monthly

14. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See pars. 6 and 7 of instrs.*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
Monica Catherine Carollo 2220 North 20th St., Sheboygan Wis.	Wife	100%	Option # 1 Lump Sum
Angela Carollo (Cont. Benif.) 625 East Main St. Iron Mountain Mich.	Mother	100%	Option #1 Lump Sum

WITNESSED BY (*See paragraph 8 of Instructions*)
Arthur J. Rosenberg

ADDRESS OF WITNESS
122 N. County St., Waukegan Ill.

SIGNED AT
Waukegan Ill.

DATE OF APPLICATION
12-16-49

SIGNATURE OF APPLICANT (*Do not print*)
Domenic Carollo

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than 1 year or both.

THE CERTIFICATE OR POLICY SHOULD BE RETURNED WITH THIS APPLICATION

APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN
NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED

NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)
Domenic Carollo

2. INSURANCE FILE NO.
FN 1-123-210
FH –
FILE

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
103 East Madison St., Waukegan Ill.

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.
214-599

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. 1-123-210 in the amount of $4,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)
$ 4,000

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$3.24
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$3.24

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)
☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A.
☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*
☒ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE
~~12-31-49~~ January, 1950

AMOUNT OF ALLOTMENT
$ 3.24

ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT

C.
☐ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
Monica Catherine Carollo ~~2220 North 20th St., Sheboygan Wis~~	Wife	100%	Option # 1 Lump Sum
Angela Carollo (Cont. Benif) 625 East Main St., Iron Mountain Mich.	Mother	~~100%~~	Option # 1 Lump Sum

12. MAIL POLICY TO (*Name and address*)
Domenic Carollo 103 East Madison St. Waukegan Ill.

13. WITNESSED BY (*See Instruction 7*)
Cathleen F. Kennedy

16. ADDRESS OF WITNESS
122 N. County St., Waukegan Ill.

14. SIGNED AT (*Address*)
Waukegan Ill.

15. DATE
12-16-49

17. SIGNATURE OF APPLICANT (*Do not print*)
Domenic Carollo

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

MJM-File 3-13 73

UNITED STATES COAST GUARD

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

5 January 1950
PMM-73

From: Commandant
To: Commanding Officer, Waukegan Harbor Light Station
Via: Commander, Ninth Coast Guard District (pmp)

Subj: CAROLLO, Domenic (Z14-599) BM1(AN), USCG; Expiration of term insurance N-1 123 210

Ref: (a) Hdqtrs' letter 7 December, 1949

1. Inasmuch as information requested in reference (a) has not been received, in the absence of information from the insured that he does not wish to continue this insurance, Headquarters has established an administrative allotment as evidenced by the inclosed copy of the memorandum authorizing this change. This action was taken in compliance with an agreement with the Veterans Administration to protect the insured until he has had ample opportunity to advise Headquarters regarding his wishes in the matter.

2. The present allotment in the amount $6.39 has been administratively stopped with last month of payment November, 1949 and an administrative allotment, reflecting the increased premium, in the amount of $7.29, has been placed in effect with the first month of payment December, 1949. Subject named man should be directed to complete the application for renewal (Form VA9-1658) and register the necessary allotment adjustment to comply with the administrative change in the allotment as evidenced by the inclosed Form B-1531.

3. Advise Commandant (PMM) of action that will be taken by the insured.

N. W. SPROW
By direction

Incl.
Form B-1531

JAN 5 1950

MJM:erb return to 2-4

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

4 January, 1950
FILE: PMM -73

From: Chief, Military Morale Division, U. S. Coast Guard
To: Chief, Office of Finance and Supply, U. S. Coast Guard

Cc: Domenic Carollo (214-599) BM1(AN), USCG

Subj: Initiation of administrative allotment to pay National Service Life Insurance premiums.

Ref: (a) Act of March 7, 1942 (Public Law 490, 77th Congress) as amended.
(b) Letter of Secretary of the Navy dated 1 September, 1944, file #OP13-1C-jc, Serial No. 311213.
(c) General Order 1-46 dated January 1, 1946, Secretary of the Treasury
(d) Commandant's letter to the Secretary of the Treasury, dated December 10, 1948 (PMM-700), approved by the Acting Secretary of the Treasury, December 13, 1948.

It is requested under authority of references (a) and (d) that the allotment described be registered and charged against the insured's pay and allowances. The initiation of the allotment of pay described below is in the interest of the insured and his dependents.

Name, service number, rank or rating:	Domenic Carollo (214-599) BM1(AN) USCG
Purpose of allotment:	Payment of NSLI premiums, Cert.# N-1123210
Amount of present allotment; to be stopped with month of last payment:	$6.39 - November, 1949
Amount of allotment to be registered, effective month of first payment:	$7.20 - December, 1949

Administrative change in the allotment made for payment of increased premiums will be continued until additional information is received from the insured. The insured must contact his certifying officer and make the necessary allotment adjustment in his pay records.

By direction of the Commandant.

N. W. SPROW
Commander, U. S. Coast Guard
Chief, Military Morale Division

Ind-1
CG Hdqtrs
From: Commandant (FA-PA)
To: Veterans Administration, Washington, D. C.
1. Forwarded. Allotments stopped and placed in effect as indicated above on _____.

AUTHORIZED CERTIFYING OFFICER

mjm

2 1531

mjm
file 3-13
73

7 December, 1949
PMM 73

From: Commandant
To: CAROLLO, Domenic (214-599) BM1(AN), USCG
Via: 1. Commander, Ninth Coast Guard District
2. Commanding Officer, Waukegan Harbor Light Station

Subj: National Service Life Insurance, Policy No. N-1 123 210
Expiration of Term Insurance

1. There is herewith forwarded a notification from the Veterans Administration that the $9,000 level term National Service Life Insurance issued under policy number N-1 123 210 will expire on 31 December, 1949. 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 $6.39 per month for premiums on National Service Life Insurance as follows:

$6.39 - $9,000 term insurance N-1 123 210 effective 1 January, 1942.

If insurance is renewed, the new allotment should be $7.29. Your authorized certifying officer should be instructed to discontinue the $6.39 allotment with the month of last payment November, 1949, and to establish the new allotment, reflecting the increased premium, effective with the month of first payment December, 1949.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528-A) should be forwarded to 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.

R. M. WEST
By direction

DEC 8 1949

Incls:
1. VA Ltr FL-9-355
2. Form VA9-1658
3. Form VA9-358

mjm.

JM:jdc rm 2002 2-4

...RATION
...rm 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, 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: Domenic — Middle: — Last name: Carollo

2. HOME ADDRESS: Number: 625 — Street or rural route: E. Main St. — County, city, town, or post office: Iron Mountain — State: Michigan

3. I WAS BORN AT — City, town, or post office: Iron Mountain — State: Michigan — Day of month: 2 — Month: January — Year: 1912 — Age nearest birthday: 30

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 6 November, 1939

5. PRESENT ORGANIZATION — Rank, grade, or rating: Surfman — Organization, regiment, station, ship, etc.: U.S. Coast Guard

6. SERIAL NUMBER: 214-599

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") 5 November, 1939

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 $ 9,000

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS:			
		Monthly	Quarterly	Semiannual	Annual
$	$ 6.39	$	$	$	$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") Yes IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ 1,000 POLICY NO. Not available
(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)

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Angela Carollo	Mother	9,000	625-E. Main St. Iron Mountain, Michigan
CONTINGENT	Aldo Carollo	Brother	9,000	625-E. Main St. Iron Mountain, Michigan

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 8 day of January, 19 42. If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)
THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO— Angela Carollo (Name) (Please print or type) — 625-E. Main St. Iron Mountain, Mich. (Address)

15. (A) I WILL AUTHORIZE AN {Allotment of Pay / Authorization for Deduction from Pay} of $ 6.39 on the Amount of Insurance Applied for, effective January, 1942, to cover the monthly premium (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {~~Draft~~ / Money order / ~~Check~~} in the amount of $ 6.39 to cover the first monthly premium of $ 6.39 on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT Grand Haven, Michigan ON THE 30 DAY OF December, 19 41

WITNESSED BY: Carl E. Howell C.B.M. U.S.C.G.

INFORMATION AS TO SERVICE CERTIFIED BY: Carl E. Howell
Carl E. Howell C.B.M. U.S.C.G.
(Rank and organization. See reverse side, Paragraph 6)

Domenic Carollo
Domenic Carollo
(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 ____

Examiner ____ Reviewer ____

Certificate issued ____ Policy issued ____

16—18411

Treasury Department
CG-10003 (Rev. 8-48)

3-13
File

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

26 April 1949
File: PA-PR 73

From: Commandant
To: Commander, 9th. Coast Guard District (fd)
Via:

Subj: CAROLLO, Domenic(n)(214-599)BM1(AN) 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 14 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
BM1 (9) 11/5/45	7/1	12/31	6	00	155.25	931.50	J.D.Simpson	CF

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None Pertinent			

UNITED STATES COAST GUARD

SERVICE SECTION RECEIVED APR 2 2 1949



ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE:

CLEVELAND 15, OHIO

U.S. COAST GUARD HDQTRS.
MAIL & RECORDS
SERVICE SECTION
RECEIVED APR 2 2 1949 (5)

14 April, 1949
File: fp 73

From: Commander, 9th Coast Guard District
To: Commandant (FA-PR)

APR 2 2 1949

Subj: CAROLLO, Domenic (n) (214-599) BM1 (AN) 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.

long, Base

O. P. THOMAS
By direction

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

Wantagon LT Dec File A-1

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

REPORT OF CHANGE IN PAY STATUS

CAROLLO, Domonic (n) 214-699 PhM1(AN)
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

Office, 9th CG District Cleveland, Ohio 12 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:

11-5-48: Completed 12 years net U. S. Coast Guard Service, and will be credited with 20% increased longevity on the following and attached statements of service.

Reenlisted (2).....3-20-47
AOL, AWL.....NONE
NPDI.....NONE
SKMC.....NONE
Completed 12 years.....11-5-48
Entitled to increased longevity.....11-6-48

Now serving

AUTHORITY: PC 21-47
Certified copies CG Repair Base, Milwaukee Form 2511A and HQ Statement of service dated 2-20-43 attached.

F. H. SCHOENWOLF, LT, USCG
(Commanding)
By direction

CC: Orig & 1 to Pay
HQ (Copy)
Service record
File

(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

G. 2511 (Revised)
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 20 February, 1943

From: Commandant.
To: Commanding Officer, CGC BRUSSTAR

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 20 February, 1943, of CAROLLO, Dominic (214-599) C.B.M.(a) (Pro).

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—
11-6-36	11-5-39	None		None		None	
11-6-39	2-19-43	None		None-		None	

CERTIFIED TO BE A TRUE COPY

S/ DANIEL E. GRIMSHAW.

	Yr.	Mo.	Days
Coast Guard service	6	3	13
Navy service			
Total			

Completed 6 years three (3) months, thirteen (13) days on 19 February, 1943.

CERTIFIED TO BE A TRUE COPY:

F. H. SCHONEWOLF, Lieut. (jg.) USCG.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG-Repair Base Milwaukee, Wisconsin
(Unit)

CAROLLO, Domenic
(Name in full—surname to the left)

214-699
(Service number)

20 March, 1947
(Date)

BMlc.(AN)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 4 years)	1943	2	20
Enlistment extended (for 1 ~~Yr.~~ No. years from)	1947	2	19
Date of discharge (Honorable (Character of discharge))	1947	3	19
Total time of last enlistment period	4	1	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		

	NUMBER OF—		
	Years	Months	Days
	4	1	0
Total Absence (NO days)	0	0	0
Creditable time served during last enlistment period	4	1	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.

S/F. E. SANDERSON,

Date 20 March, 1947

(Rank) Lieutenant (jg) Acting, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Regular Establishment

Date 20 March, 1947

Coast Guard Repari Base Milwaukee, Wisconsin
(Unit and place)

I CERTIFY that the above-named man CAROLLO, Domenic (214-699) BMlc (AN)
(Reenlisted or voluntarily extended his enlistment)
for a period of TWO years from this date.

CERTIFIED TO BE A TRUE COPY:

F. H. SCHONEWOLF, Lieut. (jg,) USCG.

S/F. E. SANDERSON,

(Rank) Lieutenant (jg) Acting, U. S. C. G.
Commanding officer.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

HQ

No.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
CAROLLO Domenic None	214-599	BM1 (AN)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cleveland 9th CGD	Waukegan Harbor Light Station	Illinois
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Cleveland 9th CGD	09-241	22 March,1949

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

22 March,1949 , Reenlisted in the U.S. Coast Guard, regular enlistment, in the rating of BM1 (AN), for a period of three (3) years.

PAFE: Waukegan, Illinois, 22 March,1949.

Entitled to $100.00 reenlistment allowance ($50.00) for each full year.

DUTY CODE NO. — AUTH: Art.556,Regs.PC 20-48 ~~Art.235, P&SI~~

Domenic Carollo

Domenic Carollo BM1

(Commanding)

CinC

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		039	032	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
3/22/49			

Records	
Posting	Coding
	CODED NOV 19

Machine Accounting	
Punched	
Verified	

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

Cleveland 9th CGD MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	Waukegan Harbor Light Station MINOR UNIT ITEM No.	LOCATION Illinois
Cleveland 9th CGD	09-241	DATE 21 March,1949

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) 21 March,1949,Dicharged from U.S.Coast Guard, regular enlistment, in the rating of BM1 (AN), with honorable discharge, form no.,2510, by reason of expiration of full two year term of enlistment; to reenlist the following day.
PAFE: Milwaukee, Wisconsin 20 March,1947.
POD: Waukegan, Illinois, 21 March,1949.
Entitled to milage at the rate of 5¢ per mile from POD to PAFE.
Not entitled to MOP due to previous payment.
Elected to receive cash compensation for 60 days unused leave due on discharge.
Total creditable service, 12 years 4 months, 16 days.

DUTY CODE NO.

AUTH:
Art.589(1)Regs;CC 31-47,
Art.138,P&SI,F&SC,172-45

Domenic Carollo
Domenic Carollo BM1
(Commencing)
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
	CODED NO. 19

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40353-2

CORRECTION TO NOTICE OF SEPARATION FROM THE U.S. NAVAL SERVICE - COAST GUARD
Treasury Department
United States Coast Guard
CG-553-A (3-46)

3.13 file

1. Serial or file No. 2. Name (Last, First, Middle) 3. Rate & Class/or Rank and Classification 4. Permanent address for mailing purposes

1. (214-599)
2. CAROLLO, Domenic
3. Boatswain's Mate First Class (AN)
4. Waukegan Harbor Light Station, Waukegan, Illinois

Date 21 March, 1949

U.S. Coast Guard

Place of Separation

Waukegan, Illinois

Date of Separation

21 March, 1949

Date of Birth

2 January, 1912

CORRECTIONS

The following items of information on NAVCG-553, "Notice of Separation from the U.S. Naval Service - Coast Guard," for the above named person are hereby corrected as follows:

Item No. & Subj:-	Corrected to Read:-
5. Permanent address for mailing purposes	625 E. Main St., IronMountain Michigan
10. Married	Yes
11. No of dependents	1
16. Place of entry into service Month, Day, Year	Waukegan, Illinois 3-22-49
31. Reenlisted form regular establishment.	

Discharged 21 March, 1949 from U. S. Coast Guard, Regular Establishment, by reason of expiration of full two year enlistment entered into on 20 March, 1947. Reenlisted 3-22-49 inthe U. S. Coast Guard for a period of three (3) years.
Type of discharge Honorable

Signature of dischargee

F. H. SCHONENOLF, LTJG, USCG
Chief, Military Personnel Section,
Ninth Coast Guard District

1. CG Veteran 2. CG H Q 3. VA 5. Vet. Employ. Rep. 6. Sep. Ctr. 7. Sel. Service. 8. Sel. Service.

Waukegan Storage 9 3-13

UNITED STATES COAST GUARD

Address Reply to
THE COMMANDANT (FA-PV)
Refer to File: CG- 532(NB)
CG-9853 (Rev. 8-47) 73

Washington 25, D. C.

2 June, 1948

MEMORANDUM FOR CHIEF, PAY RECORDS SUBSECTION

Subj: CAROLLO, Domenic (214-599) BM1, USCG
Transportation of household effects; collection of excess cost

1. Shipment of household effects of subject named officer/enlisted man resulted in excess cost as detailed below.

2. It is requested that checkage in the amount of the excess cost be made on his pay record and that the Voucher Subsection be advised when checkage has been accomplished.

Excess cost, computed as follows: $\frac{256}{4756}$ X $76.09 = $4.10

Excess cost due to: Excess weight

Shipped from: Port Washington, Wis. to: Waukegan, Ill.

Type of service performed: Transportation Date: 13 April, 1948

Weight of shipment: 4756 lbs.

Authorized: 4500 lbs.

Excess: 256 lbs.

Voucher in favor of: Waukegan Storage & Warehouse Co.

Voucher paid in the accounts of Paul D. Banning, Symbol 18-496

Date paid: 18 May, 1948
DOVo. No. 436-26922

Appropriation to be credited: 2081200.200 Salaries and Expenses, CG, 1948

H. F. VOLKMAN
Chief, Voucher Subsection

Ind-1 18 June, 1948

Checkage on the pay record of subject named person has been made under date of 6/10/48 and by: Comdr. 9th CGD, Cleveland, Ohio
J. D. Simpson, PC, USCG
18-483

W. H. ROBERTS
Chief, Pay Records Subsection

Noted

WAB
A-5138

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
Carollo Domenic	214-599	BM1c (AN)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
~~Cleveland 9th CGD~~	Waukegan Lt. Sta.	Illinois
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Cleveland 9th CGD	09-241	3 April,1948

TIME 1700
DATE 3 April,1948

REPORTED FROM: Port Washington Brkw. Lt. Sta.
FOR Assignment to duty as OinC

DUTY CODE NO.

AUTH: DCGO ltr. 10 March, 1948 file 73-531 TO no.092867

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: DCGO ltr. 10 March,1948 file 73-531 TO no. 092867
Domenic Carollo
Domenic Carollo BM1c
OinC XXXXXX

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		09	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
272	3	9	2

Records	
Posting	Coding
PEA-E 44	CODED NO. 7

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
CAROLLO Domenic	214-599	BM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cleveland 9th CGD	Port Wash. Brkw. Lt. Sta.	Wisconsin
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
Cleveland 9th CGD	09-267	19 March,1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1600 19 March,1948
DATE

TRANSFERRED TO: Waukegan Lt. Sta. Waukegan Ill.
FOR Assignment to duty as OinC

AUTH: DCGO lt. 10 March, 1948 file 73-531 TO no. 092867

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

Granted10 days leave 4days proceed time and 1 day travel time enroute.



DUTY CODE NO.

AUTH: DCGO LT. 10 March,1948 file 73-531 Travel Order No.092867

Edward K. Olson CBM OinC

Edward K. Olson (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	
Postigg	Coding

Machine Accounting
Punched_____
Verified_____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2588 (Rev. 10-46)

APPLICATION AND AUTHORIZATION FOR SHIPMENT OF HOUSEHOLD EFFECTS

AUTHORIZATION No. 09-0105

FROM CAROLLO Domenic 214-599 BMlc

TO Commander 9th Coast Guard District

Acctg Sect 1948
Date APR 9
Initial

1. It is requested that funds be obligated to cover expense during the fiscal year 1948, for the preparation for shipment, shipment, and unpacking at destination, of my personal household effects, as indicated below, under permanent change of station orders from Port Washington Wis. to Waukegan, Illinois
TO No.092867
dated 10 March, 1948, 19___, file file 73-531 certified copies are attached.

3000 Pounds	From: Port Washington, Wis. To: Waukegan, Ill.	Remarks: No prior shipment or authorization made under these orders.
Pounds	From: To:	OBLIGATION COPY
Pounds	From: To:	ESTIMATED COST $ 208.00

2. I certify that the above-requested shipment consists of household or personal effects belonging to me and are not intended, directly or indirectly, for any other person or persons, or for sale.

3. I hereby authorize the checkage of my personal pay account or agree to pay on demand all excess cost involved.

Domenic Carollo
Domenic Carollo BMlc
(Signature)

Ind-1 Comdr. 9th CG District, Cleveland, Ohio (pmp)
5 March, 1948
April

Returned. Funds for this expense are available and have been obligated, and shipment of household effects is hereby authorized. Cite authorization No. 09-0105 in all claims relative to this matter.

F. H. SCHONEWOLF
By direction

INSTRUCTIONS

1. NO EXPENSE FOR PREPARATION AND SHIPMENT OF HOUSEHOLD EFFECTS WILL BE INCURRED BY OFFICERS OR ENLISTED PERSONNEL UNLESS REQUEST FOR AUTHORITY TO INCUR EXPENSE THEREFOR HAS BEEN SUBMITTED TO AND APPROVED BY AN OFFICER AUTHORIZED BY REGULATIONS TO APPROVE SUCH REQUESTS.

2. THIS FORM WILL BE PREPARED IN QUINTUPLICATE. THE ORIGINAL AND THREE COPIES OF THIS REQUEST AND FOUR CERTIFIED COPIES OF THE CHANGE OF STATION ORDERS WILL BE FORWARDED TO HEADQUARTERS BY THE APPROVING OFFICER IMMEDIATELY AFTER APPROVAL. WHEN A SUPPLEMENTAL SHIPMENT IS AUTHORIZED, THE APPROVING OFFICER WILL IMMEDIATELY FURNISH HEADQUARTERS AN ADDITIONAL COPY OF THIS FORM, AS APPROVED AND AUTHORIZED, AND A CERTIFIED COPY OF THE CHANGE OF STATION ORDERS.

3. IF, FOR ANY REASON, SHIPMENT AS AUTHORIZED ON THIS FORM IS NOT COMMENCED DURING THE EFFECTIVE PERIOD OF CHANGE OF STATION ORDERS REFERENCED ABOVE OR DURING THE FISCAL YEAR SPECIFIED, A RENEWAL REQUEST FOR AUTHORITY TO INCUR EXPENSE WILL BE SUBMITTED.

4. UNDER "REMARKS," MAKE AFFIRMATIVE NOTATION IF PRIOR SHIPMENTS HAVE BEEN AUTHORIZED AND MADE UNDER THIS CHANGE OF STATION. IF AUTHORITY HAD BEEN PREVIOUSLY GRANTED COVERING THIS SHIPMENT IN THE PRIOR FISCAL YEAR, MAKE THE NOTATION "RENEWAL."

U. S. GOVERNMENT PRINTING OFFICE 16—50178-1

UNITED STATES COAST GUARD
Cleveland 13, Ohio

Address reply to
Comdr. 9th CG Dist.(pmp)
Refer to file: 73-531

TRAVEL ORDER NO 092867

10 March, 1948

From: Commander, 9th CG District
To: CAROLLO, Domenic (214-599) BM1c (AN)

Via: Officer in Charge, CG Light Station, Port Washington, Wisc.

Subj: Orders; transfer; travel

1. Effective upon arrival of Mr. Delphis J. Pelletier, Keeper, you are detached from all duty previously assigned. Proceed to Waukegan, Ill. and report to the CG Light Station for assignment to duty as Officer in Charge of that unit.

2. This order constitutes a permanent change of station for you ~~and the men in your charge (if any) to~~, from your last permanent station(s) Port Washington, Wisc. to Waukegan, Ill. Since this order constitutes a permanent change of station, you are entitled to transportation of your dependents and household effects in accordance with law. In order that the necessary funds may be obligated to cover such expense, submit a request for authority for required travel of your dependents on Form CG-9824 (1-47) and for required transportation of household effects on Form CG-2658 (October 1946) to one of the officers authorized to approve such request as stated in Chapter IV, Pay and Supply Instructons. These forms should be submitted immediately upon your decision to move your dependents or household effects. Failure to do so will result in delay of the movement or reimbursement for expenses incurred herefor.

3. The travel necessary to the execution of this order is required by the public interests and is authorized chargeable to Comdr. 9th CGD travel symbol 09-20. Allowances for subsistence and quarters, as prescribed by Article 219(5), Pay and Supply Instructions, are applicable in this case.

4. Travel under this order may be performed either by transportation request, common carrier at own expense, or privately-owned conveyance. When travel is performed at own expense reimbursement will be made at the rate of three (3) cents per mile for the shortest usually traveled distance, as shown by the Official Mileage Tables, War Department.

5. You are directed to carry your service and health records, ~~and the records of those in your charge~~, for safe delivery to the proper authority upon arrival at your ultimate destination, and will be administered in accordance with the provisions of District Circular Letter No. 16-48.

6. The ~~Commanding~~-Officer in Charge is authorized to grant 10 days leave enroute, plus proceed time, 1 days travel time, and will complete Indorsement 1 on the reverse hereof.

H. M. WARNER
By direction

CERTIFIED TO BE A TRUE COPY
J. D. SIMPSON, Pay Clerk, USCG

CC:PAY
File
Waukegan LS

Ind-1

From:
To:

Delivered and departed in accordance with basic orders at

Issued Government Transportation Requests to cover travel and Pullman as listed below: (Indicate name of rail, bus, or water line concerned)

Issued Government Meal Tickets as listed below to cover cost of ____ meals enroute:

Authorized to travel in privately-owned conveyance_____
Make - Model year - Liscense No.

Authorized to travel by common carrier at own expense_____ _____.
(Yes) (No)

All travel performed by Government conveyance_____ _____.
(Yes) (No)

Leave and (or proceed time) and (travel time) to expire prior 2400_____
_____ _____ _____at destination. Your address on leave will be:

_____
Commanding Officer - Officer in Charge

Ind-2

Date_____ _____ _____ __

Receipt of service and health records is acknowledged.

_____ _____
Signature of addressee

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2658 (Rev. 10-46)

APPLICATION AND AUTHORIZATION FOR SHIPMENT OF HOUSEHOLD EFFECTS

AUTHORIZATION No. 09-0105

FILE

FROM CAROLLO domenic 214-599 BM1c

TO Commander 9th Coast Guard District

*1. It is requested that funds be obligated to cover expense during the fiscal year 19*48*, for the preparation for shipment, shipment, and unpacking at destination, of my personal household effects, as indicated below, under permanent change of station orders from* Port Washington Wis *to* Waukegan, Illinois
TO No. 092867
dated 10 March, 1948, *19___, file* file 73-531 *certified copies are attached.*

3000 Pounds	From: Port Washington, Wis. To: Waukegan, Ill.	Remarks: No prior shipment or authorization made under these orders.
Pounds	From: To:	
FILE Pounds	From: To:	

2. I certify that the above-requested shipment consists of household or personal effects belonging to me and are not intended, directly or indirectly, for any other person or persons, or for sale.

3. I hereby authorize the checkage of my personal pay account or agree to pay on demand all excess cost involved.

/s/ Domenic Carollo BM1c
(Signature)

Ind-1 Comdr. 9th CG District, Cleveland, Ohio (pmp)
5 March, 1948

Returned. Funds for this expense are available and have been obligated, and shipment of household effects is hereby authorized. Cite authorization No. 09-0105 *in all claims relative to this matter.*

/s/ F. H. SCHONEWOLF
By direction

FILE

INSTRUCTIONS

1. NO EXPENSE FOR PREPARATION AND SHIPMENT OF HOUSEHOLD EFFECTS WILL BE INCURRED BY OFFICERS OR ENLISTED PERSONNEL UNLESS REQUEST FOR AUTHORITY TO INCUR EXPENSE THEREFOR HAS BEEN SUBMITTED TO AND APPROVED BY AN OFFICER AUTHORIZED BY REGULATIONS TO APPROVE SUCH REQUESTS.

2. THIS FORM WILL BE PREPARED IN QUINTUPLICATE. THE ORIGINAL AND THREE COPIES OF THIS REQUEST AND FOUR CERTIFIED COPIES OF THE CHANGE OF STATION ORDERS WILL BE FORWARDED TO HEADQUARTERS BY THE APPROVING OFFICER IMMEDIATELY AFTER APPROVAL. WHEN A SUPPLEMENTAL SHIPMENT IS AUTHORIZED, THE APPROVING OFFICER WILL IMMEDIATELY FURNISH HEADQUARTERS AN ADDITIONAL COPY OF THIS FORM, AS APPROVED AND AUTHORIZED, AND A CERTIFIED COPY OF THE CHANGE OF STATION ORDERS.

3. IF, FOR ANY REASON, SHIPMENT AS AUTHORIZED ON THIS FORM IS NOT COMMENCED DURING THE EFFECTIVE PERIOD OF CHANGE OF STATION ORDERS REFERENCED ABOVE OR DURING THE FISCAL YEAR SPECIFIED, A RENEWAL REQUEST FOR AUTHORITY TO INCUR EXPENSE WILL BE SUBMITTED.

4. UNDER "REMARKS," MAKE AFFIRMATIVE NOTATION IF PRIOR SHIPMENTS HAVE BEEN AUTHORIZED AND MADE UNDER THIS CHANGE OF STATION. IF AUTHORITY HAD BEEN PREVIOUSLY GRANTED COVERING THIS SHIPMENT IN THE PRIOR FISCAL YEAR, MAKE THE NOTATION "RENEWAL."

U. S. GOVERNMENT PRINTING OFFICE 16—50178-1

COAST GUARD
Cleveland 15, Ohio

Address reply to
Comdr. 9th CG Dist.(pmp)
Refer to file: 73-531

TRAVEL ORDER NO 092867

10 March, 1948

From: Commander, 9th CG District
To: CAROLLO, Domenic (214-599) BMlc (AN)

Via: Officer in Charge, CG Light Station, Port Washington, Wisc.

Subj: Orders; transfer; travel

1. Effective upon arrival of Mr. Delphis J. Pelletier, Keeper, you are detached from all duty previously assigned. Proceed to Waukegan, Ill. and report to the CG Light Station for assignment to duty as Officer in Charge of that unit.

2. This order constitutes a permanent change of station for you and the men in your charge (IF ENTITLED THERETO), from your last permanent station(s) to Port Washington, Wisc. to Waukegan, Ill. Since this order constitutes a permanent change of station, you are entitled to transportation of your dependents and household effects in accordance with law. In order that the necessary funds may be obligated to cover such expense, submit a request for authority for required travel of your dependents on Form CG-9824 (1-47) and for required transportation of household effects on Form CG-2658 (October 1946) to one of the officers authorized to approve such request as stated in Chapter IV, Pay and Supply Instructons. These forms should be submitted immediately upon your decision to move your dependents or household effects. Failure to do so will result in delay of the movement or reimbursement for expenses incurred herefor.

3. The travel necessary to the execution of this order is required by the public interests and is authorized chargeable to Comdr. 9th CGD travel symbol 09-20. Allowances for subsistence and quarters, as prescribed by Article 219(5), Pay and Supply Instructions, are applicable in this case.

4. Travel under this order may be performed either by transportation request, common carrier at own expense, or privately-owned conveyance. When travel is performed at own expense reimbursement will be made at the rate of three (3) cents per mile for the shortest usually traveled distance, as shown by the Official Mileage Tables, War Department.

5. You are directed to carry your service and health records, and the records of those in your charge, for safe delivery to the proper authority upon arrival at your ultimate destination, and will be administered in accordance with the provisions of District Circular Letter No. 16-48.

6. The Commanding Officer in Charge is authorized to grant 10 days leave enroute, plus proceed time, and will complete Indorsement 1 on the reverse hereof. 1 days travel time.

H. M. WARNER
By direction

CERTIFIED TO BE A TRUE COPY
J. D. SIMPSON, Pay Clerk, USCG

CC:PAY
File
Waukegan LS

HEADQUARTERS COPY (FA-A)

Authorization No. 09-0131

Unit ~~Waukegan Harbor Light Station~~

Place ~~Waukegan, Illinois~~

Date ~~29 April, 1948~~

To: Commander 9th Coast Guard District, Cleveland, Ohio

Subj: Authority to incur expense for travel of dependents; request for.

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from ~~Port Washington, Wis.~~ to Waukegan, Ill. during the ~~month~~ fiscal yr. of ~~April~~ 19 ~~48~~ 19 48, in connection with order of ~~Comdr.9th CG Dist.(pmp)~~ dated ~~30 March 1948~~ April 1948, file no. 73-531, which directs a permanent change of station from ~~Port Wash.Brkw. Lt. Sta.~~ Wis. to ~~Waukegan Harbor Light Station~~ Ill.

NAME	RELATIONSHIP	DATE OF BIRTH OF CHILDREN
1. Monica K. Carollo	Wife	

Accts. Section Date MAY 7 1948 Initial

ACCOUNTING COPY
PERSONNEL BUDGET

2. I hereby agree to the checkage of my personal pay account for cost of any transportation furnished my dependents in excess of allowances as prescribed by the Pay and Supply Instructions.

Domenic Carollo
Domenic Carollo BM1 (214-599)
(Signature of Applicant)

Ind-1 CGD
ODCGO, Cleve., 9th ~~ND~~ (ft)
3 May, 1948

OBLIGATION COPY

ESTIMATED COST $ 50.00

To: CAROLLO, Domenic, BM1c (214-599)

Authorized.

F. H. SCHONEWOLF
By direction

Auth. No. 09-0131

Comdr. 9th CG Dist.(pmp)
Refer to file: 73-531

10 March, 1948

From: Commander, 9th CG District
To: CAROLLO, Domenic (214-599) BM1c(AN)

VIA: Officer in Charge, CG Light Station, Port Washington, Wisc.

Subj: Orders; transfer; travel

1. Effective upon arrival of Mr. Delphis J. Pelletier, Keeper, you are detached from all duty previously assigned. Proceed to Waukegan, Ill. and report to the CG Light Station for assignment to duty as Officer in Charge of that unit.

2. This order constitutes a permanent change of station for you from your last permanent station , Port Washington, Wisc. to Waukegan, Ill. Since this order constitutes a permanent change of station, you are entitled to transportation of your dependents and household effects in accordance with law. In order that the necessary funds may be obligated to cover such expense, submit a request for authority for required travel ofyour dependents on Form CG-9824 (1-47) and for required transportation of household effects on Form CG-2658 (October 1946) to one of the officers authorized to approve such request as stated in Chapter IV, Pay and Supply Instructions. These forms should be submitted immediately upon your decision to move your dependents or household effects. Failure to do so will result in delay to the movement or reimbursement for expenses incurred herefor.

3. The travel necessary to the execution of this order is required by the public interests and is authorized chargeable to Comdr.9thCGD travel symbol 09-20. Allowances for subsistence and quarters, as prescribed by Article 219 (5), Pay and Supply Instructions, are applicable in this case.

4. Travel under this order may be performed either by transportation request, common carrier at own expense, or privately-owned conveyance. When travel is performed at own expense reimbursement will be made at the rate of three (3) cents per mile for the shortest usually traveled distance, as shown by the Official Mileage Tables, War Department.

5. You are directed to carry your service and health records, for safe delivery to the proper authority upon arrival at your ultimate destination and will be administered in accordance with the provisions of District Circular Letter No. 16-46.

6. The Officer in Charge is authorized to grant 10 days leave enroute, plus proceed time,/and will complete Indorsement 1 on the reverse hereof. 1 day travel time.

H. M. WARNER
By direction

CG:PAY
File Waukegan LS

Ind-1
From: OinC Port Washington Brkw. Lt. Sta. Port Washing, Wis.
To: Carollo Domenic (214-599) BM1c

Delivered and departed in accordance with basic orders at 1600 19 March, 1948.

I esued Government Transportation Requests to cover travel and Pullman as listed below: (Indicate name of rail, bus, or water line concerned)
C&NWRR Issued TR request TO 773,961
Issued Government Meal Tickets as listed below to cover cost of X meals enroute:

Authorized to travel in privately-owned conveyance _____
Make-Modelyear-License No.

Authorized to travel ~~by~~ by common carrier at own expense
X
(Yes) (No).
All travel performed by Government conveyance Yes
(Yes) (No).

Leave and (or proceed time) and (travel time) to expire prior 2400 4 April, 1948 Waukegan, Ill. Lt. Sta. at destination. Your address on leave will:be:
625 E. Main Street Iron Mountain, Michigan.
311 E. Johnson St. Port Washington, Wis.

Edward K. Olsen CBM
Officer in Charge

I nd-2

Date 18 March, 1948

Receipt of service and health records is acknowledged.

Domenic Carollo BM1c
Signature of addressee

Ind-2
Waukegan Harbor Light Station
Waukegan, Ill. 3 April, 1948

Reported at this unit for duty at 1700 this date.

Domenic Carollo BM1c
OinC

Certified to be a true copy.

Domenic Carollo

Domenic Carollo BM1c

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT (pra)
REFER TO FILE: CG-73
702

1 March, 1947

From: Recruiting Officer, Ninth Coast Guard District
To: **CARCLLO, Domenic (214-599) BMlc - Chicago Sub-Recruiting Station**

Subj: Recruiting Drive, 1 January, 1947 to 1 March, 1947; successful participation in

1. The National Recruiting Drive of 1 January to 1 March, 1947, in which you participated has been most successful. Throughout the drive, you and the personnel attached to your unit have been most successful in recruiting during the first two months when the maximum effort was needed. The drive will continue for several months longer on a somewhat smaller scale.

2. You and the personnel attached to your unit are to be congratulated for your untiring efforts in the Recruiting Drive. It was a pleasure working with you, and you may be sure that all those connected with the drive realize the great amount of personal time and effort you have so willingly given.

3. A copy of this letter will be placed in your service record.

J. C. WENDLAND
Commander, USCG

cc:

HQ ✓
Jacket

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

Carollo Domenic (Name—Surname to left) | BM1/c (AN) (Rank or rating 31 Aug. 1946) | (214-599) (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 135 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) | Gertrude M. Carollo (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.

Domenic Carollo
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Two Rivers, Wisconsin
this 29 th day of November, 1946

(SEAL)

Thomas Daly
Thomas Daly, Bos'n USCG.
(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.

His service record indicates 0-annual and 5-reenlistment for the period 2-20-43 to 11-29-46.

Thomas Daly Bosn USCG. CG Grp.Two Rivers.

(Signature of Commanding Officer) *(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)*
$155.25		

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 6 1947

UNITED STATES COAST GUARD
Sheboygan, Wisconsin

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
OinC Sheboygan Lt.Sta.

AND REFER TO
file 73-701-531

2-16

26 August, 1946.

To: COMMANDANT

Via: 1.Commander, 9th Coast Guard District
2.CO CG Group Two Rivers

Subj: Orders; transfer; travel; original orders; request for

1. It is requested that I be furnished with a certified or original copy of my travel orders from transport ADMIRAL HUGHES, San Francisco, Cal. to the A to N School Groton, Connecticut, also my original orders from Groton, Conn., to Cleveland, Ohio, apparently the original orders have been either lost or misplaced. The reason for this request is that I wish to apply for reimbursement of expense incurred in transporting my wife from my last permanent station San Francisco, Calif., to my present permanent station Sheboygan, Wisconsin.

Departed from San Francisco, Calif., 1-29-46 for Groton, Conn.
Departed Groton, Conn 7-2-46 upon completion of A to N school
for Cleveland, 9th Coast Guard District Office for assignment

Domenic Carollo

DOMENIC CAROLLO, (214-599) BM1c
OinC Sheboygan Light Station

Ind-1
CG Grp.Two Rivers
27 August, 1946

1. Forwarded.

Thomas Daly

Thomas Daly,
Commanding Officer.

Ind-2
Comdr.9CGDist.(pra)
30 August, 1946

To: THE COMMANDANT

Forwarded for Headquarters action.

F. H. SCHONEWOLF
By direction

Sheboygan, Wisconsin

OinC Sheboygan Lt.Sta.

file 73-701-531

26 August, 1946.

To: COMMANDANT

Via: 1.Commander, 9th Coast Guard District
2.CO CG Group Two Rivers

Subj: Orders; transfer; travel; original orders; request for

1. It is requested that I be furnished with a certified or original copy of my travel orders from transport ADMIRAL HUGHES, San Francisco, Cal. to the A to N School Groton, Connecticut, also my original orders from Groton, Conn., to Cleveland, Ohio, apparently the original orders have been either lost or misplaced. The reason for this request is that I wish to apply for reimbursement of expense incurred in transporting my wife from my last permanent station San Francisco, Calif., to my present permanent station Sheboygan, Wisconsin.

Departed from San Francisco, Calif., 1-29-46 for Groton, Conn.
Departed Groton, Conn 7-2-46 upon completion of A to N school
for Cleveland, 9th Coast Guard District Office for assignment

DOMENIC CAROLLO, (214-599) BM1c
OinC Sheboygan Light Station

Ind-1
CG Grp.Two Rivers
27 August, 1946

1. Forwarded.

Thomas Daly,
Commanding Officer.

Ind-2
Comdr.9CGDist.(pra)
30 August, 1946

ToP THE COMMANDANT

Forwarded for Headquarters action.

F. H. SCHONEWOLF
By direction

REQUEST FOR TRANSFER TO HOME DISTRICT OR DISTRICT OF CHOICE
(Submitted in accordance with Personnel Bulletin No. 15-46)

C. G. TRAINING STATION, GROTON, CONN. (Present Unit)	(District)	9th CG District (District of Choice)
CAROLLO, Domenic (Name)	214-599 (Ser. No.)	CBM (Present Rate)
9 September, 1943 (Date of Present Rate)	BM1c (Perm. Rate)	31 July, 1943 (Date of Perm. Rate)
20 February, 1943 (Date of Present Enlistment)	(Ext. Enl. Effect. Date)	4 (Term of Enl. ~~xxxxx~~)
One (1) (Number of Dependents)		None (Household Effects, Yes - No)
San Francisco, Calif. (Permanent Station - City)		Sheboygan, Wisconsin (Present Location of Dependents)
9 7 (CG Service - Yrs. - Mos.)		4 0 (Sea Duty - Yrs. - Mos.)
January, 1946 (Date of Last Sea Duty)		Yes (Served at Lifeboat Station -Yes - No)
No (Desire to be Assigned Lifeboat Station -Yes -No)		
Aids to Navigation Duties (Duty for Which Believed Best Qualified)		

Transfer as indicated above is requested

Domenic Carollo
(Signature)
Domenic Carollo

3-1-46

OK

1nd-1
CGTS, Groton, Conn.
8 May, 1946

To: The Commandant (PE-PL)

1. Forwarded for Headquarters consideration.

2. Subject man is presently undergoing instruction in the Aids to Navigation School and will graduate 28 June, 1946 and at that time is to be reassigned by Headquarters. Subject man has served in the 9th CGD for over five years.

3. There is no discipoinary action pending in his case at the present time.

J. S. ROSENTHAL
Commanding

REQUEST FOR TRANSFER TO HOME DISTRICT OR DISTRICT OF CHOICE
(Submitted in accordance with Personnel Bulletin No. 15-46)

C. G. TRAINING STATION, GROTON, CONN. (Present Unit)	(District)	9th CG District (District of Choice)
CAROLLO, Domenic (Name)	214-509 (Ser. No.)	CBM (Present Rate)
9 September, 1943 (Date of Present Rate)	BMlc (Perm. Rate)	31 July, 1943 (Date of Perm. Rate)
20 February, 1943 (Date of Present Enlistment)	(Ext. Enl. Effect. Date)	4 (Term of Enl. ~~of~~)
One (1) (Number of Dependents)		None (Household Effects, Yes - No)
San Francisco, Calif. (Permanent Station - City)		Sheboygan, Wisconsin (Present Location of Deperdents)
9 7 (CG Service - Yrs. - Mos.)		4 0 (Sea Duty - Yrs. - Mos.)
January, 1946 (Date of Last Sea Duty)		Yes (Served at Lifeboat Station -Yes - No)

No
(Desire to be Assigned Lifeboat Station -Yes -No)

Aids to Navigation Duties
(Duty for Which Believed Best Qualified)

Transfer as indicated above is requested

(Signature)
Domenic Carollo

Ind-1
CGTS, Groton, Conn.
8 May, 1946

To: The Commandant (PE-PL)

1. Forwarded for Headquarters consideration.

2. Subject man is presently undergoing instruction in the Aids to Navigation School and will graduate 28 June, 1946 and at that time is to be reassigned by Headquarters. Subject man has served in the 9th CGD for over five years.

3. There is no discipoinary action pending in his case at the present time.

J. S. ROSENTHAL
Commanding

(PE-A)
CG-73
631

10 May, 1946

To: CO, CG TraSta., Groton, Conn.

Subj: CAROLLO, Domenic (214-599) CBM; orders; transfer; travel

Ref: (a) Your letter of 4 April, 1946 (CG-73)

1. Upon completion of course of training in Aids to Navigation transfer subject-named man to Commander, 9th CG District for assignment to duty.

2. Travel necessary to the execution of this order will be charged against HQ Symbol 051-20.

3. Records and account to be carried on transfer.

4. This order constitutes a permanent change of station.

W. C. CAPRON
By direction

CC: Comdr9CG Dist

U.S. COAST GUARD
MAIL SECTION (4)
MAILED MAY 14 1946

NEWMAN PWF:jg 5-14

GROTON, CONNECTICUT

REPLY TO
COMMANDING OFFICER
REFER TO FILE: 73

PEREA-A

4 April, 1946

To: The Commandant (PE-C)

Via: CO, CG TraSta, Groton, Conn.

Subj: Assignment to duty; request for

1. It is requested that I be assigned to duty under the Commander, 9th Coast Guard District upon completion of training in the Aids to Navigation School on 29 June, 1946.

2. Prior to the war, I served on Lake Michigan for approximately six years and am well acquainted with waters in the requested District.

3. Assignment to the 9th Coast Guard District will also place me near to my home and family.

Domenic Carollo

Domenic Carollo
(214-599) CBM, USCG

Ind-1
CGTS, Groton, Conn.
5 April, 1946

To: The Commandant (PE-A)

Forwarded for Headquarters consideration. The orders directing Carollo to report to this Station for training in the Aids to Navigation School indicate that he will be assigned by Headquarters upon completion of the course of instruction.

L. L. BENNETT
Commanding

ADDRESS REPLY TO
COMMANDING OFFICER
REFER TO FILE: 73

4 April, 1946

To: The Commandant (PE-C)

Via: CO, CG TraSta, Groton, Conn.

Subj: Assignment to duty; request for

1. It is requested that I be assigned to duty under the Commander, 9th Coast Guard District upon completion of training in the Aids to Navigation School on 29 June 1946.

2. Prior to the war, I served on Lake Michigan for approximately six years and am well acquainted with waters in the requested District.

3. Assignment to the 9th Coast Guard District will also place me near to my home and family.

Domenic Carollo
(214-599) CBM, USCG

Ind-1
CGTS, Groton, Conn.
5 April, 1946

To: The Commandant (PE-A)

Forwarded for Headquarters consideration. The orders directing Carollo to report to this Station for training in the Aids to Navigation School indicate that he will be assigned to Headquarters upon completion of the course of instruction.

. BENNETT
anding

UNITED STATES COAST GUARD

ANDANT (PE-C) WASHINGTON 25, D. C.
FILE: CG-73
531

10 May, 1946

To: CO, CG TraSta., Groton, Conn.

Subj: CAROLLO, Domenic (214-599) CBM; orders; transfer; travel

Ref: (a) Your letter of 4 April, 1946 (CG-73)

1. Upon completion of course of training in Aids to Navigation transfer subject-named man to Commander, 9th CG District for assignment to duty.

2. Travel necessary to the execution of this order will be charged against HQ Symbol 051-20.

3. Records and account to be carried on transfer.

4. This order constitutes a permanent change of station.

W. C. CAPRON
By direction

Carollo, Domenic
214-5-99

Ind-2
USS ADM C.F. HUGHES (AP-124)
c/o FPO, S.F., Calif.
11 March, 1946

To: Administrative Commander, Coast Guard Activities-Southwest Pacific, Cavite, P.I.

Forwarded inasmuch as subject-named man was transferred to your command on 23 February, 1946.

G. W. PLAYDON
By direction

Ind-3
CG Activities, CNP, Manila,PI,N-3142
24 July, 1946

To: The Commandant (PE-A)

Forward for Headquarters' dispostion. There is no record of subject man ever having been attached to this command.

E. A. SIMPSON
Executive Officer

Ind-4
Commandant (PE-E-1)
CG-73
19 August, 1946

To: Commanding Officer, CG TraSta, Groton, Connecticut

Forwarded.

M. K. HUTCHINSON
By direction

U.S. COAST GUARD
MAIL SECTION (1)
MAILED AUG 21 1946

RCS:pd Smith 8-13 Return to 3-14

17 January, 1946

To: Commanding Officer, CG Training Station, Alameda, Calif.

Subj: CAROLLO, Domenic (214-599) CBM: Enlistment Contract; clarification of

Ref: (a) Your letter 9 January, 1946 (CG-73)

1. Subject man's enlistment contract dated 20 February, 1943 is for a perid of four years.

2. At the time of subject man's contract was originally made out for a three year term but was corrected in order to conform with the provisions of Change No. 22. A Form 2599 on file at HQ, a certified copy of which is inclosed, which was submitted on 20 February, 1943 by the BRUSSTR, indicates that the correction was made on the contract at the time the contract was executed.

M. A. HUTCHINSON
By direction

Incl
Certified copy Form 599 dated 2-20-43

Ind-1
CO. CG. TraSta.,
Alameda, Californi
14 February, 1946

To: Commandifficer USS ADMIRAL C. F. HUGHES (AP-124); c/o Fleet Post Office San Francisco, California

Forwarded for your position inasmuch as subject man was transferred to your command.

D. M. STADT, Lt.(jg)(R)
By direction

FILE
E. P. H.

(p)

670

20 February, 1946

To: The Commandant

Subj: **CAROLLO, Domenic (214-599) CBM**
Good Conduct Award; certificate of entitlement to

Subject man has completed a continuous period of three (3) years, active service on **19 February, 1946** with no mark of less than 4.0 in conduct. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate (XXXXXX (star) in lieu of issue of actual award at this time.

L. L. BENNETT
Commodore, USCG
Commanding

REPORT OF CHANGE IN PERSONNEL
United States Coast Guard
NAVCG-2599 (REV. 6-44)

HQ SR FRO FILE No. 236

Surname, First Name, Initial	Service No.	Present Rank or Rating
CAROLLO, Domenic (n)	214-599	CBM

Major Unit Name	Minor Unit Name	Location
USS ADMIRAL C.F. HUGHES (AP-124)		c/o FPO, San Francisco, Calif.

Unit Item No. or Vessel's Assigned District	Date
	29 January, 1946

TIME
DATE

REPORTED FROM:
FOR

Duty Code No. 96S AUTH:

TIME 1035
DATE 29 January, 1946

TRANSFERRED TO: CGTS, Groton, Conn.
FOR training in Aids to Navigation.

AUTH: HD 260204 (January, 1946)

CHANGED IN (RANK / RATING) FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. 96S AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 96S AUTH:

G. W. PLAYDON, Commander, USCG
By direction (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

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

TRANSMIT

DATE 25 JANUARY, 1946

FROM
COMMANDANT

TO (FOR ACTION)

CO CG TRASTA ALAMEDA CALIF

TO (FOR INFORMATION)

1. CO CG TRASTA GROTON CONN

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
R	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO 1

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

26Ø2Ø4

TEXT

TRANS CAROLLO DOMENIC 214 599 CBM TO GROTON CONN DIRECT HIM RPT TO CO CG TRASTA THAT PLACE 30 JAN 1946 FOR AIDS TO NAVIGATION TRA X PERMANENT CHANGE STA ON COMPLETION TRA X CARRY REC AND ACCTS X TRAV CHGBLE 051 20 X ON COMPL TRA HQ WILL ISSUE ORDERS FOR TRANS CAROLLO

26Ø2Ø4 #237 VD

E. T. CALAHAN
By direction

C.E.FOLEY,Lieut.(j.g.):mjh

TOD— Return to 2-2

OFFICE OF ORIGIN:

INITIALS OF RELEAS

OPERATOR'S RECORD

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23(38-1

Form 9626
TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 25 JANUARY, 1946

FROM

COMMANDANT

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
R	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)

CO CG TRASTA ALAMEDA CALIF

TO (FOR INFORMATION)

1. CO CG TRASTA GROTON CONN

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO 1

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

26Ø2Ø4

TEXT

TRANS CAROLLO DOMENIC 214 599 CBM TO GROTON CONN DIRECT HIM RPT TO CO CG TRASTA THAT PLACE 30 JAN 1946 FOR AIDS TO NAVIGATION TRA X PERMANENT CHANGE STA ON COMPLETION TRA X CARRY REC AND ACCTS X TRAV CHGBLE 051 20 X ON COMPL TRA HQ WILL ISSUE ORDERS FOR TRANS CAROLLO

26Ø2Ø4 #237 VD

E. T. CALAHAN , Comdr USCG
CHIEF, TRAINING DIV.

C.E.FOLEY,Lieut.(j.g.):mjh

TOD— OFFICE OF ORIGIN: INITIALS OF RELEASING OFFICER:

OPERATOR'S RECORD PT TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23739

Ind-1
CO, CG TraSta,
Alameda, California
File 73

15 January, 1946

JAN 23 '46 PM

To: The Commandant(PEA)

Subj: CAROLLO, Domenic(214-599)CBM; Aids to Navigation School; request for

Forwarded without objection.

S K EVANS

UNITED STATES COAST GUARD

REFER TO FILE: 73
ADDRESS REPLY TO
COMMANDING OFFICER

CG, TraSta,
Alameda, California

14 January, 1946

To: The Commandant(PEA)

Via: Commanding Officer, CG Training Station, Alameda, California

Subj: Aids to Navigation School; request for

1. It is requested that I be considered for transfer and assignment to training in the Aids to Navigation School, Groton, Conn.

2. My reason for the above request is prompted by my past experience in such work. I enjoy that type of work, and would like the opportunity to better myself in that field. There are 13 months remaining for me to serve on my present enlistment, after which I intend to re-enlist.

3. I am 34 years of age and have thus far accumulated 72 points. My sea duty totals 31 months during which time I served aboard the USS SAVAGE, and the USCGC 83418.

4. In view of the aforementioned facts I feel my request is a reasonable one and I will be afforded favorable consideration.

Domenic Carollo

Domenic Carollo
(214-599) CEM

(PT)
CG-701-73

3-14

24 January, 1946

To: CO, CG Trasta, Groton, Conn.

Subj: COROLLO, Domenic (214-599) CBM; information concerning; request for

Orders have been issued for the transfer of COROLLO to Groton, Conn., to report 30 January, 1946, to the CO, CG Trasta, that place, for a course of instruction in Aids to Navigation. It is requested that HQ be advised when COROLLO will complete training so that orders may be issued for his transfer prior to graduation.

E. T. CALAHAN
By direction

U.S. COAST GUARD
MAIL SECTION (4)
MAILED JAN 25 1946

FOLEY:mmh
Return to 2-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

C1551
No.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CAROLLO, Domenic,	214-599	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Coast Guard Trainin Station,	Mannin Section	Alameda, Calif.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
	12-118	19, Jan. 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. 37-D AUTH:

TIME 1400
DATE 19, Jan. 1946

TRANSFERRED TO: USS ADM. C.F. HUGHES. Mare Island, Calif.
FOR assignment to duty.

AUTH: 37-D H/ 11-13-44

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. 37-D AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 37-D AUTH: By direction.

B C Lasley
(Commanding)

NO SIGNING REQUIRED PLEASE

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

CG-73 (PEA-E-1)

17 January, 1946

To: Commanding Officer, CG Training Station, Alameda, Calif.

Subj: CAROLLO, Domenic (214-599) CBM; Enlistment Contract; clarification of

Ref: (a) Your letter 9 January, 1946 (CG-73)

1. Subject man's enlistment contract dated 20 February, 1943 is for a period of four years.

2. At the time of subject man's contract was originally made out for a three year term but was corrected in order to conform with the provisions of Change No. 22. A Form 2599 on file at HQ, a certified copy of which is inclosed, which was submitted on 20 February, 1943 by the BRUSSTAR, indicates that the correction was made on the contract at the time the contract was executed.

M. K. HUTCHINSON
By direction

Incl
Certified copy Form 2599 dated 2-20-43

D. M. STADT,
By direction.

U.S. COAST GUARD
MAIL SECTION (4)
RECEIVED JAN 18 1946

RCS:hms Smith 3-13 Return to 3-14

3-13

UNITED STATES COAST GUARD

REFER TO FILE: CG-73
ADDRESS REPLY TO
COMMANDING OFFICER
CG TRAINING STATION
ALAMEDA, CALIFORNIA

JAN 15 '46 PM

9 January, 1946

A-I-R-M-A-I-L

To: The Commandant (PEA)

Subj: CAROLLO, Domenic (214-599) CBM; Enlistment Contract; clarification of

1. Subject man states that he signed an Enlistment Contract, dated 20 February, 1943 onboard USCGC BRUSSTAR, for a period of three years, but since that time the enlistment contract has been changed to read four years without his knowledge. The change from three to four years is clearly shown on the enlistment contract, but no Headquarters authority for the change is shown in subject man's service record.

2. It is requested that this unit be informed whether the enlistment should be three or four years for the above man and whether this contract is binding if subject man refuses to sign a new four year contract.

D. M. Stadt

D. M. STADT,
By direction.

CG-73

CG TRAINING STATION
ALAMEDA, CALIFORNIA

9 January, 1946

A-I-R-M-A-I-L

To: The Commandant (PEA)

Subj: CAROLLO, Domenic (214-599) CBM, Enlistment Contract; clerification of

1. Subject man states that he signed an Enlistment Contract, dated 20 February, 1943 onboard USCGC BRUSSTAR, for a period of three years, but since that time the enlistment contract has been changed to read four years without his knowledge. The change from three to four years is clearly shown on the enlistment contract, but no Headquarters authority for the change is shown in subject man's service record.

2. It is requested that this unit be informed whether the enlistment should be three or four years for the above man and whether this contract is binding if subject man refuses to sign a new four year contract.

D. M. STALT,
By direction.

CG-73

CG TRAINING STATION
ALAMEDA, CALIFORNIA

9 January, 1946

A-I-R-M-A-I-L

To: The Commandant (PEA)

Subj: CAROLLO, Domenic (214-599) CBM, Enlistment Contract; clerification of

1. Subject man states that he signed an Enlistment Contract, dated 20 February, 1943 onboard USCGC HRUSSTAR, for a period of three years, but since that time the enlistment contract has been changed to read fomm years without his knowledge. The change from three to four years is clearly shown on the enlistment contract, but no Headquarters authority for the change is shown in subject man's service record.

2. It is requested that this unit be informed whether the enlistment should be three or four years for the above man and whether this contract is binding if subject man refuses to sign a new four year contract.

D. M. STADT,
By direction.

NCG 9626
U STATES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

TRANSMIT

2 cpt File 3 1K

TE

P M 12 DECEMBER 1945
COMMANDANT

		SECRET
		CONFIDENTIAL
		RESTRICTED
) (FOR ACTION)		URGENT
		PRIORITY
		ROUTINE
EX CO CGTS ALAMEDA	N/L	DEFERRED
		MAILGRAM
		ACKNOWLEDGE
TO (FOR INFORMATION)		URGENT
		PRIORITY
		ROUTINE
DCGO 9ND CLEVE	N/L	DEFERRED
		MAILGRAM
		ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

131Ø54

TEXT

REF DCGO 9ND CLEVE ~~XØX9X9~~ 101919 X PROVIDING NO OBJECTIONS DIRECT CAROLLO DOMENIC 214 599 CBM REPORT DCGO 9ND CLEVE EXPIRATION LEAVE X FORWARD RECORDS ACCT

refer: 101919.....

carollo domenic 214 599 on lv from cgts alameda at 625 east main iron mountain ~~mich to expire prior noon 9~~ jan x if no objection cgts alameda request auth assign him this district because of home conditions x claims over 22 months sea duty to credit

NIGHT LETTER

TOD— 131Ø54 28 JD

OFFICE OF ORIGIN: PEA A

INITIALS OF RELEASING OFFICER: EZ

OPERATOR'S RECORD

TIME RELEASED: Hold ret to 3-11

☆ U. S. GOVERNMENT PRINTING OFFICE 1 1943 10—23739-1

U. S. COAST GUARD

DEPT. –

26M
DING

MV 93

-2-2

FROM ACTION INFORM

R R R
WNJC SNJC V MVJA NR 11 11 4 09 30
AFN DCGO CLEVELAND 9ND 101919
TO CG HDQTRS WASHN D C/WNJC

INFO CG TRASTA ALAMEDA CALIF/SNJC

GR 47 Carolls

TEXT

CAAMLLO DOMENIC 214-599 CBM ON LV FROM CGTS ALAMDEA AT
625 EAST MAIN IRON MOUNTAIN MICH TO EXPIRE PRIOR NOON
9 JAN X IF NO OBJECTION CGTS ALAMEDA REQUEST
AUTH ASSIGN HIM THIS DISTRICT BECAUSE OF HOME CONDITIONS X
EAL CLAIMS OVER XX 22 MONTHS SEA DUTY TO CREDIT BT

1936/10 DEC EH

To Alameda
Ref 9/mf 101919 9/mf
9/mf etc
PWF

Adm. Management
Aero Engineering
Aids to Navigation
Allowances
A[illegible]Commandant
A[illegible]tion
B[illegible] & Reports
Civil Engineering
Civilian Personnel
Command
Communications
Comptroller
Contract Services
Engineering
Finance
Inspection
Intelligence
Legal
Material Budget
Mer Mar Inspection
Mer Mar Personnel
Military Justice
Naval Engineering
Operations
Personnel
Port Security
Publications
Supply
Training
Transportation

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS
$

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

1 245

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
Carollo Domenic	214-599	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGC-83499		FPO N.Y.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: Temp. 8ND

DATE: 7-9-45

TIME: 1400
DATE: 7-9-45

REPORTED FROM: CGC-83418
FOR

DUTY CODE NO.

AUTH:

TIME: 1400
DATE: 7-9-45

TRANSFERRED TO: CGC 83449
FOR: Duty

AUTH: CNO D July 1945

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-65

DUTY CODE NO.

AUTH:

H. W. Ireland

H.W. Ireland Ens. USCG

(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
001	0	16	1	59
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

BENEFICIARY SLIP

7 25 1 CBM

Name CAROLLO, Domenic
(Name in full, surname to the left)

Service No. 214-599

Station USN FRONTIER BASE,
(Name)

San Pedro, California (Place) 1 July, 1945 (Date)

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

61

GERTRUDE M. CAROLLO
(Full name of wife; if not married, so state)

618 N. 15th St., Milwaukee (3), Wisconsin
(Address of wife)

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

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

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

ANGELA CAROLLO
(Relationship)

625 E. Main St., Iron Mountain, Michigan
(Name in full)

(Address)

* _____

_____

_____

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

[OVER]

16—22321-3

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

None
(Relationship)

(Name in full)

(Address)

*

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

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

I CERTIFY that there has been no change in condition of dependency between 1 April, 1945
and 1 July, 1945

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

Domenic Carollo

Domenic Carollo
(Name)

CBM, USCG, U.S. Navy/Marine Corps.
(Rank or rating)

Subscribed and sworn to before me this 1st

day of July, 1945, I having authority to ~~administer~~ oaths.

E. E. JACKSON, Lieut., USNR

INSTRUCTIONS

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

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

This slip shall be made out and handled as follows:

Enlisted men, Navy: In duplicate; one copy to Bureau of Naval Personnel, one copy secured inside service record. In cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—22321-2

Carollo, D.

CG-73 (PPP)

FILE
H.W.
3-14

8 June, 1945

To: CO, CG-83416

Via: OIC, CG Unit 215

Subj: Carollo, Domenic (214-599) CBM; recommendation, status of

1. Receipt of your letter, no date, file 73, bearing Ind-1, OIC, CG Unit 215, dated 2 June, 1945, recommending subject man for promotion to boatswain, is acknowledged.

2. You are informed that your recommendation has been filed in Carollo's service record without action. From time to time promotions to boatswain are made and a careful study is made of each man's service record in order to ascertain his experience, length of service, physical condition and other qualifications. When future promotions to boatswain are authorized Carollo's case will be reviewed and your recommendation of him will be given every consideration.

H. WILKISON
By direction

MAIL SECTION (S)
MAILED JUN 8 - 1945

HW:hm - Wilkison - Return to 3-16

hm

NAVPERS-601 (9-43) Coast Guard 7

BENEFICIARY SLIP

Name CAROLLO, Domenic (n) 4 2-4
(Name in full, surname to the left)

Service No. (214-599)

Station USN Frontier Base
(Name)

San Pedro, Calif. 1 April, 1945
(Place) (Date)

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

(Mrs) Gertrude M. Carollo. 01
(Full name of wife; if not married, so state)

518 N. 7th St., Sheboygan, Wis.
(Address of wife)

CODED

None NO. 1
(Full name of child; if none, so state) (Date of birth)

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

(Full name of child) (Date of birth)

(Address of child)

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

(Relationship)

(Name in full)

(Address)

*

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

[OVER] OPERATOR No. 15 16-22321-3

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

(Relationship)

(Name in full)

(Address)

*

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

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

I CERTIFY that there has been no change in condition of dependency between 1 October, 1944 and 1 April, 1945

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

Domenic Carollo
(Name)

C B M
(Rank or rating)

USCG
U. S. Navy, Marine Corps.

Subscribed and sworn to before me this 1st day of April, 1945, I having authority to administer oaths.

R. E. Jackson
R. E. JACKSON, Lieut., USNR

INSTRUCTIONS

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

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

This slip shall be made out and handled as follows:

Enlisted men, Navy: In duplicate; one copy to Bureau of Naval Personnel, one copy secured inside service record. In cases of men entitled to money allowances for quarters for enlisted men with dependents, two additional copies, bearing the required certificate, to the Disbursing Officer.

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—22321-2

ACCOUNTING COPY - PERSONNEL BUDGET

UNITED STATES COAST GUARD
New Orleans, La.

To: DCGO, 8th Naval District

Subj: Authority to incur expense for travel of dependents; request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from **Charleston, S. C.** during the month of **February, 1945** ~~1944~~, in connection with order of certificate of permanent change of station signed by Commanding Officer in accordance with F & SC 2-44. "The transportation or reimbursement requested herein is as elected by the applicant or claimant in accordance with paragraph 4 of Finance and Supply Circular No. 2-44."
The statement from the Commanding Officer certifies that I have a permanent change of station from **Charleston, S. C.** to sea duty.

Name	Relationship	Date of Birth of Children
Gertrude M. Carollo	**Dependent wife**	

2. I hereby agree to the checkage of my personal pay account for cost of transportation furnished my dependents in excess of allowances as prescribed by the pay and supply instructions.

3. I hereby designate **Sheboygan, Wisc.** as the point to which travel is desired.

#37.81-O.W.F.C.
9.25-h.B.t. Chgo +
PC Sead Sheboygan
Pullman

Signed _____
DOMENIC CAROLLO
C.B.M. (214-599) USCG
Rank _____

Ind-1
ODCGO, 8ND (ft)
13 February, 1945

Authorized. Expense incurred in connection with this travel is charged to Headquarters' travel allotment symbol No. 051-20.

FILE
W. H. C.

#47.06 ✓

_____
MARION L. MARTIN
By direction

(1)

13 February, 1945~~1944~~

I certify that Carbllo, Domenic (2214-599) CBM has been ordered from permanent duty at Charleston, S.C. under orders of CNO/D 171700, 19 Jan., 1945 to sea duty or to a place where the dependents are not permitted to go and is entitled to transportation for dependents to any designated place in continental United States.

Signed H. W. Dunbar

Rank Ens.

Title C. O.

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic		214-599	C.BM.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG-83418	Charleston, S.C.	27 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place) (Date)

(Minor unit)

1800 - 25 January, 1945 - Departed 6th Naval District enroute to New Orleans, La. for further transfer outside continental limits of United States.

To be dropped from 6th Naval District rolls

DUTY CODE No.: #36

AUTHORITY:

Confidential Dispatch, CESF

NO POSTING REQUIRED PEA-E-65

C. A. CRAIER (Commanding)

By direction

(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—29504-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

Latest change already posted

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic		214-599	C.B.M. (Pay Grade #1)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG-83418 6th ND	Charleston, S. C.		16 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

16 January, 1945 - This date, advanced in rating from C.B.M. to C.B.M. (temporarilly advanced to Pay Grade #1).

Actually advanced in rating from C.B.M. to C.B.M. (temporarilly advanced to Pay Grade #1) on 16 January, 1945 and is to be effective from this date.

Code #59

DUTY CODE No.:
AUTHORITY:

H/L 1-13-45 (PEA-C)(CG-73)

C. A. GRAMER (Commanding)
By direction.

(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
PEA-E 51	

Machine Accounting
Punched
Verified

EXAMINED PEA-E-65

(10)

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

1nd-1,
Office, DCGO, 6th N.D., (p),
File No. 73,
8 January, 1945.

(PEA-C)
CG-73

To:

Subj: 13 January, 1945

V I A A I R M A I L

Ref:

To: CO, CG-83418, Fleet PO, N. Y.

1. Subj: Carollo, Domenic (214-599) CBM(a); advancement in rating

1. In accordance with the recommendation contained in your letter dated 5 January, 1945, file 73, and the provisions of paragraph 9 (a), Section II, Personnel Bulletin No. 76-44, the above-named man is temporarily advanced to the rating of chief boatswain's mate, effective 16 January, 1945. Report action on Form 2599.

2. In the event Carollo has been transferred, expedite the forwarding of this letter to his present unit.

E. ZOGLE
By direction

CC: DCGO, 6ND (p)

U. S. COAST GUARD
MAIL SECTION (2)
MAILED JAN 15 1945

BEABES:jhb

, 6th N.D.,(p),
No. 73,
8 January,1945.

3-H

3-12

To: The Commandant (PERS) 1945 JAN 12 10 19

Subj: CAROLLO, Domenic (214-599), C.B.M.(a); advancement to Pay Grade 1,(Temporary), Recommendation for.

Ref: (a) Personnel Bulletin No.76-44.

1. Forwarded, approved, with the recommendation that the subject-named man be advanced to Pay Grade 1, (Temporary).

M. J. RYAN.

JAN 11 '45 AM

OK
1-16-45
PDB

UNITED STATES COAST GUARD

~~POST OFFICE BOX 855~~

CHARLESTON, S. C.

DISTRICT COAST GUARD OFFICER
SIXTH NAVAL DISTRICT

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

FPO - NY

CG-83418

CG-83418

5 January, 1945.

To: The Commandant(PEA).

Via: District CG Officer, 6th Naval District.

Subj: CAROLLO, Domenic (214-599), C.B.M.(a); recommendation for appointment to pay grade one (1).

Refs: (a) Personnel Bulletin No.76-44.
(b) Article 4453, Personnel Instructions.

1. In accordance with references (a) and (b), subject-named man is deemed morally, physically, mentally and professionally qualified for appointment to pay grade one(1), and the following recommendation is submitted:

9-4-42

(a) He is a leading man of strong character.
(b) He is capable of directing the work of a force under him and planning details for its best employment.
(c) He is capable of maintaining discipline.
(d) He has served over 12 months as acting chief petty officer in the U.S. Coast Guard.

Harvey W. Ireland
HARVEY W. IRELAND
CO, CG-83418.

Incl.
Abstract of Marks.

CAROLLO, Domenic
(Full name, surmane to the left)

(214-599
(Service No.)

EFFICIENCY MARKS

Date	Prof. in rating	Seamanship	Mechanical Ability	Ability as leader of men	Conduct
3-31-43					4.0
6-4-43	3.4	3.4	3.3	3.3	4.0
6-30-43	3.4	3.4	3.3	3.3	4.0
7-12-43	LESS THAN ONE MONTH				4.0
7-17-43	3.4	3.4	3.3	3.3	4.0
10-4-43	LESS THAN ONE MONTH				4.0
10-30-43	3.4	3.4	3.4	3.3	4.0
12-30-43	LESS THAN ONE MONTH				4.0
12-31-43	2.5	2.7	3.0	2.5	4.0
1-21-44	LESS THAN ONE MONTH				4.0
2-8-44	LESS THAN ONE MONTH				4.0
3-31-44	LESS THAN ONE MONTH				4.0
6-30-44	3.5	3.5	3.5	3.6	4.0
9-30-44	3.5	3.5	3.5	3.7	4.0
12-31 44	3.6	3.6	3.5	3.8	4.0

CERTIRIED TO BE A TRUE COPY:

Harvey W. Ireland

HARVEY W. IRELAND, Ensign, USCG

3-14 F12E

(PEA-E-52)
CO-73

16 December, 1944

To: Commanding Officer, CO-83418

Via: DCGO, 6th Naval District

Subj: CAROLLO, Domenic (214-599) CBM(a); rating of

1. Subject man was advanced to CBM(a) on 4 September, 1942. The one (1) year extension of the probationary period has expired. HQ has no record of this man ever having been recommended for advancement to pay grade 1.

2. A recommendation for advancement to pay grade 1 or a recommendation for extension or termination of the probationary period as acting chief petty officer should be submitted. The recommendation should contain all the information required by paragraph 14, Personnel Bulletin 76-44.

M. K. HUTCHINSON
By direction

313

FORM NAVCG-9619

U. S. COAST GUARD

3212

WN101
SHADING20
D D D
WNJG MVJD V SNJG NR 24 D

FROM

FM CGTS ALMDA CALIF 151841

CG HEADQUARTERS

TO COMDT CG WASHN

1945 DEC 15 16 14

MESSAGE CENTER

ACTION

INFO DCGO 9ND CLEVE

INFORM

GR 15

TEXT

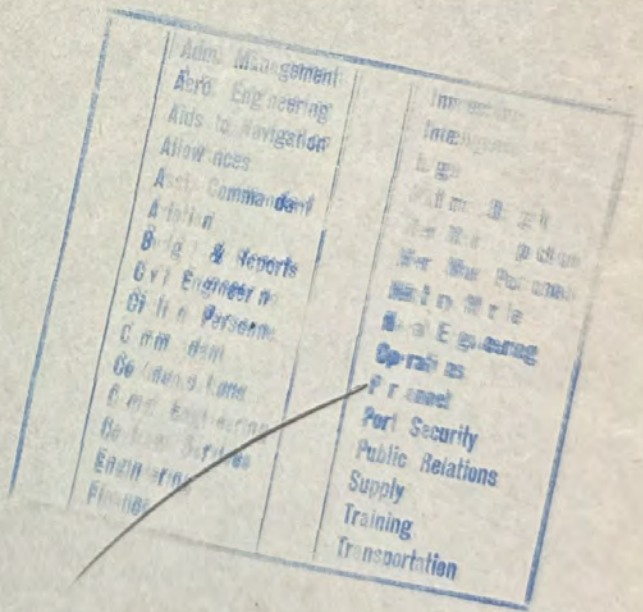
CARRALLO DOMENIC 214-599 CBM WILL NOT BE TRANSFERRED X
SERVICES NEEDED REPLACEMENT POOL THIS UNIT

1945 DEC 16 16 19

CAROLLO, DOMENIC (214-599)

1958/15 DEC EG

131054



OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

S

1944 JAN 7 PM 54

3-14

USS SAVAGE (DE 386)
FLEET POST OFFICE
NEW YORK, N. Y.

FILE NO. DE-386 (FMR) P16-4

30 December, 1943

SERIAL NO. 126.

From: The Commanding Officer.
To: CAROLLO, Domenic (214-599), C.E.M.(a).

Subject: Orders; transfer.

Reference: (a) DCGO, 6th Naval District Verbal Orders, 27 December, 1943.

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed with and in charge of the below named men to the Sixth Naval District, and upon arrival thereat report to the District Coast Guard Officer for assignment to duty.

BACARISAS, Catalino (100-395), C.C.Std.
MUSSENDEN, Henry A. (551-700), R.M.1c.(R)
MURRAY, Harry M., Jr. (508-008), St.2c.(R)
FEDER, Georges (239-884), So.M.3c.
~~BURR, John W. (699-401), F.1c.~~

2. No travel is indicated and none is authorized.

3. Pay, health and service records are handed you herewith.

4. Delivered and departed 0845, this date.

O. C. ROHNKE

Copies to:
DCGO 6ND
✓CG Hqtrs.
File

USS SAVAGE (DE 386)
FLEET POST OFFICE
NEW YORK, N. Y.

FILE NO. DE-386) (FMR) P16-4
SERIAL NO. 130

30 December, 1943

From:
To: The Commanding Officer.
SVENNINGSEN, Edgar O. (224-157), C.M.lc.

Subject: Orders; transfer.

Reference: (a) DCGO, 6th Naval District Verbal Orders, 27 December, 1943.

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to the Sixth Naval District, Charleston, South Carolina, and upon arrival thereat report to the District Coast Guard Officer for assignment to duty.

2. No travel is indicated and none is authorized.

3. Pay, health and service records are handed you herewith.

4. Delivered and departed 0845, this date.

O. C. ROHNKE

Copies to:
DCGO 6ND
✓CG Hqtrs.
File

USS SAVAGE (DE 386)
FLEET POST OFFICE
NEW YORK, N. Y.

FILE NO. DE-386 (PAR) P16-4

SERIAL NO. 131

31 December, 1943

From: The Commanding Officer.
To: SCHO LER, Ernest P.L. (598-606), S.M.1c.(R).

Via: The Commanding Officer, U.S.S. HAMUL.

Subject: Orders; transfer; travel.

Reference: (a) DCGO, 6th Naval District Verbal Orders, 27 December, 1943.

1. Upon completion of your treatment at the sick bay aboard the U.S.S. HAMUL, in accordance with reference (a), you are directed to proceed to the Sixth Naval District, Charleston, South Carolina, and upon arrival thereat report to the District Coast Guard Officer for assignment to duty.

2. The travel necessary to the execution of this order is required by the public interests, and is authorized chargeable against Coast Guard Headquarters' Symbol No. 051-20.

3. Your pay and service records are being forwarded to the District Coast Guard Office, Sixth Naval District, Charleston, South Carolina, for administrative purposes.

4. You are warned not to discuss matters of Naval interest with any unauthorized persons.

O. C. ROHNKE.

Copy to:
CG Headquarters.
DCGO, 6th ND.
File.

USS SAVAGE (DE 386)
FLEET POST OFFICE
NEW YORK, N. Y.

FILE NO. DE-386 (FMR) P16-4

SERIAL NO. 135

1 January, 1944

From:
To: The Commanding Officer.
HODGE, Thomas P. (542-770), So.M.3c.(R).

Subject: Orders; transfer.

Reference: (a) DCGO, 6th Naval District Verbal Orders, 27 December, 1943.

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to the Sixth Naval District, Charleston, South Carolina, and upon arrival thereat report to the District Coast Guard Officer, for assignment to duty.

2. No travel is indicated and none is authorized.

3. Your health record is handed you herewith.

4. Delivered and departed 1235, this date.

O. C. ROHNKE

Copies to:
DCGO 6ND
CG Hqtrs.
File

USS SAVAGE (DE 386)
FLEET POST OFFICE
NEW YORK, N. Y.

FILE NO. 136

SERIAL NO. DE-386 (FMR) P16-4

2 January, 1944

From: The Commanding Officer.
To: JOHNSON, Samson (559-764), St.M.2c.(R).

Subject: Orders; transfer.

Reference: (a) DCGO, 6th Naval District Verbal Orders, 27 December, 1943.

1. Upon receipt hereof and in accordance with reference (a), you are directed to proceed to the Sixth Naval District, Charleston, South Carolina, and upon arrival thereat report to the District Coast Guard Officer, for assignment to duty.

2. No travel is inidcated and none is authorized.

3. Your health, service, and pay records are being forwarded to the District Coast Guard Officer, Sixth Naval District, Charleston, South Carolina for administrative purposes.

4. Delivered and departed 1130, this date.

O. C. ROHNKE

Copies to:
CG Hqtrs.
DCGO 6ND
File

UNITED STATES COAST GUARD

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

(PEA)
CG-73

8 August, 1943

To: DCGO, 7th Naval District (p)

Subj: Carollo, Domenic (214-599), C.B.M. (a); extension of probationar. period

In accordance with the recommendation contained in your letter, dated 18 August, 1943, file 73, you are authorized to extend the acting appointment of Domenic Carollo for a period not to exceed one year, as recommended, upon expiration of which appropriate recommendations will again be made to Headquarters.

E. ZOOLE
By direction

CHESTER M. ANDERSON
By direction

U.S. COAST GUARD
OCT 9 1943

BEABES:jhc

Return to 3-12

REPLY TO:
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT
DU PONT BUILDING
MIAMI, FLA., AND REFER TO FILE No. 73

3-12

1943 AUG 21 PM 1 3

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD

Miami, Florida

OFFICE OF
DISTRICT COAST GUARD OFFICER
SEVENTH NAVAL DISTRICT

18 August, 1943

To: Commandant

Subj: CAROLLO, Domenic (214-599) C.B.M.(a)(T); request for extension of acting appointment

1. Subject named man was advanced to the rating of C.B.M.(a)(T) on 4 September, 1942, and his marks for proficiency in rating since 31 March, 1943 have been 3.4. Marks prior to 31 March, 1943 are at HQ. In view of the fact subject named man did not maintain proficiency in rating of 3.5 during the probationary period, it is requested that he be granted an extension of one year in his acting appointment as chief petty officer.

2. Subject named man is assigned to a DE Crew attached to the S.C.T.C. undergoing a short period of training and this recommendation is primarily based upon his service record.

CHESTER M. ANDERSON
By direction

18 Sept.

OK
effective 1 Sept. 1943

3-12

Ind.3
DCGO/7th NavDist,Miami,Fla.
4 August, 1943

To: The Commandant

Subj: CAROLLO, Domenic (214-599) CBM (a)(Pro); completion of records

1. Basic communication requests that a certified copy of Form 2525-B, showing HQ third indorsement, approving the reenlistment of subject named man on 20 February, 1943 be forwarded.

2. Inclosure is forwarded herewith inasmuch as this is the latest physical examination record attached to the Health Record of CAROLLO. This examination was given on November 13, 1942 and was approved by Headquarters on 24 November 1942.

CHESTER M. ANDERSON
By direction

Incl
Form 2525-B
Physical Exam.Record

JUL 29

UNITED STATES COAST GUARD

DIST. COAST GUARD OFFICE
7TH NAVAL DIST., MIAMI, FLA.

ADDRESS REPLY TO
THE COMMANDANT (PEA-27)
WASHINGTON
REFER TO FILE: CG-73

AUG 2 2 09 PM '43
COAST GUARD YARD
Rec'd JUL 27 1943
CURTIS BAY, MD.

24 July, 1943

To: Commandant, YARD

Subj: CAROLLO, Domenic (214-599) C.B.M. (a) (Pro); completion of records

18

It is requested that a certified copy of Form 2525-B, showing HQ third indorsement, approving the reenlistment effected on 20 February, 1943, be forwarded to HQ with a copy of this letter.

S. C. CRANDALL
By direction

- -

Ind-1
CG YARD, Curtis Bay, Md
29 July, 1943

To: CO, Trasta, Curtis Bay, Md

Forwarded, subject named man having been transferred to the unit under your command.

C.R. MacLEAN
By direction

- -

Ind-2
CG Trasta, Curtis Bay, Md.
30 July, 1943

To: DCGO 7ND

Forwarded. Subject-named man was transferred to the DCGO 7ND 17 July, 1943, for further assignment to the Submarine Chaser Training Center, Miami, Fla.

W. F. BENSON
By direction

(PEA-27)
CG-73

24 July, 1943

To: Commandant, YARD

Subj: CAROLLO, Domenic (214-599) C.B.M. (a) (Pro); completion of records

It is requested that a certified copy of Form 2525-B, showing HQ third indorsement, approving the reenlistment effected on 20 February, 1943, be forwarded to HQ with a copy of this letter

S. C. CRANDALL
By direction

U. S. COAST GUARD (11)
JUL 26 1943

FO:fmv

OVIOS 3-12

cp WPR Base

(PEA-27)
CS-73

24 July, 1943

To: Commandant, YARD

Subj: CARULLO, Domenic (211-599) C.E.M. (a) (Pro); completion of records

It is requested that a certified copy of Form 2625-B, showing HQ third indorsement, approving the reenlistment effected on 20 February, 1943, be forwarded to HQ with a copy of this letter

S. C. CRANDALL
By direction

FO:fmw

OVIOS 3-12

(p)

CG-73
783
531

U. S. COAST GUARD (8)
REC'D JUL 22 1943

17 July, 1943

RESTRICTED

To: CAROLLO, Domenic (214-599) C.B.M.(a)(Pro)

Subj: Orders; transfer; travel

1. Upon receipt hereof, and in accordance with HQ dispatch 152346, July, 1943 (RESTRICTED), you together with the below-named men are directed to proceed to Miami, Florida and upon arrival thereat, report to the DCGO, 7th Naval District, Miami, Florida, not later than 21 July, 1943, for further transfer to the Submarine Chaser Training Center for training as part of DE Nucleus Crew No. 18.

STEVENS, Roland	(120-570) C.Q.M.(a)	PATTERSON, Thomas A.	(501-617) Mo.M.M.1c(R)
SIFFORD, Stanhope A.	(513-194) Mo.M.M.1c(R)	WARNER, Lonzo H.	(110-760) Mo.M.M.1c(R)
MUSSENDEN, Henry A.	(551-700) R.M.1c.(R)	PRICHARD, Walter A.	(231-657) R.M.2c.(R)
WHITNEY, Ransom D.	(226-020) Cox	RILEY, Buford C.	(627-029) Cox (R)

2. Government Transportation Request handed you herewith covers transportation for you and the above-named men from Baltimore, Maryland to Miami, Florida, via B&O, RF&P, ACL and FEC; and a Pullman request handed you herewith covering Pullman accommodations for you and the above-named men from Washington, D.C., via RF&P, ACL and FEC. USCG Meal Tickets handed you herewith covering subsistence for you and the above-named men en route, including one Meal Ticket to be used in case of emergency only.

3. The travel necessary to the execution of this order is required by the public interests, and is chargeable to HQ Symbol 051-20.

4. This order constitutes a permanent change of station for the above-listed men entitled thereto, to the home port designated for the vessel to which assigned.

5. The service, health and pay records for you and the above-named men are handed you herewith for delivery to the proper authority upon arrival at destination.

6. Delivered and departed at 1530 this date.

W. F. BENSON
By direction

Incl
1. TR No. Nog 164,471;164,472
2. USCG Meal Tickets Nos 266013-266019

266014-EMERGENT.

(PEA-E-52)
CG-73

16 December, 1944

To: Commanding Officer, CG-83418

Via: DCGO, 6th Naval District

Subj: CAROLIO, Domenic (214-599) CBM(a); rating of

1. Subject man was advanced to CBM(a) on 4 September, 1942. The one (1) year extension of the probationary period has expired. HQ has no record of this man ever having been recommended for advancement to pay grade 1.

2. A recommendation for advancement to pay grade 1 or a recommendation for extension or termination of the probationary period as acting chief petty officer should be submitted. The recommendation should contain all the information required by paragraph 14, Personnel Bulletin 76-44.

M. K. HUTCHINSON
By direction

U. S. COAST GUARD
MAIL SECTION (2)
MAILED DEC 19 1944

CG:ajb
Clack 313

RBS

(PEA-270)
CG-73

24 May, 1943

To: Commanding Officer, USCGC BRUSSTAR

SubJ: CAROLLO, Domenic - (214-599) C.B.M.(a) (Pro.); completion of records

It is requested that a certified copy of Form 2525-B, showing HQ third indorsement, approving the reenlistment effected on 20 February, 1943, be forwarded with a copy of this letter.

E. J. ROLAND
By direction

U. S. COAST GUARD (11)
MAY 25 1943

RO:pef

Return to 3-12

File
2-15-47
LMS

518 North 7th Street
Sheboygan, Wisconsin
March 15, 1943

C. L. Herndon
Allotment Disbursing Officer
Coast Guard Headquarters
Washington, D. C.

Jul 4-18-43
3-18-43
E&B

3-7

Dear Sir:

I'm writing you in regard to the allotment made out to me by my husband, Domenic Carollo (214-599) C.B.M. Yard - No. C.G.-FAD-522

I received the first payment - but the address was incorrect. It was addressed 518 North 5th Stret, Sheboygan, Wisconsin, and it should be 518 North 7th Street, Sheboygan, Wisconsin.

Very truly yours,

(Mrs.) Gertrude Carollo

1943 FEB 27 AM 10 16

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-73-602

1902
3-12.

UNITED STATES COAST GUARD

~~WASHINGTON~~

~~XXXXXXXXXXX~~
CGC BRUSSTAR

Curtis Bay, Maryland
25 February, 1943.

From: Commanding Officer, CGC BRUSSTAR.
To: Commandant.

Subject: Assignment as watch stander, request for:

1. It is requested that the Commanding Officer, of this unit, be authorized to assign CARROLLO, Domenic (214-599) C.B.M.(A) (Pro). as a watch stander.

2. The subject-named man has had little sea duty, although based on past service, aptitude, execution of orders and his ability as a leader of men, he has shown the definite qualifications needed as a watch stander.

3. It is recommended by the Commanding Officer, that CAROLLO, be endorsed for assignment to this particular duty.

Daniel E. Grimshaw.
Daniel E. Grimshaw.

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic	- - - - -	214-599	C.B.M.(a) (Pro).
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CGC BRUSSTAR	C.G.YARD, Curtis Bay, Md.	20 February, 1943.
(Unit)	(Place)	(Date)

0900, this date, enlisted in the Regular Establishment for a period of four (4) years, as surfman; immediately advanced to the rating of Chief Boatswain Mate (acting) (provisional). Last discharged 0900, 19 February, 1943 with Honorable Discharge Serial No A64657 upon expiration of full term three (3) years enlistment.

AUTHORITY: HD'qrs 3rd.Indorsement
Form 2525B.
F.C. 74-42.

Daniel E. Grimshaw
Daniel E. Grimshaw
(Commanding)

Lieutenant (j.g.) USCGR.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic	- - -	214-599	C.B.M.(a) (Pro).
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CGC BRUSSTAR	YARD, Curtis Bay, Md.	19 February, 1943.
(Unit)	(Place)	(Date)

0900, this date, issued Honorable Discharge serial No A 64657 by reason of expiration of full term three (3) years enlistment.

Entitled to mileage upon discharge.

PAFE Sheboygan Station, Sheboygan, Wisconsin.
POD CGC BRUSSTAR, C.G.YARD, Curtis Bay, Md.

AUTHORITY: Art. 589 (1) Regs.
F.C. 76-42.

Daniel E. Grimshaw
Daniel E. Grimshaw
(Commanding)

Lieutenant (j.g.) USCGR
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CGC BRUSSTAR (Unit) — C.G.YARD, Curtis Bay, Md. (Place)

20 February, 1943 (Date)

FROM: CAROLLO, Domenic, (214-599) C.B.M.(a) (Pro).

TO: COMMANDANT (via Commanding Officer,)

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:

Gertude M. Carollo (Full name of wife; if not married, so state)	625 East Main Street, Iron Mountain, Michigan (Address of wife)
(Full name of child; if none, so state)	(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:

Angela Carollo (Full name of relative)	Mother (Relationship)	625 East Main Street, Iron Mountain, Michigan. (Address of relative)

Potential
(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 20th day of February, 1943

Daniel E. Grimshaw
(Signature)

Lieutenant (j.g.) USCGR.
(Rank or title)

Domenic Carollo
Domenic Carollo
(Signature)

C.B.M.(a) (Pro).
(Rank or rating)

16—25758-1

Form 9626
TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 3 FEBRUARY, 1943.

FROM

COMMANDANT

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
XX	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)

DISTRICT COAST GUARD OFFICER CHICAGO NINTH NAVAL DISTRICT

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

Ø323Ø2

TEXT

COPY FORM 2525-B DOMENIC CAROLLO (214-599) CBM WAS MAILED 24 NOVEMBER 1942 AUTHORIZING REENLISTMENT IN REGULAR ESTABLISHMENT X CERTIFIED COPY BEING MAILED TODAY X

TOD 2302 3FEB43 ST B

3

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

Ø323Ø2 RW/CG65 ST

M. Beabes 3212 3-12

TOD—

OFFICE OF ORIGIN: PERSONNEL

INITIALS OF RELEASING OFFICER: EJR

OPERATOR'S RECORD MB

TIME RELEASED:

MB Bas

U. S. GOVERNMENT PRINTING OFFICE 16—23739

U. S. COAST GUARD

DEPT.

HEADING

CG65ST T Z OUAH 032302 OUAP GR23

FROM: COMDT CG

ACTION: DCGO 9TH ND CHICAGO

INFORM:

TEXT

COPY FORM 2525B DOMENIC CAROLLO 214 599 CBM WAS MAILED
24 NOV 1942 AUTHORIZING REENLISTMENT IN REG ESTABLISHMENT
X CERTIFIED COPY BEING MAILED TODAY.

TOD 2302 3FEB43 ST B

3

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

1943 JAN 29 PM 1 47

CHICAGO DISTRICT
FILE No. PER-73

OFFICE OF THE COMMANDER
CHICAGO DISTRICT

UNITED STATES COAST GUARD
CHICAGO, ILLINOIS
27 January, 1943

3-17

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

From: District Coast Guard Officer, Chicago, Ninth Naval District.
To: Commandant.

Subject: CAROLLO, Domenic (214-599) C.B.M.(a)(Pro); reenlistment of.

Reference: (a) Form 2525-B (2 copies).

1. Reference (a) was forwarded under date of 19 November, 1942. To date, no reply has been received in reply to reference (a).

2. It is desired that action be expedited.

S. H. CLARK,
By direction.

Wilson Jack Clem

REMARKS:

CERTIFICATE

c/VA

I } certify that { ~~We~~ I } have personally made this physical examination and find that Carollo, Domenic

He is physically qualified for Re-enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of CBM(a)Pro.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

J. W. Walsh M.D
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

13 November, 1942.
(Date)

Place Escanaba, Michigan

From: Captain of the Port, Escanaba, Mich.

To: Commandant.

APPLICANT FOR RE-ENLISTMENT IN REGULAR EST.

1. Forwarded for action. Present status:

~~xxxxxxxxxxxxxxxx~~ CBM.(a(Pro).

M. B. JORGENSEN, Ensign
Commanding—Dist. Comdr.-Off. in Chg.

Sup. mailed Nov. 24-1942

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.

NOV 24 1942
(Date)

From: Commandant.

To: Captain of the Port, U.S.Coast Guard,
1. Escanaba, Michigan.

REENLISTMENT AUTHORIZED; REGULAR ESTAB

Insert this copy in health record.

By direction,

Chief, Enlisted Assignments Sub-sec.

11-6-36
11-6-39

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name Carollo; Domenic Service Number 214599
(Surname first)

Age: Years 30 Months 10 Color White

For: Regular Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B M I. C.

Place Escanaba, Mich Date 11-13-42

Personal Medical History Negative

Vision: R.E. 20/20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Pseudochromatic

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

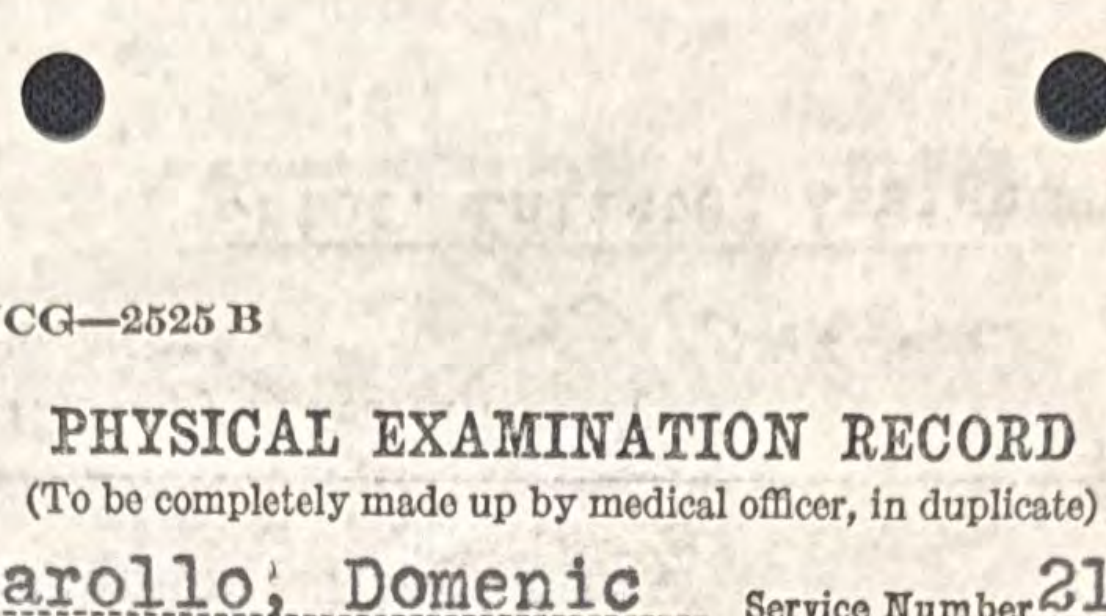
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Normal

Gums Normal Temperature 98.6

Height 71 inches. Weight (stripped) 175 Lbs. Obesity No

Skin Clear

Lymph. glands Normal

Chest: Inspiration 39½ Expiration 36½

Heart and blood vessels Normal

Blood pressure: Systolic 123 Diastolic 84

Pulse before exercise 81, after exercise 105, after 2 min. 83

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. ____

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____% Reds ____ Whites ____

Wassermann or Kahn test: Date 11/13/42 Result Negative

9-3

Orig 9-3

HENSON

COAST GUARD RESERVE

CODE SHEET FOR ENLISTED MEN

CARD #1

Name Lobue, Michael H.S

Reserve District ..... Card No. 1 7-12

Service No. 555-6-682 Rate 023 Date of Enl. 09-2
Mo. Yr.

Date of exp. of enl. 09-5 Term of extension ..... Char. of enl. 0-1
Mo. Yr.

Prior Coast Guard Service .... Army Service .... Navy Service ....
Yrs. Mos. Yrs. Mos. Yrs. Mos.

Marine Corps Service .... Total Service .... Pay Period 0
Yrs. Mos. Yrs. Mos. Days

Next Pay Period 09-5 Pay Grade 9 Termination of Service .....
Mo. Yr.

Date of Termination ....
Mo. Yr.

CARD #2

Place of Original Enl. 009 Nativity 029 Citizenship 0 Color 0

Marital Status 1 Education 5 Trade ..... Special Training .....

Date of Birth 10-05-13 Campaign ..... Commissioned Service .....
Mo. Day Yr.

Unit .....

RECTOR

REMARKS: _____

CERTIFICATE

~~We~~ / I } certify that ~~We~~ / I } have personally made this physical examination and find that CAROLLO, Domenic

He is physically qualified for Re-enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of C.B.M.(a)
(Use in case of promotion of commissioned officer or annual examination) (Rank) (Pro)

He is not physically qualified for _____

on account of _____

/s/ J.S.WALSH MD
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

13 November, 1942
(Date)

Place Escanaba, Michigan

From: Captain of the Port Escanaba, Michiga

To: Commandant.

Applicant for Re-enlistment in Regular Est.

1. Forwarded for action. Present status:
C.B.M. (a) Pro

/s/ MARK B. JORGENSEN, Ensign
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:

/s/ W. H. STIMSON
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

Nov. 24., 1942
(Date)

From: Commandant.

To: Captain of the Prot, U.S. Coast Guard

1. Escanaba, Michigan

Reenlistment Authorized; Regular Estab.

Insert this copy in health record.

By direction,

/s/ E. J. ROLAND
Chief, Personnel Section.
Chief Enlisted Assignments Sub.

THIS IS CERTIFIED TO BE A TRUE COPY

D.A.ANELLO, Ensign, USCGR

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name CAROLLO, Domenic Service Number 214-599
(Surname first)

Age: Years 30 Months 10 Color white

For: Regular enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B. M. 1c

Place Escanaba, Mich Date 11-13-42

Personal Medical History Negative

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? No Test used Pseudochromatic

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

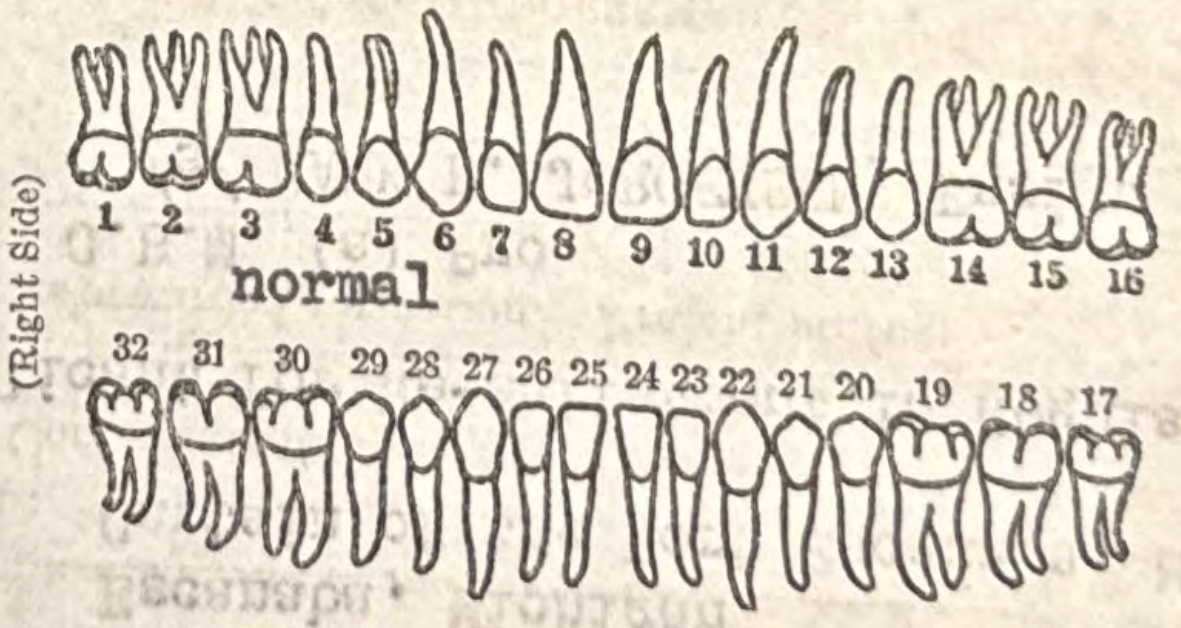
Eyes, eyelids, and reflexes normal

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".)



normal

Gums normal

Height 71 inches. Weight (stripped) 175 Lbs. Temperature 98.6

Skin clear Obesity no

Lymph. glands normal

Chest: Inspiration 39½ Expiration 36½

Heart and blood vessels normal

Blood pressure: Systolic 123 Diastolic 84

Pulse before exercise 81, after exercise 105, after 2 min. 83

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. _____

Blood cells _____ Pus cells _____ Casts _____

Blood (if indicated) Hb _____

PER-73-702

1942 AUG 20 AM 10 38 Pers - 3-11

NAVY DEPARTMENT
UNITED STATES COAST GUARD
Chicago, Illinois.

Office of
District Coast Guard Officer
Chicago, 9th Naval District

15 August, 1942.

From: District Coast Guard Officer, Chicago, 9th Naval District.
To: Commandant.

Subject: Appointment of chief petty officers (acting)(provisional) from petty officer, first class, on active duty from Regular, Retired and Reserve personnel.

Reference: (a) Personnel Bulletin 10-42.

1. In accordance with the provisions of reference (a), Domenic CAROLLO (214-599) B.M.1c.(Pro) is recommended for the rating of Chief Boatswain Mate, acting, provisional, to fill an existing vacancy in that rating in this District.

2. The marks assigned CAROLLO during the current enlistment are indicated as below:

DATE	PRO. IN RATING	SEAMANSHIP	MECH. ABILITY	ABILITY AS LEADER OF MEN	SOBRIETY	CONDUCT
12-31-39	3.0	-	-	2.8	4.0	4.0
3-31-40	3.1	-	-	3.0	4.0	4.0
7-11-40	3.1	-	-	3.1	4.0	4.0
9-30-40	3.1	-	-	3.1	4.0	4.0
12-31-40	3.2	-	-	3.2	4.0	4.0
3-31-41	3.2	-	-	3.2	4.0	4.0
6-30-41	3.2	-	-	3.2	4.0	4.0
8-15-41	3.2	3.3	-	3.2	-	4.0
9-30-41	3.7	3.6	-	3.3	-	4.0
11-10-41	3.7	3.6	-	3.3	-	4.0
12-31-41	3.7	3.6	3.0	3.4	-	4.0
2-1-42	3.7	3.6	3.0	3.4	-	4.0
3-16-42	3.7	3.6	3.0	3.4	-	4.0
5-5-42	3.5	3.2	3.0	3.0	-	4.0
6-30-42	3.0	3.0	-	3.2	-	4.0

R. J. Theobald

R. J. THEOBALD, Ensign, USCGR,
By direction.

Copy to:
Day File.

Carulla, Domenic (214-599) B.M.1c (Pa) 8/24/42
(NAME) (NUMBER) (RATE) (DATE)

ENLISTED	RATING	DATE	BORN	NAVY OR ARMY
	Seaman	11/6/36	11/2/12	Navy
RATING CHANGED TO	B.M.1c	1/26/42		(COMMENDATION)
				(CENSURE ETC)
		(COURTS)		

YRS.	SHIPS AND STATIONS	PROF.	CON.	SOB.	LD. SHP.
3	Sheboygan, Wis.	3	4	4	28
	(REMARKS)				

G.C.M.
(G.C.M. & B.)

(YES) (NO) (?)

(OFFICER CHECKING)

N. C. G.-2529
(Rev. 9-2-41)

U.S. COAST GUARD 17
MAR 4 1942

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

TWO RIVERS STATION (Kewaunee LB Station) — (Unit)
Kewaunee, Wisconsin. — (Place)

25 February, 1942 — (Date)

FROM: CAROLLO, Domenic. (214-599) BM 1c (Pro)

TO: COMMANDANT (via Commanding Officer, Two Rivers Station)

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

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. Angela Carollo	Mother	625 E. Main St. Iron Mountain, Mich.

(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

Wilbur Jacobson CBM (a)(Pro)
(Signature)
By direction
Senior Officer Present
(Rank or title)

Domenic Carollo
Domenic Carollo
(Signature)

BM 1c (Pro)
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

U. S. COAST GUARD (7)

N. C. G.-2529
(Rev. 9-2-41)

RECD MAR 5 1942

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

TWO RIVERS STATION
(Kewaunee LB Station)
(Unit)

Kewaunee, Wisconsin.
(Place)

25 February, 1942
(Date)

FROM: CAROLLO, Domenic. (214-599) BM 1c (Pro)

TO: COMMANDANT (via Commanding Officer, Two Rivers Station)

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:

none (Full name of wife; if not married, so state)	(Address of wife)
none (Full name of child; if none, so state)	(Address of child)
none (Full name of child; if none, so state)	(Address of child)
none (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. Angela Carollo (Full name of relative)	Mother (Relationship)	625 E. Main St. Iron Mountain, Mich. (Address of relative)

(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

Wilbur Jacobsen
Wilbur Jacobsen CBM (a)(Pro)
By direction
(Signature)

Senior Officer Present
(Rank or title)

Domenic Carollo
Domenic Carollo
(Signature)

BM 1c (Pro)
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

FA20-73
52

14 February, 1942.

From: Commandant.
To: Senior Coast Guard Officer, Chicago, 9th Naval District, (for Coast Guard Pay Officer).

Subject: CAROLLO, Domenic (214-599) Surfman, claim for quarters allowance; dependent mother.

References: (a) Preaudit Difference Statement from the General Accounting Office, Audit Division, dated 23 January, 1942.
(b) Form 2661, claim for quarters allowance, in amount of $35.65, period 1 to 31 August, 1941.

Inclosures: (A) Reference (a).
(B) Reference (b).

1. In view of reference (a), reference (b) is herewith returned cancelled. It is requested that subject named man be advised relative thereto.

W. H. WEBB,
By direction.

MAILED
FEB 15 1942
MAIL DESK

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD (15)
RECD JAN 30 1942

REPORT OF CHANGE IN PERSONNEL

CAROLLO,	Domenic	(214-599)	B.M.1c.(Pro)
(Surname)	(First name) (Middle initial)	(Service No.)	(Rank or rating)

Grand Haven Station	Grand Haven, Michigan	26 January, 1942
(Unit)	(Place)	(Date)

This date advanced in rating from Surfman to B.M.1c.(Pro)

AUTHORITY: H/D, 231750 (August, 1941).

G. B. Skinner
G. B. SKINNER,
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
			NOTED PR-14

U. S. GOVERNMENT PRINTING OFFICE 0

GUARD (15)

Address reply to
Commander, Chicago District,
and refer to File No. P-73-701.

RECEIVED
CHICAGO DISTRICT

RECD NOV 19 1941
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
CHICAGO, ILLINOIS

31 October, 1941

Office of the Commander,
Chicago District

U.S. COAST GUARD

From: Commander, Chicago District.
To: Domenic Carollo (214-599) Surfmen

Via: Commanding Officer, Two Rivers Station.

Subject: Orders; transfer; training.

1. Proceed to Grand Haven, Michigan, and report to the Commanding Officer Grand Haven Station on 11 November, 1941, for assignment to a course of instruction in the boatswain's mate school conducted at that unit.

2. The Commanding Officer of the unit to which you are now attached is directed to arrange your transportation to Grand Haven, Michigan, via Service facilities. No expense for transportation is authorized.

3. Your personnel and health records will be transferred to the Grand Haven Station where you will be carried for administrative purposes.

4. Allowances for subsistence and quarters as prescribed by Article 248, Pay & Supply Instructions, are applicable in this case.

Copy to:
Pay Office.
Grand Haven Station.

C. B. Skinner,
by direction.

- -

73-701 1st Indorsement Two Rivers, Wis.
Two Rivers Station 10 November, 1941

1. 0830 10 November, 1941, departed this station in compliance with above order.

O.A. JOHNSON,
Ch. Bos'n. (L)

PERSONNEL COPY

P-73-701
Grand Haven Station

RECD NOV 19 1941

2nd Indorsement

Grand Haven, Michigan
11 November, 1941

1. 1730 this date reported this unit for duty.

Carl E. Howell C.B.M.

CERTIFIED TO BE A TRUE COPY OF ORIGINAL ORDERS

SIGNED Carl E. Howell C.B.M.
Commanding Officer

OP-06
30
73

27 August, 1941.

Chairman,
National Inventors Council,
Department of Commerce,
Washington, D. C.

Sir:

The inclosed copy of a letter received from Surfman Domenic Carollo, U. S. Coast Guard, is forwarded for your information.

Very truly yours,

L. C. COVELL,
Rear Admiral, U. S. Coast Guard,
Assistant Commandant.

Inc. 1.

OP-06
30
73

27 August, 1941.

From: Commandant.
To : CAROLLO, Domenic (214-599) Surfman.
Via Commanding Officer, Two Rivers Lifeboat Station, and
Commander, Chicago District.

Subject: Submarines; devices.

Reference: (a) Your letter, 19 August, 1941 (06-30), with 1st Indorsement, Commanding Officer, Two Rivers Lifeboat Station, dated 19 August, 1941 (06-30), and 2nd Indorsement, Commander, Chicago District, dated 21 August, 1941 (06-30).

1. Receipt of reference (a), a copy of which has been furnished the National Inventors Council, Department of Commerce, Washington, D.C., is acknowledged.

L. C. COVELL,
Assistant Commandant.

Serial 06 - Tests

73-BYH-11886-2

10 September, 1940.

From: Commandant.
To: CAROLLO, Domenic (214-509) Surf.(via Commander, CHICAGO DISTRICT and Officer in Charge, SHEBOYGAN STATION).

Subject: Award of diploma for completion of course in Coast Guard Institute.

Reference: (a) Paragraph 7 (g), Circular No. 112, Regulations.

Inclosure: 1. Diploma.

1. Headquarters takes pleasure in transmitting herewith, a diploma, dated 6 May, 1940, issued by the International Correspondence Schools of Scranton, Pennsylvania, upon completion of the GOOD ENGLISH COURSE through the Coast Guard Institute.

2. You are congratulated upon completing this course.

3. A copy of this letter will be filed with your official record in accordance with reference (a).

wjb

R. R. WAESCHE.

MAILED
SEP 11 1940
MAIL DESK

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD
REC'D SEP 5 1940

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic		214-599	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Sheboygan Lifeboat Station	Sheboygan, Wisconsin	31 August, 1940
(Unit)	(Place)	(Date)

1100 this date the above named man arrived at this unit from temporary duty from FortSheridan Rifle Range, Fort Sheridan, Illinois.

AUTHORITY: Comm.Chi.Dist. letter 3 August, 1940
Art. 4741 (3) Per. Inst.

Fred Clarke
Fred Clarke
(Commanding)

Officer in Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10935

CHANGE IN PERSONNEL

CAROLLO (Surname)	Domenic (First name)	(Middle initial)	214-599 (Service No.)	Surfman (Rank or rating)
Sheboygan Lifeboat Station (Unit)	Sheboygan, Wisconsin (Place)		26 August, 1940 (Date)	

0900 This date the above named man departed from this unit on temporary duty at Fort Sheridan Rifle Range, Fort Sheridan, Illinois.

AUTHORITY: Comm.Chi.Dist. letter, 3 August, 1940.
Art. 4741 (3) Per. Inst.

Fred Clarke
Fred Clarke
(Commanding)

Officer in Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

HEADQUARTERS TREASURY DEPARTMENT PR-73

UNITED STATES COAST GUARD

WASHINGTON

FILE
W. H. R.
FEB 20 1940

U. S. COAST GUARD
REC'D FEB 23 1940

From: Commandant.
To : Commander, Chicago District.

Subject: CAROLLO, Domenic (214-599) Surfman - good conduct medal.

Reference: (a) Your letter, 10 November, 1939.

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

XGood Conduct Medal
Good Conduct Medal and Bar
Good Conduct Medal Bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

F. E. Allison
F. E. ALLISON,
Chief, Enlisted Personnel Section.

U.S. COAST GUARD 1940 FEB 21 AM 11 14 RECEIVED CHICAGO DIVISION

CHICAGO DISTRICT - 73. First Indorsement Chicago, Illinois, 21 February, 1940.

From: Commander, Chicago District.
To: Commandant.

1. Receipt of inclosure is acknowledged.

By direction,

G. W. MacLANE,
Chief of Staff.

PR-73

FEB 20 1940

From: Commandant.
To : Commander, Chicago District.

Subject: CAROLLO, Domenic (214-599) Surfman - good conduct medal.

Reference: (a) Your letter, 10 November, 1939.

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

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Good Conduct Medal and Bar
Good Conduct Medal Bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

F. E. Allison

F. E. ALLISON,
Chief, Enlisted Personnel Section.

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD (6)
REC'D NOV 13 1939 By

Headq.

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic		214 - 599	Surfman.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Sheboygan Station	Sheboygan, Wisconsin	6 November, 1939
(Unit)	(Place)	(Date)

Reenlisted in Special Temporary Enlistment for a period of three (3) years, 6 November, 1939, in the rating of surfman.

AUTHORITY: Headquarters Indorsement of Form 2525-B dated 26 October, 1939.

A. E. Kristofferson
A.E.Kristofferson
(Commanding)

Boatswain (L).
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10035

RECORD OF CAROLLO, Domenic
(Full name, surname to the left) (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 60.00

The within-named man has been furnished travel allowance amounting to $ NONE

at the rate of -- cents per mile from -- to --

-- and paid $ 15.00 in full to date of discharge. Name of

pay officer P. L. Sullivan, Chief Pay Clerk, USCG

Address subsequent to discharge will be:

Sheboygan Coast Guard Station, Street,

Sheboygan City, Wisconsin State.

Certified to be correct upon termination of service 5 November, 193 9.

A. E. Kristofferson

A.E.Kristofferson, Boatswain (L).

~~Commanding Officer~~ Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 2—13673

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

No. 3.

U. S. COAST GUARD ( )
REC'D NOV 15 19.. By

REPORT OF CHANGE IN PERSONNEL

CAROLLO (Surname) Domenic (First name) (Middle initial) 214 - 599 (Service No.) Surfman (Rank or rating)

Sheboygan Station (Unit) Sheboygan, Wisconsin (Place) 5 November, 1939 (Date)

Discharged at expiration of enlistment this date.

Issued Honorable Discharge No. A-56247

AUTHORITY: Article 461 & 461 (a), Regulations.

A. E. Kristofferson
A.E.Kristofferson
(Commanding)

Boatswain (L)
(Title)

Reenlisted next day

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
			X/15

U. S. GOVERNMENT PRINTING OFFICE 0 10935

REMARKS:

cy VA

CERTIFICATE

I / We certify that I / we have personally made this physical examination and find that Dominic Carollo

He is physically qualified for RE-ENLISTMENT
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of SURFMAN
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

Geo. H. Acheson
Asst. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

Sheboygan, Wisconsin
(Place) 20 October 1939
(Date)

Place

From: Officer in Charge, Sheboygan Station.

To: Commandant.

1. Forwarded for action. Present status:

Surfman

A.E. Kristofferson
A.E. Kristofferson, Bos'n (R)
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

OCT 25 1939
(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

W. Guthrie
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

OCT 26 1939
(Date)

From: Commandant.

To: Commander, Chicago District.

1. REENLISTMENT AUTHORIZED; STE ONLY

Insert this copy in health record.

By direction,

R. E. Allison
Chief, Personnel Section.

CHIEF, ENLISTED PERSONNEL SECTION

U.S. GOVERNMENT PRINTING OFFICE 2—10141

Re-6K-STE
Yea

Carollo, Dominic

U. S. COAST GUARD

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

R C'D OCT 25 1939

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name CAROLLO, Domenic Service Number 214-599
(Surname first)

Age: Years 27 Months 9 Color White

For: Special temporary enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating

Place Sheboygan, Wis Date October 20, 1939

Personal Medical History Pneumonia at 10

Vision: R.E. 20/20 L.E. 20/20 Corrected: R.E. 20/ L.E. 20/

Color blind? No Test used Kanehara chart

Hearing: Conversational speech R.E. 30/30 L.E. 30/30

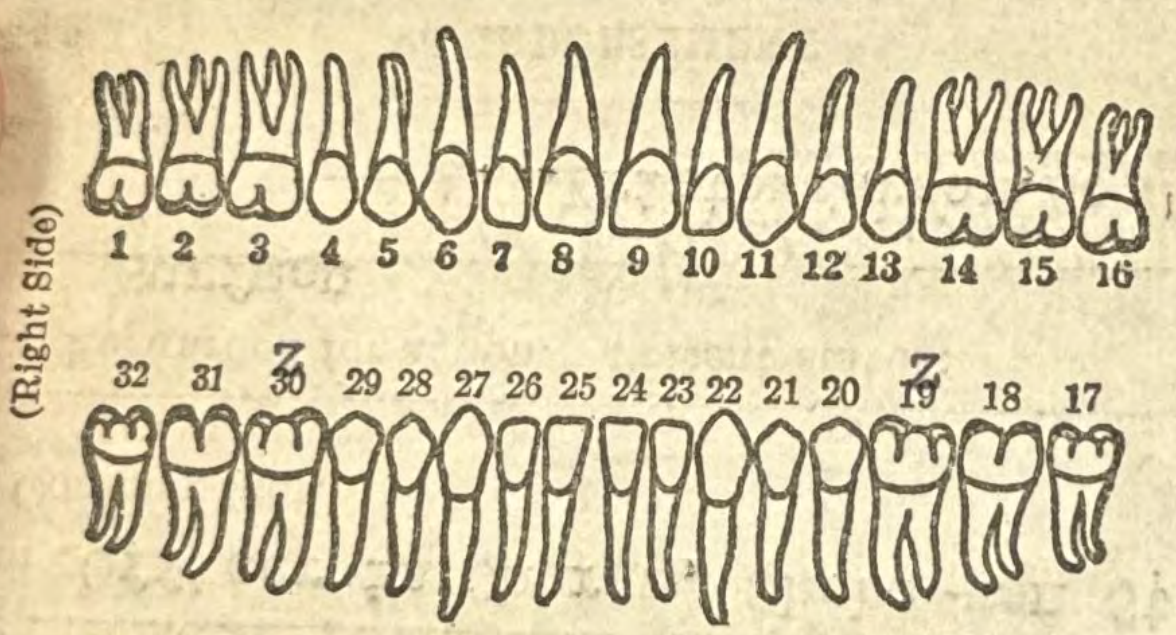
Eyes, eyelids, and reflexes Negative

Ears: Right Negative Left Negative
(Condition of drum, discharge, etc.)

Head, face, and neck Negative

Mouth, nose, and throat Negative

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums Negative Temperature 98.6

Height 71 inches. Weight (stripped) 163 Lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 40 Expiration 36

Heart and blood vessels Negative

Blood pressure: Systolic 124 Diastolic 76

Pulse before exercise 72, after exercise 96, after 2 min. 70

Lungs Negative

Abdomen and pelvis Negative

Genito-urinary organs Negative

Spine and extremities negative

Nervous and mental conditions Negative

Urine: Albumin Neg. Sugar Neg. Casts Neg

PR-73
701

From: Commandant.
To:

Subject:
Vaccination.

Reference: (a) Article 2161 (1) Regulations.

1. The records at Headquarters show that more than five years have elapsed since the above-named man was last vaccinated against smallpox. It is requested that this man be vaccinated as required in Reference (a), and that a suitable report be forwarded to Headquarters upon completion thereof.

2. If this man has been vaccinated recently against smallpox, disregard the instructions contained in this letter.

By direction:

E. T. Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

IN REPLYING REFER 1886-E
TO NO.

ADDRESS ALL COMMUNICATIONS TO:
DIRECTOR,
U. S. COAST GUARD INSTITUTE,
FORT TRUMBULL,
NEW LONDON, CONNECTICUT.

73

UNITED STATES COAST GUARD INSTITUTE
NEW LONDON, CONNECTICUT
20 June, 1939

U. S. COAST GUARD
REC'D, JUN 27 1939 By
ANS.

From: Director.
To: Commander, Eleventh District.

Subject: Completion of rating course for B.M.2c.(L)(96 - 3.84), dated 20 June, 1939, case of CAROLLO, Domenic (214-599), Surf.

Reference: (a) Par. 7 (e) Circular 112, Regulations.
(b) " 7 (f) " " "

Inclosure: 1. Certificate of graduation.

1. The Institute takes pleasure in transmitting herewith inclosure (1) in accordance with reference (a).

2. A copy of this letter should be placed in subject named man's file and proper notations made on the Service Record and Continuous Service Certificate in accordance with reference (b).

Copy to:
HEADQUARTERS

A. G. HALL
Acting

9-8-38-2M

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Office of
DISTRICT COMMANDER
~~COAST GUARD STATION~~
ELEVENTH
DISTRICT

Green Bay, Wisconsin,
(POST OFFICE ADDRESS)

U. S. COAST GUARD (7)
REC'D AUG 8 1938 BY
ANS'D

4 August, 1938

From: Commander, Eleventh District.
To : Commandant, (via Commander, Chicago Division).

Subject: CAROLLO, Domenic (214-599) Surfman; swimming test, ~~ability as a good swimmer.~~

Reference: (a) Article 4181 (1) and sub-paragraphs thereof, Personnel Instructions.

1. The officer in charge of Sheboygan Station informed this office by letter that subject-named man demonstrated his ability as a good swimmer on 29 July, 1938, by passing all tests as set forth in reference (a), at Sheboygan Station.

J. A. OLANDER,
Acting.

- - - -

(14)

U. S. COAST GUARD 4
REC'D JUL 30 1938 By
ANS.

U. S. COAST GUARD
Rec'd JUL 25 1938

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

CAROLLO. (Surname)	Domenic. (First name)	(Middle initial)	(214-599) (Service No.)	Surfman (Rank or rating)

Sheboygan Station (Unit)	Sheboygan, Wisconsin (Place)	23 July, 1938 (Date)

Returned from temporary duty at Camp Logan Rifle Range, Zion, Illinois, at 5:00 a.m. 23 July, 1938
Small arms practice.

AUTHORITY: Article 4741 (3) Personnel Instructions.

A. E. Kristofferson

A. E. Kristofferson, Boatswain(L)
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

(10)

FORM NO. 2599
TREASURY DEPARTMENT
U.S. COAST GUARD
(Revised 1937)

Rec'd JUL 19 1938
OFFICE 11th DIST

U. S. COAST GUARD 2
REC'D JUL 25 1938 By

REPORT OF CHANGE IN PERSONNEL

CAROLLO, (Surname) Domenic. (First name) (Middle initial) (214-599) (Service No.) Surfman (Rank or rating)

Sheboygan Station (Unit) Sheboygan, Wisconsin (Place) 17 July, 1938 (Date)

Departed for temporary duty at Camp Logan, Zion, Illinois at 1300 17 July, 1938
Small arms practice.

AUTHORITY: Article 4741 (3). Personnel Instructions.

A. E. Kristofferson

A. E. Kristofferson, Boatswain(L)
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

(30)

U. S. COAST GUARD 4
REC'D JUL 5 - 1938 By

Form No. 2598
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD
Rec'd JUN 30 1938
OFFICE 11th DISTRICT

REPORT OF CHANGE IN PERSONNEL

CAROLLO,	Domenic		(214-559)	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Sheboygan Station	Sheboygan, Wisconsin	28 June, 1938
(Unit)	(Place)	(Date)

Reported for duty at 1945 28 June, 1938 from temporary duty at Two Rivers Station in connection with the boat races held in the Eleventh District.

AUTHORITY: DistCL 9 June, 1938 (542-670).

A. E. Kristofferson
A. E. Kristofferson
(Commanding)

Boatswain(L).
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
		2	CP

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD 4
REC'D JUL 5 - 1938 By

Rec'd JUN 30 1938
OFFICE 11th DISTRICT

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic	- - - -	214-599	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Two Rivers Station	Two Rivers, Wisconsin.	28 June 1938
(Unit)	(Place)	(Date)

1800 this date the above named man departed for Sheboygan Station from temporary duty at this unit. This man is attached to Sheboygan Station.

No leave or travel time granted enroute.

AUTHORITY: DistCL 9 June 1938 (542-670)

Richard F. Peters
Richard F. Peters, C.B.M. (L)
(Commanding)

Officer in Charge.
(Title)

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LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
		L	CP

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U. S. COAST GUARD
Rec'd JUN 20 1938
OFFICE 11th DISTRICT

U. S. COAST GUARD (4)
REC'D JUN 27 1938
ANS'D

Form No. 2599

REPORT OF CHANGE IN ENLISTED PERSONNEL

CAROLLO	Domenic	214-599	Surfman
(Surname)	(First Name)	(Number)	(~~xxxxx~~or Rating)

Two Rivers Station	Two Rivers, Wisconsin	17 June 1938
(Unit)	(Place)	(Date)

Above named man/~~as a member of rowing crew~~ from Sheboygan Station reported to Two Rivers Station for temporary duty at 1700 this date.

No leave or travel time granted enroute.

Authority: DistCL 9 June 1938 (542-670)

Richard F. Peters
Richard F. Peters, C.B.M. (L)
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	INDEX	UNIT	RATING

(6) REC'D JUN 21 1938 By

ANS'D

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD
Rec'd JUN 21 1938
OFFICE 11th DISTRICT

REPORT OF CHANGE IN PERSONNEL

CAROLLO (Surname) Domenic (First name) (Middle initial) (214-599((Service No.) Surfman (Rank or rating)

Sheboygan Station (Unit) Sheboygan, Wisconsin (Place) 17 June,1938 (Date)

Departed at 1530 17 June,1938 for temporary duty at Two Rivers Station, Two Rivers, Wisconsin.

AUTHORITY: H/L 4 May,1937 (PR-542-670).
DcL 9 June,1938 (542-670).

A. E. Kristofferson
A. E. Kristofferson (Commanding)

Boatswain (L). (Title)

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LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

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U. S. COAST GUARD
REC'D JUN 6 - 1938 By
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U.S. COAST GUARD
Rec'd MAY 28 1938
OFFICE 11th DISTRICT

FORM NO. 2599 No. 6

REPORT OF CHANGE IN ENLISTED PERSONNEL

CAROLLO, ... Domenic ..... 214-r-599 ..... Surfman .....
(Surname) (First name). (Number) (Rank or Rating).

. Sheboygan Station ..... . Sheboygan, Wisconsin . 26 May, 1938 .....
(Unit) (Place) (Date).

Returned at 2:45 p.m. 26 May, 1938 from temporary duty at the Sturgeon Bay Canal Target Range, Sturgeon Bay, Wisconsin.

AUTHORITY: Article 4741 Personnel Instructions.

A. E. Kristofferson

..... A.E.Kristofferson
(Commanding)

..... Boatswain (L) .....
(Title)

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LAW	PERSONNEL RECORDS		
	INDEX	UNIT	RATING

Form No. 2399
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U.S. COAST GUARD
REC'D MAY 31 1938 By

Rec'd MAY 27 1938
OFFICE 11th DISTRICT

No. 40 ANS.

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic		214-599	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Sturgeon Bay Canal Station (Rifle Range)	Sturgeon Bay, Wisconsin.	26 May, 1938
(Unit)	(Place)	(Date)

Completed temporary duty on Rifle Range and departed for Sheboygan Station at 1000 1000 this date.

AUTHORITY: Article 4741 (3) Personnel Instructions.
Dist CL 10 May, 1938 (73-671)

Merritt B. Richards, CBM (L)
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

U. S. COAST GUARD
REC'D MAY 19 1938

OFFICE 11th DISTRICT No. 12

REPORT OF CHANGE IN PERSONNEL

CAROLLO	Domenic		214-599	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Sturgeon Bay Canal Station	Sturgeon Bay, Wisconsin	15 May, 1938
(Unit) Rifle Range	(Place)	(Date)

U. S. COAST GUARD
REC'D MAY 23 1938 By
ANS.

Reported for temporary duty at 1900 this date for training in small arms target practice.

This man is attached to Sheboygan Station.

AUTHORITY: Article 4741 (3) Personnel Instructions.
Dist CL 10 May, 1938 (73-671)

Merritt B. Richards
Merritt B. Richards, CBM (L)
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

FORM NO. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Edition 1937)

U. S. COAST GUARD
Rec'd JUN 10 1937
OFFICE 11th DISTRICT

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U. S. COAST GUARD (11)
REC'D JUN 14 1937 By
ANS.

2.

REPORT OF CHANGE IN ENLISTED PERSONNEL

CAROLLO	Domenic	--	214-599	Surfman
(Surname)	(First name)	(Middle initial)	(Service No)	(Rank or rating)

Sheboygan Station	Sheboygan, Wisconsin	7 June, 1937.
(Unit)	(Place)	(Date)

Returned and resumed regular duty 1745 5 June, 1937. Was absent receiving training in small arms on Sturgeon Bay Rifle Range, Sturgeon Bay, Wisconsin.

AUTHORITY: CoL 22 May, 1937 (73-671).
Art. 4741-(3), Per. Inst.

Robert Anderson

Robert Anderson, Boatswain (L).
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	INDEX	UNIT	RATING
		X	ES

(Edition 1937)

Rec'd MAY 26 1937 OFFICE 11th DISTRICT

U. S. COAST GUARD (5)
REC'D MAY 29 1937 By
ANS'D

RECEIVED
CHICAGO DIVISION
1937 MAY 27 AM 9 01
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

CAROLLO	Domenic	--	214-599	Surfman
(Surname)	(First name)	(Middle initial)	(Service No)	(Rank or rating)

Sheboygan Station	Sheboygan, Wisconsin,	25 May, 1937.
(Unit)	(Place)	(Date)

Departed 11:30 a.m., 25 May, 1937, for small arms target practice on rifle range at Sturgeon Bay, Wisconsin.

AUTHORITY: CoL 22 May, 1937 (73-671).
Art. 4741-(3), Per. Inst.

Robert Anderson

Robert Anderson. Rosn.(L).
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	INDEX	UNIT	RATING
		X	E5

73

TOR.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

1936 DEC 9 AM 9:12 GREEN BAY, WIS.

73

FILE E.D.

OFFICE OF
DISTRICT COMMANDER
ELEVENTH DISTRICT

8 December, 1936.

COMMUNICATION CENTER
CHICAGO

U. S. COAST GUARD (2)
REC'D DEC 11 1936 By
ANS'D

From: Commander, Eleventh District.
To : Commandant.

Subject: CAROLLO, Domenic (214-599) Surfman; vaccination and inoculation.

Reference: (a) Headquarters' letter, 3 December, 1936 (PR-73).
(b) Form 2522, case of subject man, Return Medical Certificate dated 18 November, 1936, and Final Medical Certificate dated 2 December, 1936.

1. In reply to reference (a) Headquarters is advised that subject man was vaccinated against smallpox on 18 November, 1936, and inoculated against typhoid fever on 18, 25 November, 1936, and 2 December, 1936. Reference (b) showing record of vaccination and inoculations in this case were forwarded to Headquarters on 7 December, 1936.

S. B. JOHNSON.

CHICAGO DIVISION - 73 FIRST INDORSEMENT. CHICAGO, ILLINOIS.
9 DECEMBER, 1936.

From: Commander, Chicago Division.
To: Commandant.

1. Forwarded.

FILE F.W.

U. S. COAST GUARD
REC'D DEC 11 1936
MEDICAL SECTION.

LeROY REINBURG.

E.F. PALMER
CHIEF OF STAFF.

PR-73

PEF

3 December, 1936.

From: Commandant,
To: Commander, Eleventh District.

Subject: CAROLLO, Dominic (214-599) surfman.

Vaccination and Inoculation.

Reference: (a) Article 2161, Regulations.
(b) Article 2162, Regulations.

1. You are directed to have the above-named man immediately vaccinated against smallpox and inoculated against typhoid fever and to forward a suitable report to Headquarters upon completion thereof.

By direction:

E. T. Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

MAILED
DEC 3 - 1936

U. S. COAST GUARD
Rec'd NOV 7 1936
OFFICE 11th DISTRICT

73

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CHICAGO DIVISION
1936 NOV 17 AM 9:11
U. S. COAST GUARD

U. S. COAST GUARD (1)
REC'D NOV 19 1936 BY
ANS'D

(2)

Form 2599
TREASURY DEPARTMENT
U. S. Coast Guard

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Sheboygan Station Eleventh District Place Sheboygan, Wisconsin. Date 6 November, , 1936

CAROLLO, Domenic (214-599) Surfman
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

Enlisted above named man as Surfman for a term of three years 6 November, 1936 and assigned to duty at this station. (Special Temporary Enlistment)

Disciplinary action:

Authority: Headquarters' Letter, 1 September, 1936 (P-702).
Headquarters' Third Indorsement on Form 2525-B, dated 29 October, 1936, for above named man.

Albert G. Delimater
Albert G. Delimater
(Signature)

Acting Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	A & P	LAW	PERSONNEL RECORDS		
			CORRESPONDENCE	STATISTICS	RECORDS
Initials					

U.S. GOVERNMENT PRINTING OFFICE 2-13272

DEC 4 1936

REMARKS: No Defects Noted

CERTIFICATE

~~I~~ } certify that { I } have personally made this physical examination and find that

He is physically qualified for Sp.Temp.Enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of Surfman
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

No Defects Noted

Surgeon, U.S. Public Health Service.
A. A. SURG. M. D. ROBERTS, U. S. P. H. S.

1st INDORSEMENT

26 October, 1936
(Date)

Place Off. Comd'r, 11th Dist, Green Bay, Wisc.

From: Commander, Eleventh District.

To: Commandant.

1. Forwarded for action. Present status:

Applicant for enlistment, STE.

S. B. JOHNSON
~~Commanding~~ Dist. Comdr. Or Asst. Chief

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

OCT 29 1936
(Date)

The findings of the certificate are not approved

By direction of the Medical Director:

By direction of the Surgeon General:

T. LeBLANC,
Medical Director, U.S. Public Health Service.
CHIEF PHARMACIST.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.
29 October, 1936
(Date)

From: Commandant.

To: Commander, Eleventh District.

1. ENLISTMENT AUTHORIZED STE. ONLY

Insert this copy in health record.

By direction,

E. T. OSBORN,
Chief, Enlisted Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE: 1934 2—16141

rl

Copy mailed 10-30-36

CAROLLO domestic

U. S. COAST GUARD

Rec'd OCT 26 1936

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD OFFICE 11th DISTRICT

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name CAROLLO Domenic (Surname first) Service Number _____

Age: Years 24 Months 9 Color White, U.S.

For: Special Temporary
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Surfman

Place USPHS, Hancock, Michigan Date 26 October 1936

Personal Medical History

Negative

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ -- L.E. 20/ --

Color blind? No Test used Kanehara

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

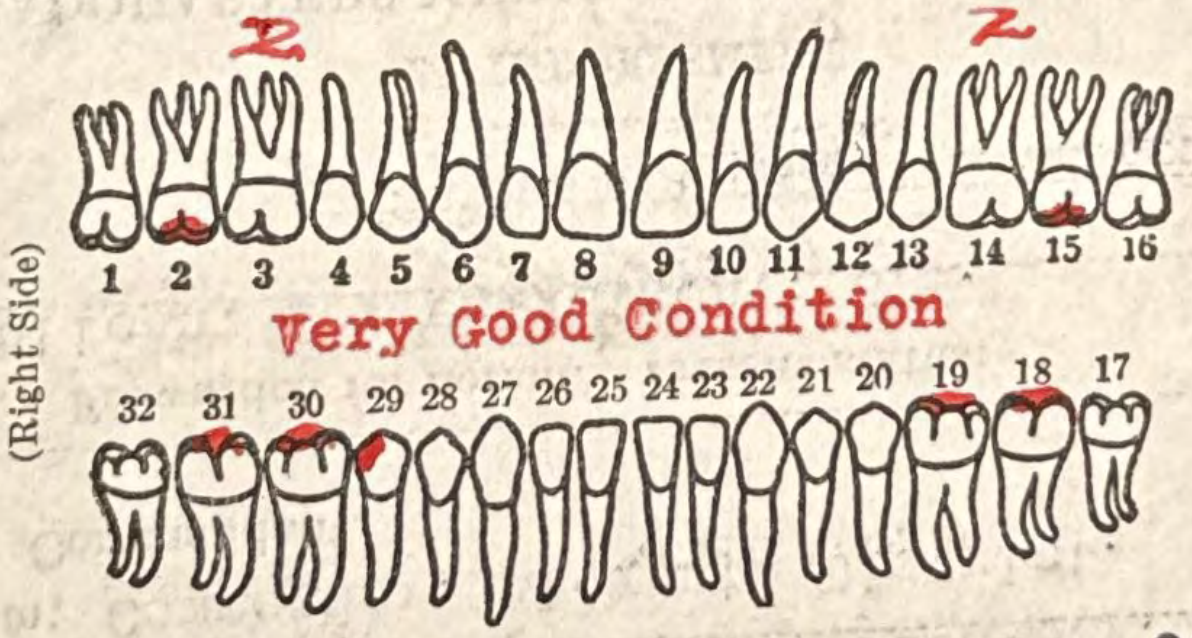
Eyes, eyelids, and reflexes Normal, Equal, Active, Reg,

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 98.6

Height 70 1/2 inches. Weight (stripped) 143 Lbs. Obesity None

Skin Clear

Lymph. glands Normal

Chest: Inspiration 37 1/2 Expiration 33 1/2

Heart and blood vessels Normal

Blood pressure: Systolic 130 Diastolic 78

Pulse before exercise 78, after exercise 94, after 2 min. 80

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental condition Normal

Urine: Albumin Neg. Sugar Neg. Shreds None

Microscopical exam. (if indicated) epithelia Not made Sp. Gr. 1.020

Blood cells ------ Pus cells ------ Casts ------

Urates ------ Whites ------ Negative

U. S. COAST GUARD
Rec'd NOV 7 1936
OFFICE 11th DISTRICT

CATION AND SPECIAL DUALIFICATI

NOTE: This form to be filled out by enlisted men upon original entry into the Coast Guard and forwarded to Headquarters with enlistment papers.

RECEIVED
CHICAGO DIVISION

CAROLLO, Domenic — 1936 NOV 17 AM 9 11 — (214-599) — Surfman
Name in full - surname to left — Service number — Rating

U. S. COAST GUARD

EDUCATION

(a) Grammar School: Completed the 8th grade
Indicate here the highest grade completed

(b) High School: Four
Indicate number of years attended

(c) College: None
Indicate years attended, name of college, degrees if

None
any attained, any special or scientific course pursued and completed

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Book-Keeper	( )
Carpenter	( )	Cabinet-Maker	( )
Draftsman	( )	Dentist	( )
Electrician (General)	( )	Electrician(Telephone)	( )
Engraver	( )	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	( )		

Set forth briefly, yet succinctly, below any previous experience or training not covered above. Also set forth such remarks as will 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:

None

Reverse side of form may be utilized if required.