SR# 2-30103488275

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

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

2-DTUU88Q

Non-Registry Block:

Registry Number: ***B0001 068 698***

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

Reg Veteran's Name: *PARMENTER WILLIAM*

SR Veteran's Name: *PARMENTER, WILLIAM P*

SSN:

DOB: *01/01/1907*

POB: *ME*

SVN/SSN: *000108157*

Service Code: *CG*

Service Number:

SR Number: 2-30103488275

Search Section: 2

Record Charged to:

Name: Kevin Helenthal
Room#: 148
Phone#:

Core: Archival
Team: Public Research Room

Searcher Name: KEWILLIAMS

Initials: _____

Date: _____

Notes:

2-DTUU88Q

All Records Ordered for this Service Request:
2-DTUU88Q

DET Archive
JHL 10-18-24
Pull Wand 10-18-24
MC

Service Request Received in Center Date:		10/10/2024 00:00:00
Search Request Created By:	KHELENTHAL	10/10/2024 07:32:28
Search Request Printed By:	KECHOLS	10/10/2024 12:10:42

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

(60)

PE-PR-50

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last) (First) (Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
108-157	PARMENTER, William Pinkham	BM1	HS4

5. PLACE OF BIRTH (City) (State)	6. DATE OF BIRTH DA. / MO. / YR.	7. RELIGION	8. CITIZENSHIP
Boothbay Harbor, Maine	25 / 3 / 07	Protestant	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street) (City) (County) (State)
Married	Vinalhaven, Maine Box # A

11. DATE OF OATH DA. / MO. / YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
21 / 12 / 54	[ ] FIRST ENLISTMENT [X] REENLISTMENT	Six (6) YRS.	UNK	[X] YES [ ] NO

16. ACCEPTED AT (City) (State)	17. ENLISTED AT (Unit) (City) (State)
Rockland Maine	CG Group Office Rockland Maine

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.

20. DATE LAST ENL. DA. / MO. / YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA. / MO. / YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
21 / 12 / 48	U.S. COAST GUARD	20 / 12 / 54	Honorable	18 YRS. 01 MOS. 06 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA. / MO. / YR.	27. TRANSFERRED TO	
18 YRS. 01 MOS.		Retained on Board enlisting unit	[X] Active duty for [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
Male	Caucasian	Brown	Hazel	5'7½"	150	Ruddy

29. MARKS AND SCARS

None

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

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Merritt O. Wright, CHBOSN of the United States Coast Guard, as follows:

Merritt O. Wright

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 { -6- years from 21 December, 1954 / during minority until 20 December, 1960 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

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

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

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

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

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

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

Signature in own handwriting (surname to right) William P Parmenter William P. Parmenter

Subscribed and sworn to before me this 21 day of December, A. D. 19 54. Citizenship substantiated and contract perfected.

Signature and Grade M.O. WRIGHT, CHBOSN, USCG Official Title Commander, Group Rockland, Me

READ CAREFULLY

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

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

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

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

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

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

INSTRUCTIONS

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

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

All signatures shall be made in blue or black ink.

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

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

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

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

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

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

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	21 December 1954
LOCATION (City and state)			PERIOD OF ENLISTMENT OR REENLISTMENT
Rockland, Maine.			Reenlisted for Six (6) 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
20 December 1954	Honorable	Expiration of Enlistment

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
06	00	00	18	01	06	None

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
UNK Got paid $50.00 for 3 years Allowance	None

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)

Entitled to 6 full months basic pay for Reenlisting for 6 (6) years.

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.
CG Group Rockland, Maine	L. A. SEPPALA, CPGLK, USCG
P. O. ORDER NO. / TYPED NAME, GRADE AND TITLE	SIGNATURE
176-65-85 L.O. WRIGHT, CWSOM, USCG	
NAME (Last, first, middle)	SERVICE NO. / RATE
PARMENTER, William Pinkham	

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-261738

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
PARMENTER, William Pinkham	108-157	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)*: Frances Edwina Parmenter — RELATIONSHIP *(If friend, so state)*:

ADDRESS *(Number, street, city, zone, and State)*: 12 Giles Place, Boothbay, Harbor, Maine

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)*	ADDRESS *(Number, street, city, zone, and State)*
Frances Edwina Parmenter	12 Giles Place, Boothbay Harbor, Maine

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
Perry (n) Parmenter	12 Giles Place, Boothbay Harbor,		X	X		14

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Glaude Lewis Parmenter	Atlantic Ave. Boothbay Harbor, Maine
9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Theresa May Parmenter	Atlantic Ave. Boothbay Harbor, Maine

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: Claude Lewis Parmenter — RELATIONSHIP: Father

ADDRESS *(Number, street, city, zone, and State)*: Atlantic Ave. Boothbay Harbor, Maine.

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: Theresa May Parmenter — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: Atlantic Ave Boothbay Harbor, Maine.

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: Frances Edwina Parmenter — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 12 Giles Place, Boothbay Harbor, Maine. — RECEIVE EACH MONTH: 100 % ~~OF MY PAY.~~

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Heron Neck L/S Vinalhaven, Maine.	12-12-54	William Pinkham Parmenter WILLIAM PINKHAM PARMENTER

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:

16—61480-1 U. S. GOVERNMENT PRINTING OFFICE: 1950—O-873269

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
67½"	150	Brown	Brown	☐	☒ X	☐	☐	98.6

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

		SYS.	DIAS.
SITTING		118	72
RECUMBENT		120	76
STANDING (3 min.)		118	76

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	112	72	72	76

59. DISTANT VISION

RIGHT 20/ 20 CORR. TO 20/

LEFT 20/ 20 CORR. TO 20/

60. REFRACTION

BY S. CX

BY S. CX

61. NEAR VISION

CORR. TO BY

CORR. TO BY

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

63. ACCOMMODATION

RIGHT Normal LEFT Normal

64. COLOR VISION (*Test used and result*)

Normal PIP

65. DEPTH PERCEPTION (*Test used and score*)

UNCORRECTED

CORRECTED N F A

66. FIELD OF VISION

Normal

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 2890	4000 4096	8000 8192	
RIGHT				F			A	
LEFT								

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

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

I agree with the findings hereon:

William P Parmenter

William P Parmenter

(*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

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE Orran R. Lowry, M.D.

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

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 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.
PARMENTER, William P.	BM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Vinalhaven, Maine.	Reenlistment	12-2-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	18		U.S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 March 1907	Boothbay Habor, Maine	Mrs. William P. Parmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
ORAM R. LAWRY, M.D. Rockland, Maine.	

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

CLINICAL EVALUATION

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

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

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.014

ALBUMIN	SUGAR	MICROSCOPIC
Neg	Neg	Neg

46. CHEST X-RAY (*Place, date, film number, result*)

47. SEROLOGY (*Specify test used and result*)

48. EKG

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS

16—62288-1

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

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

STANDARDS OF CONDUCT

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

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

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

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

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

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

MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

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

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

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

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

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

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

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

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

Young Communist League.
Abraham Lincoln Brigade.
Abraham Lincoln School, Chicago, Illinois.
Action Committee to Free Spain Now.
American Association for Reconstruction in Yugoslavia, Inc.
American branch of the Federation of Greek Maritime Unions.
American Christian Nationalist Party.
American Committee for European Workers' Relief.
American Committee for Protection of Foreign Born.
American Committee for the Settlement of Jews in Birobidjan, Inc.
American Committee for Spanish Freedom.
American Committee for Yugoslav Relief, Inc.
American Committee to Survey Labor Conditions in Europe.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity.
American Council on Soviet Relations.
American Croatian Congress.
American Jewish Labor Council.
American League Against War and Fascism.
American League for Peace and Democracy.
American Lithuanian Workers Literary Association (*also known as Amerikos Lietuviu Darbininku Literaturos Draugija*).
American National Labor Party.
American National Socialist League.
American National Socialist Party.
American Nationalist Party.
American Patriots, Inc.
American Peace Crusade.
American Peace Mobilization.
American Poles for Peace.
American Polish Labor Council.
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*).
American-Russian Fraternal Society.
American-Russian Institute, New York (*also known as the American Russian Institute for Cultural Relations with the Soviet Union*).
American Russian Institute, Philadelphia.
American Russian Institute of San Francisco.
American Russian Institute of Southern California, Los Angeles.
American Slav Congress.
American Women for Peace.
American Youth Congress.
American Youth for Democracy.
Armenian Progressive League of America.
Associated Klans of America.
Association of Georgia Klans.
Association of German Nationals (*Reichsdeutsche Vereinigung*).
Association of Lithuanian Workers (*also known as Lietuviu Darbininku Susivienijimas*).
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party.
Baltimore Forum.
Black Dragon Society.
Boston School for Marxist Studies, Boston, Massachusetts.
Bridges-Roberton-Schmidt Defense Committee.
Bulgarian American People's League of the United States of America.
California Emergency Defense Committee.
California Labor School, Inc., 216 Market Street, San Francisco, California.
Carpatho-Russian People's Society.
Central Council of American Women of Croatian Descent (*also known as Central Council of American Croatian Women, National Council of Croatian Women*).
Central Japanese Association (*Beikoku Chuo Nipponjin Kai*).
Central Japanese Association of Southern California.
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*).
Cervantes Fraternal Society.
China Welfare Appeal, Inc.
Chopin Cultural Center.
Citizens Committee to Free Earl Browder.
Citizens Committee for Harry Bridges.
Citizens Committee of the Upper West Side (*New York City*).
Citizens Emergency Defense Conference.
Citizens Protective League.
Civil Rights Congress and its affiliated organizations, including:
- Civil Rights Congress for Texas.
- Veterans Against Discrimination of Civil Rights Congress of New York.

Columbians.
Comite Coordinator Pro Republica Espanola.
Committee to Aid the Fighting South.
Committee for a Democratic Far Eastern Policy.
Committee for Constitutional and Political Freedom.
Committee for the Defense of the Pittsburgh Six.
Committee for Nationalist Action.
Committee for the Negro in the Arts.
Committee for Peace and Brotherhood Festival in Philadelphia.
Committee for the Protection of the Bill of Rights.
Committee for World Youth Friendship and Cultural Exchange.
Committee to Defend Marie Richardson.
Committee to Uphold the Bill of Rights.
Commonwealth College, Mena, Arkansas.
Connecticut Committee to Aid Victims of the Smith Act.
Connecticut State Youth Conference.
Congress of American Revolutionary Writers.
Congress of American Women.
Council on African Affairs.
Council of Greek Americans.
Council for Jobs, Relief, and Housing.
Council for Pan-American Democracy.
Croatian Benevolent Fraternity.
Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*).
Daily Worker Press Club.
Daniels Defense Committee.
Dante Alighieri Society (*Between 1935 and 1940*).
Dennis Defense Committee.
Detroit Youth Assembly.
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*).
Families of the Baltimore Smith Act Victims.
Families of the Smith Act Victims.
Federation of Italian War Veterans in the U.S.A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America*).
Finnish-American Mutual Aid Society.
Frederick Douglass Educational Center.
Freedom Stage, Inc.
Friends of the New Germany (*Freunde des Neuen Deutschlands*).
Friends of the Soviet Union.
Garibaldi American Fraternal Society.
George Washington Carver School, New York City.
German-American Bund (*Amerika-deutscher Volksbund*).
German-American Republican League.
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*).
Harlem Trade Union Council.
Hawaii Civil Liberties Committee.
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heijaku Gimusha Kai and Zaibei Heimusha Kai (*Japanese Residing in America Military Conscripts Association*).
Hellenic-American Brotherhood.
Hinode Kai (*Imperial Japanese Reservists*).
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese War Veterans*).
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*).
Hollywood Writers Mobilization for Defense.
Hungarian-American Council for Democracy.
Hungarian Brotherhood.
Independent Socialist League.
Industrial Workers of the World.
International Labor Defense.
International Workers Order, its subdivisions, subsidiaries and affiliates.
Japanese Association of America.
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*).
Japanese Overseas Convention, Tokyo, Japan, 1940.
Japanese Protective Association (*Recruiting Organization*).
Jefferson School of Social Science, New York City.
Jewish Culture Society.
Jewish People's Committee.
Jewish People's Fraternal Order.
Jikyoku Lin kai (*The Committee for the Crisis*).
Joint Anti-Fascist Refugee Committee.
Joint Council of Progressive Italian-Americans, Inc.
Joseph Weydemeyer School of Social Science, St. Louis, Missouri.
Kibei Seinen Kai (*Association of U.S. citizens of Japanese ancestry who have returned to America after studying in Japan*).
Knights of the White Camellia.
Ku Klux Klan.
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*).
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*).

Labor Council for Negro Rights.
Labor Research Association, Inc.
Labor Youth League.
League of American Writers.
Lictor Society (*Italian Black Shirts*).
Macedonian-American People's League.
Mario Morgantini Circle.
Maritime Labor Committee to Defend Al Lannon.
Massachusetts Minute Women for Peace
Maurice Braverman Defense Committee.
Michigan Civil Rights Federation.
Michigan School of Social Science.
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*).
National Association of Mexican Americans (*also known as Asociacion Nacional Mexico-Americana*).
National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942).
National Committee for the Defense of Political Prisoners.
National Committee for Freedom of the Press.
National Committee to Win the Peace.
National Conference on American Policy in China and the Far East (*a Conference called by the Committee for a Democratic Far Eastern Policy*).
National Council of Americans of Croatian Descent.
National Council of American-Soviet Friendship.
National Federation for Constitutional Liberties.
National Labor Conference for Peace.
National Negro Congress.
National Negro Labor Council.
Nationalist Action League.
Nationalist Party of Puerto Rico.
Nature Friends of America (*Since 1935*).
Negro Labor Victory Committee.
New Committee for Publications.
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*).
North American Committee to Aid Spanish Democracy.
North American Spanish Aid Committee.
North Philadelphia Forum.
Northwest Japanese Association.
Ohio School of Social Sciences.
Oklahoma Committee to Defend Political Prisoners.
Original Southern Klans, Incorporated.
Pacific Northwest Labor School, Seattle, Washington.
Palo Alto Peace Club
Partido del Pueblo of Panama (*operating in the Canal Zone*).
Peace Information Center.
Peace Movement of Ethiopia.
People's Drama, Inc.
People's Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*), also known as People's Educational Center, People's University, People's School
People's Institute of Applied Religion.
People's Radio Foundation, Inc.
Philadelphia Labor Committee for Negro Rights.
Philadelphia School of Social Science and Art.
Photo League (*New York City*).
Political Prisoners' Welfare Committee.
Polonia Society of the IWO.
Progressive German-Americans, also known as Progressive German-Americans of Chicago.
Proletarian Party of America.
Protestant War Veterans of the United States, Inc.
Provisional Committee of Citizens for Peace, Southwest Area.
Puertorriquenos Unidos (*Puerto Ricans United*).
Quad City Committee for Peace.
Revolutionary Workers League.
Romanian-American Fraternal Society.
Russian American Society, Inc.
Sakura Kai (*Patriotic Society, or Cherry Association, composed of veterans of Russo-Japanese War*).
Samuel Adams School, Boston, Mass.
Santa Barbara Peace Forum.
Schappes Defense Committee.
Schneiderman-Darcy Defense Committee.
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington.
Serbian-American Fraternal Society.
Serbian Vidovdan Council.
Shinto Temples.
Silver Shirt Legion of America.
Slavic Council of Southern California.
Slovak Workers Society.
Slovenian-American National Council.
Socialist Workers Party, including American Committee for European Workers' Relief.
Socialist Youth League.
Sokoku Kai (*Fatherland Society*).
Southern Negro Youth Congress.
Suiko Sha (*Reserve Officers Association, Los Angeles*).
Tom Paine School of Social Science, Philadelphia, Pennsylvania.
Tom Paine School of Westchester, New York.
Tri-State Negro Trade Union Council.
Ukranian-American Fraternal Union.
Union of American Croatians.
Union of New York Veterans.
United American Spanish Aid Committee.
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations.
United Committee of South Slavic Americans.
United Harlem Tenants and Consumers Organization.
United May Day Committee.
United Negro and Allied Veterans of America.
Veterans of the Abraham Lincoln Brigade.
Voice of Freedom Committee.
Walt Whitman School of Social Science, Newark, New Jersey.
Washington Bookshop Association.
Washington Committee to Defend the Bill of Rights.
Washington Committee for Democratic Action.
Washington Commonwealth Federation.
Washington Pension Union.
Wisconsin Conference on Social Legislation.
Workers Alliance (*since April 1936*).
Workers Party (*including Socialist Youth League*).
Yiddisher Kultur Farband.
Yugoslav-American Cooperative Home, Inc.
Yugoslav Seamen's Club, Inc.

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

American Polish League

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

CERTIFICATION

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

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

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

NONE

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NO. (*If any*)	SIGNATURE OF PERSON MAKING CERTIFICATION
William P Parmenter	108-157	William Pinkham Parmenter

GIVEN UNDER MY HAND THIS 10 DAY OF December 1954 AT CG Group Rockland, Me

TYPED NAME, GRADE AND ORGANIZATION OF WITNESSING OFFICER	SIGNATURE OF WITNESSING OFFICER
M.O. WRIGHT, CHBOSN, USCG, COMMANDING OFFICER	

☆ U. S. GOVERNMENT PRINTING OFFICE : 1954 O—288065

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 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
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":

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
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

William P Parmenter

William P Parmenter

SIGNATURE OF WITNESSING OFFICER

M.O. WRIGHT, CHPOSN, USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

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
PARMENTER, William Pinkham	108-157	BM1 5-1-43	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
		20	DEC	54	Discharge

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Expiration of Enlist. Art: 12-3-42 CG Regulations	CG Group Rockland, Maine.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
25	March	07	Boothbay Harbor, Maine	Male	Cauc	Brown	Hazel	5'7½"	150

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: BM1

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., City, County and State)
21	DEC	48	Rockland, Maine.	Vinalhaven, Maine.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (CG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	12	01	06
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	06	00	00
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	00	00	00
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	18	01	06

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

26. FOREIGN AND/OR SEA SERVICE: YEARS — MONTHS — DAYS —

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

Good Conduct Medal: National Defense Service Medal:

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Heron Neck Light Station	None

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

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver—premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
- - - - - - - - - - - -	☐ YES ☐ NO ☐ UNKNOWN	- - - - - - - - - - - -	- - - - - - - - - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$899.25	$0.00	L. A. SEPPALA, CPCLK, USCG, AOO 1373

AUTHENTICATION

38. REMARKS (Continue on reverse)

Recommended for Reenlistment
Reenlisted 21 December 1954 for (6) Six years

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed)

M. O. WRIGHT, CWOSN, USCG

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPLIED 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: YES	NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAM-MAR	HIGH SCHOOL	COL-LEGE	DEGREE (S)	MAJOR COURSE OR FIELD
X		Married	8	4	0	none	General

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State): Vinalhaven, Maine Box # A

48. SIGNATURE OF PERSON BEING SEPARATED: William P. Parmenter

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

DD, FORM 1 JUL 52 214 EDITION OF 1 JAN 50 IS OBSOLETE.

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD, NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C. MARINE CORPS: DIS OR RETD AFFIX TO SRB OR OOR TR TO INACTIVE DU FWD TO CMC (CODE DGH). COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-[illegible] (REV. 11-53)

APPLICATION FOR LEAVE OF ABSENCE

4/5/5

UNIT	ADDRESS	DATE
Heron Neck Light Station	Vinalhaven, Maine.	7 October 1954

FROM (REQUESTER):	TO	VIA:
PARMENTER, William B. (108-157) BM1	Commander, CG Group Rockland Maine.	

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT
15 ALREG	7 October 1954	

ADDRESS ON LEAVE WILL BE Vinalhaven, Maine.

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).

William B. Parmenter
SIGNATURE OF APPLICANT William B. Parmenter

End.-1 Unit: Commander, CG Group Rockland Me Date 7 October 1954

Date current leave accounting period began	1 July 1954	Balance brought forward beginning of present accounting period	60
Number days' leave used during current accounting period	00	Date of expiration of current enlistment	21 December 1954

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

M.O. WRIGHT, CHBOSN, USCG, CO.
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Commander, CG Group Rockland, Maine Date 7 October 1954

☒ Returned, GRANTED 15 days. ☐ REGULAR ☐ ADVANCE ☒ ACCRUED (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

M.O. WRIGHT, CHBOSN, USCG, CO.
(Signature, grade, and title)

End.-4 Unit: Commander, CG Group Rockland Me Date 7 October 1954

Departed at 0900, this date. This leave expires before 0900, 23 October 1954

at This Unit and is subject to the instructions on the reverse hereof.

M.O. WRIGHT, CHBOSN, USCG, CO.
(Signature, grade, and title)

End.-5 Unit: Commander, CG Group Rockland, Me Date 23 October 1954

Reported at 0900, this date, having used 15 ALREG days' leave.

M.O. WRIGHT, CHBOSN, USCG, CO.
(Signature, grade, and title)

16—40220-4

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

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

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

INSTRUCTIONS FOR PERSONNEL ON LEAVE

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

U. S. GOVERNMENT PRINTING OFFICE 16—40220-4

120-55-85

Commander, CG Group Rockland, Maine.0 25 October 1954

1954

108-157 PARMENTER, William P. CREDIT IV RATS: LV fm0900 10-7-54 to 0900 23 October 1954. 15 days charged to leave account. NOT AOL: 10/8 10/22

STOP SUBS: @ 2.57 fm 0900 10-7-54 to 10-23-54. 10/7 10/23

(120)

M.O. WRIGHT, CHBOSN, USCG, CO.

Commander, CG Group Rockland, Me. 7 June 1954

1954

108-157	PARMENTER, William P.	CREDIT LV RATS. AL fm 0800. 5/11/54 to 0900 6/6/54 Not AOL 20 days charged to leave account	5/12	6/5
		STOP SUBS @ 2.57 fm 0800 5/11/54 to 0900 6/6/54	5/11	6/6

(276)

M.O. WRIGHT CHBOSN USCG CO

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

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
HERON NECK L/S	Vinalhaven, Maine	10 May, 1954

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P.(108-157)BM1	Commander, CG Group Rockland,	Me.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
20 ALREG	11 May, 1954	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE Vinalhaven, Maine

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 William P Parmenter
William P. Parmenter

End.-1 Unit: Commander, CG Group Rockland, Me. Date 10 May, 1954

Date current leave accounting period began	Balance brought forward beginning of present accounting period
1 July, 1954	60 days
Number days' leave used during current accounting period	Date of expiration of current enlistment
5 days	20 December, 1954

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: Commander, CG Group Rockland, Me. Date 10 May, 1954

☒ Returned, GRANTED 20 days.

☐ ADVANCE Regular Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

M. O. WRIGHT, CHBOSN, USCG, CO
(Signature, grade, and title)

End.-4 Unit: Commander, CG Group Rockland Me. Date 11 May, 1954

Departed at 0800, this date. This leave expires before 0900, 6 June, 1954

at this unit and is subject to the instructions on the reverse hereof.

M. O. WRIGHT, CHBOSN, USCG, CO
(Signature, grade, and title)

End.-5 Unit: Commander, CG Group Rockland Me. Date 6 June 1954

Reported at 0900, this date, having used 20 ALREG days' leave.

M.O. WRIGHT CHBOSN USCG CO
(Signature, grade, and title)

16—40220-4

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

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

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

INSTRUCTIONS FOR PERSONNEL ON LEAVE

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

U. S. GOVERNMENT PRINTING OFFICE 16—40220-4

276-54-85

Commander, CG Group Rockland, Me. 7 June 1954

1954

108-157	PARMENTER, William P.	CREDIT LV RATS. AL fm 0800. 11 May 1954 to 0900 6 June 1954 NOT AOL 20 days charged to leave account.	5/12 6/5

(276)

M.O. [illegible]RIGHT CHPOSN USCG CO

UNITED STATES COAST GUARD

COAST GUARD GROUP ROCKLAND, MAINE

_____
(Date)

Upon reenlistment in the United States Coast Guard and in compliance with Article 137, Uniform Code of Military Justice, I have read and understand or have had explained to me the provisions of the articles contained in Article 137, Uniform Code of Military Justice.

_____
(Signature)

TO BE COMPLETED SIX MONTHS AFTER ENLISTMENT OR REENLISTMENT

UNIT: Heron Neck S/S

15 May 1954
(Date)

In accordance with the provisions of the Uniform Code of Military Justice, I have reread and/or have had the provisions of Article 137 UCMJ explained to me again this date.

William P Parmenter
William P. Parmenter, BM1
(Signature)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3490 (10-53)

ELECTION OF OPTIONS UNDER THE UNIFORM SERVICE CONTINGENCY OPTION ACT OF 1953

DATE: 4/14/54

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE OR RATE
PARMENTER,	William	P.	108-157	BM1

PERMANENT ADDRESS	STATUS	DATE OF BIRTH	YEARS SERVICE FOR PAY PURPOSES
Vinalhaven, Maine	[X] ACTIVE [ ] INACTIVE [ ] RETIRED	3/25/07	16 Yrs, 10 Mos.
			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.

William P Parmenter
William P. Parmenter, BM1, USCG
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS_____DAY

OF_____, 19_____.

SIGNATURE AND TITLE OF ATTESTING OFFICER OR NOTARY PUBLIC *(Note 7)*

NOTE 1 - If this square is checked, no other information is necessary. Sign and forward form (notarization unnecessary in this case). If you do not now desire to elect an option, a check in the square will not prevent you from electing an option later, *provided you make the election within the time period allowed.*

NOTE 2 - You may elect Option 1, 2, or 3, and you may combine Option 4 with any of these, or you may elect Options 1 and 2, and you may combine Option 4 with either or both. However, the *combined total of options* cannot exceed *one-half* of your reduced retired pay. Be careful that you check the appropriate reduction that you desire.

NOTE 3 - Annuity payments will cease if your widow remarries.

NOTE 4 - Annuity payments will cease when all eligible children reach 18 years of age (or marry prior to reaching that age), except that payments will continue to be made on behalf of mentally incompetent or physically incapacitated children over 18 years of age, provided they are not married and the incompetency or incapacity existed prior to their reaching 18 years of age.

NOTE 5 - Annuity payments will be made to the widow. If she dies or remarries while any children are still eligible, the annuity payments will be made to the eligible children. If no eligible children remain, annuity payments will cease.

NOTE 6 - The combining of Option 4 with any of the options elected will allow the termination of all deductions from retired pay when there is no potential annuitant remaining under the option. If Option 4 is not elected, the deductions will be continued *throughout the life of the member*, whether or not all potential annuitants become ineligible, either by predeceasing the member or for some other reason, such as a child's reaching 18 years of age.

NOTE 7 - "Attesting Officer" may be any officer authorized by the Uniform Code of Military Justice or by Regulations of the Coast Guard.

MAILING INSTRUCTIONS:

Forward original and one copy (both signed and notarized) to:

Commandant (FP)
U. S. Coast Guard
Washington 25, D. C.

GPO 865241

79-53-85

Commander, Group Rockland, Maine

8 September, 1953

1953

108-157	PARMENTER, William P.	CREDIT LV RATS. AL fm 0900, 2 September, 1953 to 0830, 8 September, 1953. NOT AOL. 5 days charged to leave records.	9-3	9-7
		TERMINATE SUBS @ 2.57 fm 0900, 9-2-53 to 0830, 9-8-53.	9-2	9-8

M. O. WRIGHT, CHBOSN, USCG, CO

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
HERON NECK L/S	Vinalhaven, Maine	2 September, 1953

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P. (108-157) BM1	Commande , Group Rockland	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
5		2 September, 1953	-0-	11	20 December, 1954

REASON FOR REQUEST: To visit family

My address on leave will be: Vinalhaven, Maine

I will immediately inform my commanding officer of any change in address while on leave.

William P Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Commander, Group Rockland, Me. Date: 2 September, 1953
Leave record indicates balance of 60 days' annual and _____ days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☒ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

M. O. WRIGHT, CHBOSN, USCG, CO
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Commander, Group Rockland Date: 2 September, 1953
Departed at 0900 this date. This leave of absence will expire before 0900
8 September, 1953, at this unit and is subject to the special instructions indicated on reverse hereof.

M. O. WRIGHT, CHBOSN, USCG, CO
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted _____ days extension of leave to expire before noon, _____
Authority:

Signature and rank Title

Ind.-6 Unit: Commander, Group Rockland Date: 8 September, 1953
Reported at 0830 this date, having taken 5 days' leave and _____ days' TT.

M. O. WRIGHT, CHBOSN, USCG, CO
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16--40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519

16—40220-2

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-46)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
HERON NECK LIGHT STATION	Vinalhaven, Maine	5 May 1953

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P. (108-157) BM1	Comdr., Rockland Group	- - -

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
16	-	5 May 1953	- -	- -	- - - -

REASON FOR REQUEST:

11 days ALREG & 5 days CL.

My address on leave will be: Vinalhaven, Maine

I will immediately inform my commanding officer of any change in address while on leave.

William P. Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: COMDR., ROCKLAND GROUP Date: 5 May 1953

Leave record indicates balance of 41 days' annual and 27 days' earned Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

M. O. WRIGHT, CBOSN, USCG
COMMANDING OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: COMDR., ROCKLAND, MAINE Date: 5 May 1953

Departed at 1000 this date. This leave of absence will expire before 0900 22 May 1953, at this unit, and is subject to the special instructions indicated on reverse hereof.

M. O. WRIGHT, CBOSN, USCG
COMMANDING OFFICER.

Ind.-5 Unit: Date:

Granted ---- days extension of leave to expire before noon, ----

Authority:

Signature and rank Title

Ind.-6 Unit: COMMANDER, ROCKLAND GROUP Date: 22 May 1953

Reported at 0830 this date, having taken 11 days' leave and 5 days' TA CL.

M. O. WRIGHT, CBOSN., USCG
COMMANDING OFFICER.

16-40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

16—40230-2

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Comdr., 1st CG Dist.
1400 Custom House
Boston 9, Mass.

27 January 1953
FILE: P15

From: Commander, 1st CG District
To: PARMENTER, William P.
Via: Commander, Rockland Group

Subj: Good Conduct Award

1. It is a pleasure to award you the enclosed Good Conduct Bar for your three year period of meritorious enlisted service in the United States Coast Guard ending 9-1-48 while attached to the Group Whitehead.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

3. It is requested that receipt for the subject Good Conduct Award be acknowledged by indorsement hereon.

/s/ E. H. LEAVITT
By direction

CC: Service Record
File Jacket
HQ's

Incl: (1) Good Conduct Bar

FIRST ENDORSEMENT to COMONECGD/L dtd 27 January 1953, file P15

29 January 1953

From: PARMENTER, William P.
To: Commander, FIRST Coast Guard District (p)

Receipt of the above award is hereby acknowledged.

/s// William P. Parmenter
BM1, USCG

CERTIFIED TO BE A TRUE COPY:

M. O. WRIGHT, CBOSN., USCG

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Comdr. 1st CG District
1400 Custom House
Boston 9, Mass.

p
25 February 1953
P16-3/MM

From: Commander, First Coast Guard District
To: Commander, CG Group, Rockland, Maine

Subj: PARMENTER, William P. (108-157) BM1; orders, transfer, temporary additional duty made permanent

1. In view of the request contained in your letter dated 18 February 1953, file P16-1, terminate the temporary additional duty of subject named man, at the Heron Neck Light Station, and retain him at that unit for assignment to duty as Officer-in-Charge.

2. No travel deemed necessary in the execution of this order and none is authorized.

3. Proceed time is not authorized.

P. B. MAVOR
By direction

UNITED STATES COAST GUARD

Address reply to:
Comdr., 1st CG Dist.
1400 Custom House
Boston 9, Mass.

27 January 1953

P15

From: Commander, 1st CG District
To: PARMENTER, William P.
Via: Commander, Rockland Group

Subj: Good Conduct Award

1. It is a pleasure to award you the inclosed Good Conduct Bar for your three year period of meritorious enlisted service in the United States Coast Guard ending 9-1-48 while attached to the Group Whitehead.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

3. It is requested that receipt for the subject Good Conduct Award be acknowledged by indoresemtn hereon.

E. H. LEAVITT

By direction

CC: Service Record
File Jacket
HQ's

Incl: (1) Good Conduct Bar

FIRST ENDORSEMENT to COMONECGD/L dtd 27 January 1953, file P15

From: PARMENTER, William P.
To: Commander, FIRST Coast Guard District (p)

29 January 1953

Receipt of the above award is hereby acknowledged.

William P. Parmenter, BM1, USCG

UNITED STATES COAST GUARD

Address reply to:
Comdr. 1st CG Dist.
1400 Custom House
Boston 13, Mass.

p
27 January 1953
P15

From: Commander, 1st Coast Guard District
To: PARMENTER, William P.
Via: Commander, Rockland Group

Subj: Good Conduct Award

1. It is a pleasure to award you the inclosed Good Conduct Medal for your three year period of meritorious enlisted service in the United States Coast Guard ending 9-1-45 while attached to Boon Island L/S

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

3. It is requested that receipt for the subject Good Conduct Award be acknowledged by indorsement hereon.

E. H. LEAVITT
By direction

CC:
Service Record
File Jacket
Headquarters

Incl: Good Conduct Medal

- - - -

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.1-49)

APPLICATION FOR LEAVE OF ABSENC

UNIT	ADDRESS	DATE
Whitehead LBSta	Sprucehead, Maine	11 September 1952

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P.(108-157)BM1	Whitehead LBSta	CG Group, Rockland, Me.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR	☐ REENLISTMENT	6 ACL
18	1400 11 September 1952	☐ EMERGENCY	☐ RECRUIT	12 AL ACC

ADDRESS ON LEAVE WILL BE Boothbay Harbor, Maine

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 William P. Parmenter

Ind.-1 Unit: CG Group, Rockland, Maine Date 11 September 1952

Date current leave accounting period began 7-1-52	Balance brought forward beginning of present accounting period 53
Number days' leave used during current accounting period 0	Date of expiration of current enlistment 12-20-54

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Group, Rockland, Maine Date 11 September 1952

☒ Returned, GRANTED 18 days.

☐ ADVANCE
☒ ACCRUED
(Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

M. O. WRIGHT, CBOSN, USCG
(Signature, rank, and title)

Ind.-4 Unit: CG Group, Rockland, Maine Date 11 September 1952

Departed at 1400, this date. This leave expires before 0900 30 September 1952

at CG Group, Rockland, Maine and is subject to the instructions on the reverse hereof.

M. O. WRIGHT, CBOSN, USCG
(Signature, rank, and title)

Ind.-5 Unit: CG GROUP, Rockland, Maine Date 30 September 1952

Reported at 0900, this date, having used 6 ACL 12 AL ACC days' leave.

M. O. WRIGHT, CBOSN, USCG
(Signature, rank, and title)

16—40220-3

(Over)

INSTRUCTIONS FOR PREPARATION AND DISPOSITION OF LEAVE APPLICATIONS

1. When Commandant's action is required, the original and one copy must be submitted to Headquarters.
2. A signed copy, indorsed to show the time and date of departure and the time and date of return from leave, shall be forwarded to Headquarters immediately upon return from leave. In the case of enlisted men a signed copy, with the aforementioned indorsements, shall be placed in the individual's service record.
3. The "Reason for Leave" shall be shown as "Regular Leave," "Reenlistment Leave," "Emergency Leave," etc.
4. This form is NOT to be used for sick leave or compensatory absences.
5. All leave must be granted and charged in accordance with current leave regulations. Appropriate signed entries shall be made in the leave record immediately following return from leave.

INSTRUCTIONS FOR PERSONNEL ON LEAVE

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

U. S. GOVERNMENT PRINTING OFFICE 16—40220-3

CG Group
Rockland, Maine

21 August, 1952

PMM—

From: PARMENTER, William P. (108-157) BM1
To: Commander, First Coast Guard District
Via: Commanding Officer, Coast Guard Group, Rockland, Maine

Subj: Family Light Station with school facilities

1. It is requested that my name be placed on file for any vacancy that may occur at any family light station where school facilities are available.

2. My present duty is relief keeper at the Rockland Group.

William Parmenter BM1
William Parmenter BM1

Ind-1
CG Group
Rockland, Maine

22 August, 1952

From: Commanding Officer, CG Group, Rockland, Maine
To: Commander, First Coast Guard District

1. Forwarded approved, provided a suitable relief is available.

M. O. Wright, CBOSN, USCG
Commanding Officer

REPORT OF CHANGE IN PERSONN
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 203

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PARMENTER, WilliamP.	108-157	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG TRAINING STATION	A to N (Special) School	Groton, Conn.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
71-560100		21 March, 1952

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 3-21-52

TRANSFERRED TO: CO, CG Group
FOR resumption of duties.
Auth. 0 da lv 0 da pt and 1 da tt en r.

TA: 510995
EDA: 3-22-52

AUTH: CO, CG Group, ROCKLAND, Maine/L dtd 1 March, 1952, MM/P16-3.

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

21 March, 1952: Satisfactorily completed a course of instruction in A to N (Special) School this date.

DUTY CODE NO.

AUTH:

L.L.A. KRENNING, CSCLK, USCG, PERSONNEL OFFICER
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

Date: 21 March, 1952

From: Commanding Officer, CG Training Station, Groton, Connecticut.
To: PARMENTER, William P. (168-157) BM1, USCG

Subj: Orders; travel; return to former unit

1. In accordance with attached basic orders from CO, CG Group, ROCKLAND, Maine/L dtd 1 March, 1952, MM/P16-3.

You, (having completed a course of instruction in) A to M (Special) School,

are directed to proceed to: Rockland, Maine
and upon arrival thereat report to CO, CG Group, for resumption of duties at that unit.

2. The following records are handed you for safe delivery to destination:

Service Record _____ Pay Record _____ Health Record _____

3. You are authorized No days delay en route to count as leave, provided excess leave is not involved, and One (1) days travel time, which will expire at destination prior to 2400, 22 March, 1952 . No proceed time is allowed. Address on leave:

4. Travel in connection with this order, as required in basic orders, will be performed as follows: travel is authorized by water, railroad, bus and/or air.

Issued CG TR No. TC189, 036 one coach fare New London, Conn. to Rockland, Me. via: NNHSR-BAN-BC-Dest covering travel enroute.

5. Departed at 1200 this date and place with papers indicated above.

L. L. A. KRENNING, Chief Ship's Clerk, USCG
By direction of the Commanding Officer

CC: 1st CGD
Transp (3)
Pay
Dead File

Ind-3 CG Group, Rockland, Maine. 22 March, 1952

Reported this unit at 1100 this date, for resumption regular duty.

E. L. Libby, CBOSN
Commanding Officer

Certified to be a true and correct
Copy of the Original

E. L. Libby, CBOSN

CG Group
Rockland, Maine

March, 1952
File: MM/P16-3

ORDER NO. 510995

From: Commanding Officer, CG Group, ROCKLAND, Maine
To: PARMENTER, William P. (108-157)BM1

Subj: Orders; transfer; travel; temporary duty

Ref: (a) CCGD1/L dtd 25 Feb., 1952, file: MM/P16-3

1. Under authority of reference (a), you are directed to proceed, with, and in charge of, PARKER, David A. (277-972) EN3(p) to the Commanding Officer, Aids to Navigation School, CG Training Station, Groton, Conn., prior to 2400-2 March, 1952, for assignment to tmpoard addi tionad duty under instructions in the Aids to Navigation c course, duration three (3) weeks.

2. Upon completion of this temporard additional duty and when so directed by proper authority, you are directed to return to Rockland, Maind and resume your regular duty Stat

3. Travel necessary to the execution of this order is required by the public interest and is authorized chargable against Headquarters tavel allotmen symbol 99-20.

4. Allowances as prescribed by Joint Travel Regulations are applicable.

5. You are handed herewith Transporatation Request No. TC 186,741 to cover cost of transportation for Rockland, Maine to New London, Conn. ($20.62). You are also handed meal tickets no. 1465940 and 1465941 to cover cost of subsistance enroute, M6 B&M, NYNH&H RR.

6. Proceed time is not authorized.

7. Delivered and departed 1430, this date and place.

E.L. LIBBY, CBOSN, USCG
Commanding Officer

CC: CCGD ONE (Finance)
CCGD ONE (File)
File

Ind-1 2 March, 1952
CGTS, Groton, Conn.

Reported at 1830 this date and place in compliance with Bas c Orders. Used 0 das lv 0 das pt and 1 das tt enr. Travel performef via TR'S, MT'S

L.L.A. KRENNING, CSCLK,
USCG, BY dir.

CG Group
Rockland, Maine

31 January, 1952
A4-2

From: Commanding Officer, CG Group Rockland, Maine
To: PARKINTER, William P.(108-157) BM1

Subj: Termination of Assignment of Housekeeping Quarters; Whitehead Light Station.

Ref: Article 10-4-4 Paragraph A, CG Regulations.

1. Your assignment to housekeeping quarters at Whitehead Light Station is terminated as of 31 January, 1952.

E.L. LIBBY, CBOCM, USCG
Commanding Officer

CC: Comdr, 1st CGD

11 October, 1950.
Heron Neck Light Station
CG Group Rockland, Maine.

From: PARMENTER, William P. (109-157)BM1; USCG
To: Commandant (PMS)

Via: 1. Commanding Officer, CG Group Rockland, Maine.
2. Authorized Certifying Officer, 1st. CG District

Subj: Application for payment of basic allowance for quarters

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Frances Elvina Parmenter 12 Giles Place, Boothbay Harbor, Maine.	Wife	Married at Boothbay, Maine. 6 July, 1936
Perry Parmenter 12 Giles Place, Boothbay Harbor, Maine.	Son	Born Boothbay Harbor, Maine 23 January, 1942

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents are not in occupancy of public quarters, 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:

Frances Elvina Parmenter	November, 1950.	$150.00

Basic allowance for quarters
claimed for each dependent
on and after 1 August, 1950.

William B. Parmenter
William P. Parmenter, BM1

Ind-1
CG Group Rockland, Maine. 11 October, 1950.

From: Commanding Officer, CG Group Rockland, Maine.
To: Commandant (PMS)
Via: Authorized Certifying Officer, 1st. CG District

Forwarded; approved.

P. T. Lemon
Acting

Ind-1 on H/L (PS) of
2/12/52, file L-13

p
19 February, 1952
L-13

From: Commander, 1st CG District
To: Commander, CG Group, Rockland

Subj: PARMENTER, William P. (108-157) BM1, USCG; National Service Life Insurance, renewal of and waiver of premiums on.

Forwarded for compliance. Instruct subject man to return all forms signed to Commandant (PS) via the Commander, 1st CG District (f).

S. PISICCHIO
By direction

Ind-2
CG Group
Rockland, Maine

20 February, 1952

From: Commanding Officer CG Group, Rockland, Maine
To: Commandant (PS)
Via: Commander, First CG District.

1. VA Form 9-1658, Allotment Stoppages, Application for Allotment, and Commandants ltr dtd 12 Feb., 1952, file: L-13 are herewith forwarded as enclosed.

E.L. LIBBY, CBOSN

Incl:
Forms: 2528A; 2528; VA 9-1658; and Commandant ltr 2/12/52.

N. A. V. C. G. -2528 A

ALLOTMENT STOPPAGE

From compensation of

PARKINSON, William P. (109-157) HM2

Amount $ 4.75

PAYABLE TO

Name Treasurer of the United States

Street and No.

Post office Washington, D. C. State

Stop allotment after payment

for the month of July 19 51

for which checkage has been made.

REASON FOR STOPPAGE: Applied for waiver of

Premium #511 in 12 067 004.

ADMINISTRATIVE

(Signature of Allotter)

Rank or rating HM2, USCG

APPROVED:

Commanding M. J. Mayer, Chief
Commander Survivors Benefits Section or District
By direction

STOPPAGE REGISTERED, Date

U. S. C. G.

Pay Officer

DO NOT

WRITE IN THIS

SPACE

GPO W FSO 3-130

N. A. V. C. G. 2528-A

ALLOTMENT STOPPAGE

From compensation of

CORRECTED COPY

PARKINSON, William P. (109-157) HM2

Amount $ 3.85

PAYABLE TO

Name Treasurer of the United States

Street and No.

Post office Washington State D. C.

Stop allotment after payment

for the month of June 19 51

for which checkage has been made.

REASON FOR STOPPAGE: Application of term

policy #511, in 12 067 004.

ADMINISTRATIVE

(Signature of Allotter)

Rank or rating HM2, USCG

APPROVED:

Commanding M. J. Mayer, Chief
Commander Survivors Benefits Section or District
By direction

STOPPAGE REGISTERED, Date

U. S. C. G.

Pay Officer

DO NOT

WRITE IN THIS

SPACE

GPO W FSO 3-130

UNITED STATES COAST GUARD

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

PS
12 February 1952
FILE: L-13

From: Commandant (PS)
To: Commander, Rockland Group, Rockland, Maine
Via: Comdr, 1st Coast Guard District (f)

Subj: PARMENTER, William P. (108-157) BM1, USCG; National Service Life Insurance, renewal of and waiver of premiums on.

Ref: (a) Veterans Administration letter dated 4 December 1951.

1. Reference is made to the Application for Waiver of Premiums dated 10 August 1951 and Form CG-2528-A, Allotment Stoppage of $3.85 effective with the month of last payment August 1951 submitted by PARMENTER which have been processed and forwarded to the Veterans Administration. The effective date of the waiver is determined by the date of application therefor. In the case of PARMENTER, his application was dated 10 August 1951, therefore the effective date of the waiver of premiums will be 1 September 1951. However, since the term period of this insurance expired on 31 July 1951, as indicated by the inclosed Veterans Administration letter, before the application for Waiver of Premiums may be effected it will be necessary that he submit the Application for Renewal and the necessary allotment adjustments. The $3.85 allotment paid premiums on $5,000 term insurance N# 12 667 804 effective 1 August 1943.

2. PARMENTER should be instructed to complete VA Form 9-1658, Application for Renewal of term insurance, and authorize the following allotment adjustments:

$3.85 "Corrected" allotment stoppage effective with month of last payment June 1951.
$4.75 Allotment established effective with the month of first payment July 1951.
$4.75 Allotment stoppage effective with month of last payment July 1951. (Applied for Waiver of Premiums).

4. Advise Commandant (PS) of action taken by PARMENTER.

B. V. BALL
By direction

Incls.
1 - VA ltr dtd 12-4-51
2 - VA Form 9-1658 (4)
3 - CG-2528-A (adm) (2)
4 - CG-2528 (adm)

Cc (p)

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

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*)
William Pinkham Parmenter

2. INSURANCE FILE NO.
FN – [illegible]

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
Boothbay Harbor, Maine.

FH –

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD

5. SERVICE SERIAL NO.
[illegible]

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. 12-667-604 in the amount of $5,000, 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*)
$ 5,000.00

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$ 4.75
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$ 4.75

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
July 1951

AMOUNT OF ALLOTMENT
$ 4.25

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
Francis Shirm Parmenter	Wife	5,000	1
Frederick Louis Parmenter	Son	5,000	1
William Pinkham Parmenter Jr.	Son	5,000	1

12. MAIL POLICY TO (*Name and address*) Boothbay Harbor, Maine.

13. WITNESSED BY (*See Instruction 7*)
[illegible]

14. SIGNED AT (*Address*)
[illegible]

15. DATE
[illegible]

16. ADDRESS OF WITNESS
[illegible] Rockland, Maine.

17. SIGNATURE OF APPLICANT (*Do not print*)
William P Parmenter

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.

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56869-2

INSTRUCTIONS

1. RENEWAL

RENEWAL OF NATIONAL SERVICE LIFE INSURANCE ON THE 5-YEAR LEVEL PREMIUM TERM PLAN.—Pursuant to the provisions of an amendment approved June 29, 1948, amending subsection 602 (*f*) of the National Service Life Insurance Act of 1940, as amended (Public Law 838, 80th Congress, approved June 29, 1948), all or any part of National Service Life Insurance on the 5-year level premium term plan, in any multiple of $500 and not less than $1,000, issued before January 1, 1948, may be renewed without medical examination for an additional 5-year period, upon application therefor and payment of the premium at the 5-year level premium term rate required at the attained age of the insured, before the expiration of the first term period.

2. EFFECTIVE DATE OF RENEWED INSURANCE

The renewal of the insurance for an additional 5-year period will become effective as of the day following the expiration of the preceding term period.

3. TOTAL DISABILITY INCOME PROVISION

(*a*) If the total disability income provision is in effect on a term policy which is being renewed, such protection may be continued and attached to the new policy by payment of the appropriate premium.

(*b*) If the total disability income provision is not in effect on the term policy which is being renewed, and the insured desires to apply for the benefit at the time of renewal, Veterans Administration Form 9–1606, "Application for Total Disability Income Provision Under the National Service Life Insurance Act of 1940 as Amended," should be completed in addition to this form.

4. PAYMENT OF PREMIUM

Payment of premium on National Service Life Insurance may be made by allotment from service pay (monthly [The allotment must be effected prior to the expiration of the term which will pay the first premium either by advance or deduction.]); deduction from Veterans Administration compensation, pension, or retirement pay (monthly, when insurance is in force); direct remittance to the Veterans Administration by money order, postal note, check, or draft made payable to the Treasurer of the United States. If premiums are not currently being paid by deduction from compensation, pension, or retirement pay due and payable monthly by the Veterans Administration, the first premium for the renewed insurance must be paid directly with this application, and if desired, deduction may then be authorized for the payment of subsequent premiums. If the premiums are currently being paid by this method, deductions may be authorized to pay the first and subsequent premiums for the renewed insurance. CASH (CURRENCY AND/OR COIN) TENDERED BY MAIL IS AT THE INSURED'S OWN RISK.

5. BENEFICIARIES

The insured may designate as principal and/or contingent beneficiary or beneficiaries any person or persons, firm, corporation, or other legal entity (including the estate of the insured) individually or as trustee. Any named beneficiary may be designated as "Principal Beneficiary" or "Contingent Beneficiary." Any named beneficiary who is not designated as "Contingent Beneficiary" will, in general, be presumed to be a principal beneficiary. A contingent beneficiary is a person designated to receive the insurance if the principal beneficiary predeceases the insured, or if the principal beneficiary, not entitled to settlement in one sum, dies prior to receiving any or all of the guaranteed monthly installments. The insured will have the right at any time, and from time to time, and without the knowledge or consent of the beneficiary or beneficiaries to cancel the beneficiary designation, or to change the beneficiary. Upon receipt by the Veterans Administration, a valid designation or change of beneficiary will be deemed to be effective as of the date of execution: *Provided*, That any payment made, before proper notice of designation or change of beneficiary has been received in the Veterans Administration, will be deemed to have been properly made and to satisfy fully the obligations of the United States under such insurance policy to the extent of such payments. A designation of beneficiary, but not a change of beneficiary, may be made by last will and testament duly probated. The insured cannot assign his National Service Life Insurance.

6. OPTIONAL SETTLEMENT

National Service Life Insurance shall be payable in accordance with the following optional modes of settlement:

(*a*) *Option 1.*—In one sum (face amount less any indebtedness).

(*b*) *Option 2.*—In equal monthly installments of from thirty-six (36) to two hundred forty (240) in number, in multiples of 12. If Option 2 is selected, the number of monthly installments must be specified also in the "Option" column of the "Designation of Beneficiary and Selection of Optional Settlement" section of the application.

(*c*) *Option 3.*—In equal monthly installments for one hundred twenty (120) months certain with such payments continuing during the remaining lifetime of the first beneficiary.

(*d*) *Option 4.*—As a refund life income in monthly installments payable for such period certain as may be required in order that the sum of the installments certain shall equal the face value of the contract, less any indebtedness, with such payments continuing throughout the lifetime of the first beneficiary: *Provided*, That such optional settlement shall not be available in any case in which such settlement would result in payments of installments over a shorter period than one hundred twenty (120) months.

During his lifetime the insured may select an optional settlement or revoke a previous selection of an optional settlement. No selection or revocation will be valid unless and until notice thereof is received in the Veterans Administration. A selection or change of option may not be made by last will and testament, except in connection with a designation of a beneficiary by last will and testament. Option 3 or 4 may not be selected where the beneficiary is a firm, corporation, legal entity (including the estate of the insured), or trustee. If no option is selected by the insured, settlement will be made in 36 equal monthly installments but the designated beneficiary may elect to receive settlement under Option 2, 3, or 4. If the insured selects Option 1, the beneficiary upon the death of the insured may elect Option 2, 3, or 4. In the event of the death of such beneficiary, the present value of any unpaid guaranteed installments will be payable to the estate of the beneficiary to the exclusion of any contingent beneficiary designated by the insured. If the insured makes no selection or selects Option 2, 3, or 4 and the principal beneficiary and contingent beneficiary, if any, die before receiving the guaranteed number of installments thereunder, the present value of such remaining unpaid installments will be payable to the estate of the insured. No payment will be made to any estate where such payment would escheat. THE INSURED MAY SELECT MORE THAN ONE OPTION AND SEPARATE OPTIONS FOR SEPARATE BENEFICIARIES. If the insured selects one of the installment options for the principal beneficiary, he may select a different option for the contingent beneficiary, to be effective in the event the principal beneficiary dies before receiving any payments. If the insured selects one of the installment options for the principal beneficiary, he may name a contingent beneficiary to receive the present value, in one sum, of any remaining unpaid guaranteed installments upon death of the principal beneficiary. In that event, the contingent beneficiary upon the death of the principal beneficiary, in lieu of payment in one sum, may elect to receive the remaining unpaid guaranteed monthly installments as they become due in accordance with the mode of settlement established at the time of death of the insured.

7. SIGNATURE OF THE INSURED

Signature of the insured should be in ink and witnessed by a person other than a designated beneficiary.

8. DISPOSITION OF THIS FORM

When completed, this form should be forwarded immediately to the office of Veterans Administration having jurisdiction of the policyholder's insurance records. If the applicant is in active military service, the application when completed should be p[illegible]d in military or naval channels, through the officer respons[illegible] for insurance activities within his unit of organization fo[illegible] direct transmittal to the Veterans Administration, Washington 25, D. C.

U. S. GOVERNMENT PRINTING OFFICE 16—56869-1

VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

DEC 4 1951

YOUR FILE REFERENCE:

IN REPLY REFER TO: 9F8A1K

Commanding Officer of
Parmenter, William P.
SN 168151
Coast Guard

File Number
Insurance Number N12 661 804
Amount of Insurance $ 5000
Date of Expiration 1/31/51
Monthly Renewal Premium $4.75
Current Monthly Premium $ 3.85

The current term period for the National Service life insurance described above which was previously issued to the above named insured will expire and protection thereunder will cease on the date shown above. Under existing law he is permitted, before expiration, to apply for conversion to a permanent plan of insurance or for renewal of this term insurance for a period of five years at the premium rate for his then attained age. Renewed insurance will become effective on the day immediately following the date of expiration of the present insurance.

To renew this insurance for the five year period, it is necessary that he complete and sign the enclosed VA Form 9-1658, Application for Renewal, and before the expiration date of his current insurance, which is shown above, place it in military or naval channels through the officer responsible for insurance activities within his unit of organization for direct transmittal to the Veterans Administration, Washington 25, D. C. He should authorize a new allotment in the amount of the monthly renewal premium shown above. It is also necessary that the premiums due for the remainder of the current term period be paid; therefore, his present allotment should continue in force for the period required to accomplish this purpose.

Should he desire to convert his present term insurance, rather than renew it for five years, full information on the permanent plans of insurance available and premium rates may be obtained from military or naval sources, or from any Veterans Administration office.

Very truly yours,

E. C. PETTY
Chief, National Service
Life Accounts Division

Encl:
VA Form 9-1658

FL 9-355
Dec. 1948

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

65880

VETERANS ADMINISTRATION

APPLICATION FOR WAIVER OF PREMIUMS

NATIONAL SERVICE LIFE INSURANCE AND/OR UNITED STATES GOVERNMENT LIFE INSURANCE UNDER SEC. 622 OF THE NSLI ACT, AS AMENDED

(Read the Important Information and Instructions on the reverse before completing this form)

FOR VA USE ONLY

1. FIRST NAME — MIDDLE NAME — LAST NAME OF INSURED (Type or print)	2. RANK OR RATING	3. SERVICE NO.
William P. Parmenter	BM1	108-157

4. MAILING ADDRESS FOR INSURANCE PURPOSES — INCLUDING DIVIDEND CHECKS (No., Street or rural route, city, P.O. zone number and State) (See paragraph 3 of Instructions)

Heron Neck Light Station, Vinal Haven, Maine

5. BRANCH OF SERVICE (Check one)	6. DATE OF BIRTH			7. DATE OF ENTRY ON PRESENT TOUR OF ACTIVE DUTY
☐ NAVY ☐ MARINE CORPS ☒ COAST GUARD ☐ OTHER (Specify)	MONTH	DAY	YEAR	
	March	25	1907	21 Dec., 1949

I do hereby apply for waiver under the provisions of Sec. 622 of the N.S.L.I. Act, as amended, of premiums falling due on the following life insurance policies. (Note: If waiver is desired on all policies enter the word "All" in the "Policy No." item.)

8. POLICY NO(S) (N, V, H or K)	9. AMOUNT OF INSURANCE	10. PLAN OF INSURANCE	11. AMOUNT OF PREMIUM
	$ 5,000	5 year	$ 35.95

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.

12. ALLOTMENT ACTION REQUESTED (Check one) (See paragraphs 9 and 10 of Instructions)

☐ I DO NOT DESIRE TO DISCONTINUE MY ALLOTMENT

☒ I AUTHORIZE THE DISCONTINUANCE OF MY ALLOTMENT DESCRIBED IN ITEMS 13, 14, AND 15 BELOW AFTER DEDUCTION FOR THE MONTH STATED IN ITEM 16.

ALLOT DISC.	13. CLASS	14. AMOUNT	15. MONTH OF FIRST PAYMENT	16. FINAL DEDUCTION TO BE MADE (Month and year).
	NSLI	$ 5,000		

17. DATE OF APPLICATION	18. SIGNATURE OF APPLICANT (Do not print)
10 August, 1951	Wm. P. Parmenter BM1

I witnessed the signature of the applicant on the date shown in item 17. I certify that the service information shown in items 2, 3, 5 and 7 is correct and that the applicant is in active service and has been in continuous active service for a period of 31 days or more.

FOR USE OF ALLOTMENT OFFICER

19. DATE	20. SIGNATURE OF PERSON WITNESSING AND CERTIFYING (Do not print)
10 August, 1951	E.L. LIBBY, CBOSN, USCG

21. NAME, RANK, RATING AND ORGANIZATION OF PERSON WITNESSING AND CERTIFYING (Type or print)

E.L. LIBBY, CBOSN, USCG

22. END. 1

FROM: Disbursing Officer

TO: ☐ NAVY FIELD BRANCH BUSANDA ☐ MARINE CORPS ALLOTMENT OFFICE ☐ COAST GUARD HEADQUARTERS ☐ OTHER (Specify)

1. Forwarded. Allotment stopped as requested.

D.O. SYMBOL | SIGNATURE OF DISBURSING OFFICER

23. END. 2

FROM: ☐ NAVY FIELD BRANCH, BUSANDA ☐ MARINE CORPS ALLOTMENT OFFICE ☐ COAST GUARD HEAD-QUARTERS ☐ OTHER (Specify)

TO: Veterans Administration
Washington 25, D.C.

2. Payment of the allotment described above has been discontinued after payment for the month shown in item 16.

FOR USE OF ALLOTMENT OFFICE

24. FOR VA USE ONLY

POLICY NUMBER	AMOUNT OF INSURANCE	PLAN OF INSURANCE	REMARKS

VA FORM MAY 1951 9-4351

VA-DC-120490

IMPORTANT INFORMATION AND INSTRUCTIONS

INFORMATION

The Insurance Act of 1951, enacted April 25, 1951, added Section 622 to the National Service Life Insurance Act of 1940, as amended. This Section reads in part as follows:

> "After the date of enactment of this section, any person while in active service for a continuous period in excess of thirty days who is insured under national service life insurance or United States Government life insurance shall be entitled, upon written application, to a waiver of all premiums on five-year level premium term insurance and that portion of any permanent insurance premiums representing the cost of the pure insurance risk, as determined by the Administrator, becoming due after the first day of the second calendar month following the date of enactment of this section, or the first day of the second calendar month following entry into active service, whichever is the later date, and during the remainder of such continuous active service and 120 days thereafter: *Provided*, That no premium shall be waived under this section for any period prior to the date of application therefor: *Provided*, That if the term of any five-year level premium term insurance on which premiums have been waived under this section expires while the insured is in active service, such term shall be automatically renewed for an additional five-year period and the premiums due at the then attained age shall be waived as provided above: *Provided further*, That the election by an insured of the premium waiver benefits of this section shall thereby render his contract of insurance nonparticipating during the period such premium waiver is in effect."

Those persons who have insurance in force may apply for the waiver of premiums on such insurance under the provisions of Section 622 and thereby continue the insurance protection on a non-participating basis during the period of active service and until the expiration of 120 days after separation from active service. If the insured should die or become totally disabled while insurance is continued in force under the waiver of premiums as provided in Section 622, claim for death or disability benefits must be made under the provisions of the insurance contract.

INSTRUCTIONS TO APPLICANT

1. Former name or names should be entered in parenthesis under the name of the insured on item 1.

2. Former Service number or numbers, and branch of service in which such numbers were assigned, should be entered in parenthesis under "Service Number" in item 3.

3. The address given in item 4 will be used to mail any dividend payment to which the insured may be entitled for any period prior to the first premium which is waived under this application. Starting with the first premium which is waived under the provisions of Section 622, the insurance becomes non-participating and, therefore, dividends are not payable while this waiver provision is in effect.

4. It is important that information be furnished on this form which will identify the applicant and the insurance policies affected by the application for waiver.

5. Premiums becoming due prior to the date of application may not be waived. Therefore, every precaution should be taken to pay all premiums as they become due until the due date of the first premium which is to be waived.

6. The first premium which may be waived is the first premium becoming due *after* the first day of the second calendar month following the date of enactment of this Section (April 25, 1951) *or* the first premium becoming due after the first day of the second calendar month following entry into active service, whichever is the later.

7. If any designation or change of beneficiary or selection or change of settlement option is desired while the insurance is in force by the waiver of premiums under Section 622, application therefor should be executed and sent to the Veterans Administration, Washington 25, D. C.

8. If it is desired to continue the insurance in force beyond the expiration of 120 days after separation from active service, a premium on this insurance should be paid to the Veterans Administration prior to the expiration of the 120 pay period, as specified in Section 622.

9. The premium being paid on the Total Disability Income provision cannot be waived under the provisions of Section 622. Therefore the premium charged for this benefit must continue to be timely paid to the VA in order to maintain this protection in force.

10. Only the portion of permanent plan insurance premium represented by the cost of the pure insurance risk may be waived. The remainder of the premium must be paid when due to avoid lapse of such insurance. Therefore, the *full* amount of the premium should continue to be paid until the correct amount which must be paid to maintain the insurance in force can be determined.

11. Where premiums are paid by direct remittance, this application for the waiver of such premiums must be completed through item 21, with the exception of items 12-16 inclusive, and sent directly to the Veterans Administration, Washington 25, D. C.

INSTRUCTIONS TO PERSON WITNESSING AND CERTIFYING

The application for waiver of premiums under Section 622 of the National Service Life Insurance Act of 1940, as amended, is not to be certified until 31 days after the date of entry by the applicant on his present tour of active duty (item 7).

PHS-127 (HD) OLD NUMBER 1918
REVISED 6-47
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

CERTIFICATE OF DISCHARGE

No. 18,780

From U. S. P.H.S. Hospital (Marine hospital or relief station) At Portland 3, Maine

December 13, 1951

THIS IS TO CERTIFY that PARMENTER (Surname) William P. (First) (Middle)

was treated in the hospital (Hospital or dispensary) as a hospital (Hospital or out-) patient

from December 3 (Date of admission), 1951 to December 13 (Date of discharge), 1951

Class of beneficiary CG ((108-157) Condition on discharge Good

Reason for discharge MHB

Certified service on last vessel Name of vessel CG Group, Rockland, Me.

DESCRIPTION

Nativity Boothbay Harbor, Maine
Date of birth March 25, 1907
Color White
Complexion
Height
Eyes
Hair

REMARKS: Fit for duty.

Return to Susp Clinic in 2 months (Mon or Thurs. 1 PM)

J M Stead
Asst. Surgeon.

Wm Parmenter
(Signature of patient)

NOTE.—Retain copy for station files.

U. S. GOVERNMENT PRINTING OFFICE 16—11886-2

OFFICE MEMO:

Please return one complete copy of all correspondence with signed forms. Authorized Certifying Officer will need same for authority in making adjustments on pay record.

MORALE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William P. (Name, surname first) 106-157 (Service number) BM1 (Rank or rating) Heron Neck Light Station (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status), Place Rockland, Maine., Date 3 December, 1951, 19

To USPHS Portland, Maine.

SIR: You are requested to examine the above-named {*applicant / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CO Group, Rockland, Maine.

William P. Parmenter
William P. Parmenter.
(Signature of patient)

Orton R. Brown, BMC (L)
By direction
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USPHS Hospital Portland, Me, Date Dec 13 51, 19

I CERTIFY that I have examined the above-named person and find him suffering from Pol of the sigmoid internal hemorrhoids 562-041

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

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 4 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USPHS Hospital on Dec 3, 1951, 19 51

R.H. Brown Lieut S.A.
S.A. USPHS
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

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

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

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

TO THE COAST GUARD OFFICER:

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

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

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

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PARAMENTER, William P. (Name, surname first) 108-157 (Service number) BM1 (Rank or rating) CGC group Rockland (Unit) Me.

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS Hospital Portland, Me. Date Dec 13-51, 19 51

To: C.O. CG GROUP ROCKLAND? MAINE (Coast Guard unit)

(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Internal Hemorrhoids	66x 641	12-3-51	12-13-51

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

Return to Surgical Clinic in Two Months

CONDUCT REPORT:

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

R.M. [illegible]
S.A. SURGEON U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

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

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

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

TO THE COAST GUARD OFFICER:

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

16—27165-1 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1942

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Heron Neck Light Station	Vinalhaven, Maine	11 November, 1950

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P.(108-157) BM1	CO, CG Grp, Rockland, Maine	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
-13-	XXXX	14 November, 1950	0		

REASON FOR REQUEST:
ACL 4 das and AL(ACC) 9 das

My address on leave will be: Vinalhaven, Maine

I will immediately inform my commanding officer of any change in address while on leave.

William P. Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group, Rockland, Maine Date: 11 November, 1950
Leave record indicates balance of 27 days' annual and _____ days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

P. G. LEDOUX, LTJG, USCG
COMMANDING ~~EXECUTIVE/PERSONNEL OFFICER~~

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group, Rockland, Maine Date: 11 November, 1950
Departed at 0900 this date. This leave of absence will expire before 0900 28 November, 1950, at Heron Neck Light Station and is subject to the special instructions indicated on reverse hereof.

P. G. LEDOUX, LTJG, USCG
COMMANDING—~~EXECUTIVE/PERSONNEL OFFICER~~

Ind.-5 Unit: Date:
Granted _____ days extension of leave to expire before noon, _____
Authority:

Signature and rank Title

Ind.-6 Unit: CG Group, Rockland, Maine Date: 28 November, 1950
Reported at 0900 this date, having taken 13 days' leave and XXXX days' TT.

P. G. LEDOUX, LTJG, USCG
COMMANDING—~~EXECUTIVE/PERSONNEL OFFICER~~

16--40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519

16—40220-2

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Heron Neck Light Station	Vinal Haven, Maine	20 April, 1951

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P.	CG Grp, Rockland, Maine	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
9		0900-21 April, 1951			

REASON FOR REQUEST:

4 das ACL and 5 das AL(ACC)

My address on leave will be: 12 Giles Place, Boothbay Harbor, Maine.

I will immediately inform my commanding officer of any change in address while on leave.

William P. Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Rockland, Maine Date: 20 April, 1951

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

E.L. Libby CBSN
E.L. LIBBY, CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group, Rockland, Maine Date: 20 April, 1951

Departed at 0900 21 April, 1951 this date. This leave of absence will expire before ~~0900~~ 1 May, 1951, at Heron Neck L/S, and is subject to the special instructions indicated on reverse hereof.

E.L. Libby CBSN
E.L. LIBBY, CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Date:

Reported at 0900 1 May 1951 this date, having taken 9 days' leave and ..... days' TT.

E.L. LIBBY, CBSON, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519

16—40220-2

APPLICATION FOR LEAVE OF ABSEN
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Heron Neck L/S	Vinal Haven, Me.	13 Dec., 1951

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P.	CO CG Group Rockland, Me.	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
20		1230-13 Dec., 1951			

REASON FOR REQUEST:

20 days AL ACC

My address on leave will be: Boothbay Harbor, Maine

I will immediately inform my commanding officer of any change in address while on leave.

William P Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Rockland, Me. Date: 13 Dec., 1951

Leave record indicates balance of ---------- days' annual and ---------- days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

E. L. Libby
E. L. LIBBY, CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group Rockland, Me. Date: 13 Dec., 1951

Departed at 1230-13 Dec., 1951 this date. This leave of absence will expire before 0900 3 Jan., 1952, at Heron Neck L/S and is subject to the special instructions indicated on reverse hereof.

E. L. Libby
E. L. LIBBY, CBOSN, USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ---------- days extension of leave to expire before noon, ----------

Authority:

---------- ----------
Signature and rank Title

Ind.-6 Unit: Date:

Reported at ---------- this date, having taken ---------- days' leave and ---------- days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

16—40290-2

From compensation of

APPLICATION FOR ALLOTMENT

"Q" ALLOTMENT

PARMENTER, William P.(100-1[illegible] BM1, USCG

PAYABLE TO

Monthly allotment in the amou[illegible]

ONE HUNDRED and FIFTY (Words) ($ 150.00 (Figures)) Dollars.

Name Frances Elvina Parmenter

Street and No. 12 Giles Place

Post office Boothbay Harbor, State Maine.

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment Support of two(2) Dependents.

First payment: Month November, 19 50

I hereby request and authorize allotment, chargeable to my pay, as above.

William P. Parmenter

Rank or rating BM1 U. S. C. G.

11 October, 19 50

Approved, allotment granted.

P. G. LEDOUX, LTJG

Commanding CG Group Rockland, Maine.

Acting Commander, District.

Witnessed and registered 27 Oct, 19 50

W.E.SPARKS, CPCLK, USCG

Pay officer, A.C.O.

16—12642—1

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

R. L. EDMANDS, LTJG, USCG
Authorized Certifying Officer

* Allotter or member immediate family

© DO NOT FOLD — MAIL FLAT

From compensation of

APPLICATION FOR ALLOTMENT

PARMENTER, William P.(100-1[illegible] BM1, USCG

PAYABLE TO

Monthly allotment in the amou[illegible]

ONE HUNDRED and FIFTY (Words) ($ 150.00 (Figures)) Dollars.

Name Frances E. Parmenter (W)

Street and No. 12 Giles Place,

Post office Boothbay Harbor, State Maine.

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment Support of dependent

First payment: Month JUNE, 19 50

I hereby request and authorize allotment, chargeable to my pay, as above.

William P. Parmenter

William P. Parmenter

Rank or rating BM1 U. S. C. G.

1 June, 19 50

Approved, allotment granted.

C. A. TARDIF, LTJG

Commanding CG Group Rockland, Maine.

Commander, District.

Witnessed and registered 7 June, 19 50

D. W. BOWLING, CPCLK, USCG

Pay officer, ACO, ICGD

16—12642—1

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

* Allotter or member immediate family

© DO NOT FOLD — MAIL FLAT

COAST GUARD GROUP
ROCKLAND MAINE

20 December, 1951
A4-2

From: Commanding Officer, CG Group, Rockland, Maine.
To: PARSENTEAU, William P. (108-157) BM1.

Subj: Assignment of housekeeping quarters, White Head Light Station.

Ref: Art. 10-4-3 Paragraph B, CG Regulations.

1. Having been assigned by proper authority to duty at White Head Light Station, You are hereby assigned one set of Government quarters at subject station for the occupancy of yourself and dependents, effective 20 December, 1951.

H. L. Libby, CDR USCG
Commanding Officer

CC: Comdr, 1st CGD

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Heron Neck Light Station	Vinalhaven, Maine.	2 June, 1950.

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P. (108-157) BM1	CO/CG Group Rockland, Maine.	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
11		5 June, 1950.	13	3	20 December, 1950.

REASON FOR REQUEST: To visit my family and to obtain 5 dys compensatory and 6 dys. AL(ACC)

My address on leave will be: 12 Giles Place, Boothbay Harbor, Maine.

I will immediately inform my commanding officer of any change in address while on leave.

William P Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Rockland, Maine. Date: 2 June, 1950.
Leave record indicates balance of 31 days' annual and _____ days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

G. A. Tardif
G. A. TARDIF, LTJG
COMMANDING—~~EXECUTIVE—PERSONNEL OFFICER.~~

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group Rockland, Maine
Departed at 0900/5 June, 1950. this date. This leave of absence will expire before _____
0900/17 June, 1950., at Heron Neck Light Station and is subject to the special instructions indicated on reverse hereof.

G. A. Tardif
G. A. TARDIF, LTJG
COMMANDING—~~EXECUTIVE—PERSONNEL OFFICER.~~

Ind.-5 Unit: Date:
Granted _____ days extension of leave to expire before noon, _____
Authority:

_____ Signature and rank _____ Title

Ind.-6 Unit: Date:
Reported at _____ this date, having taken _____ days' leave and _____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519

16—40220-2 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR LEAVE OF ABSEN
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Heron Neck Light Station	Vinalhaven, Maine.	14 December, 1949.

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P. (108-157) BM1	CO/CG Group Rockland, Maine.	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8		21 December, 1949.	10	0	20 December, 1950

REASON FOR REQUEST:

To obtain 5 days compensatory and 3 days annual leave.

My address on leave will be: Boothbay Harbor, Maine.

I will immediately inform my commanding officer of any change in address while on leave.

William P. Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Rockland, Maine. Date: 21 December, 1949.
Leave record indicates balance of 20 days' annual and ---------- days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

G. A. Tardif
G. A. TARDIF, LTJG
COMMANDING ~~EXECUTIVE PERSONNEL OFFICER~~

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group Rockland, Maine. Date: 21 December, 1949.
Departed at 0900/21 December, 1949. this date. This leave of absence will expire before ----------
0900/30 December, 1949., at Heron Neck Light Station and is subject to the special instructions indicated on reverse hereof.

G. A. Tardif
G. A. TARDIF, LTJG
COMMANDING ~~EXECUTIVE PERSONNEL OFFICER~~

Ind.-5 Unit: Date:
Granted ---------- days extension of leave to expire before noon, ----------
Authority:

Signature and rank Title

Ind.-6 Unit: Date:
Reported at ---------- this date, having taken ---------- days' leave and ---------- days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519

16—40220-2 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William P. (Name, surname first) | 108-157 (Service number) | EM1 (Rank or rating) | Whitehead Lt. Station (Unit)

FINAL MEDICAL CERTIFICATE

*REGULAR (Enlistment status)

Place USMH, Portland, Maine, Date 22 July, 19 48

To: Whitehead L/B Station (Coast Guard unit)

Spruce Head, Maine (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Observation for pain in left hip region, etiology unknown	y00-001	7-12-48	7-20-48

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

CONDUCT REPORT:

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

E. M. LIPPMAN, S.A. SURG.

U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

16—27156-1

*Strike out words not applicable.

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

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

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

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

TO THE COAST GUARD OFFICER:

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

16—27165-1 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1942

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William P. (Name, surname first) 108-157 (Service number) EM1 (Rank or rating) Whitehead Lt. Sta. (Unit)

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

*REGULAR
*SPECIAL
*EMERGENCY
(Enlistment status)

Place Spruce Head, Maine, Date 12 July, 1948, 19

To: Medical Officer in Charge, U.S.Marine Hospital
Portland, Maine

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CO, CG Group, Whitehead, Spruce Head,Me

William P. Parmenter
(Signature of patient)

G. A. TARDIF
CDR USN U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Portland, Maine, Date 15 July 1948

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

y00-001 Observation for pain in left hip region, etiology unknown
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ? days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine Hospital Portland, Maine {*hospital / *office} on 12 July 1948

E. M. LIPPIAN, S.A. SURG.
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

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

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

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

TO THE COAST GUARD OFFICER:

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

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

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

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156-1

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Whitehead Light Station	Spruce Head, Maine	16 August, 1948

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P. (108-157) BM1	CO, Group, Whitehead	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
12		20 August, 1948	0	10	12/20/48

REASON FOR REQUEST:

To visit family

My address on leave will be: 12 Giles Place, Boothbay Harbor, Maine

I will immediately inform my commanding officer of any change in address while on leave.

William P. Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Group, Whitehead, Maine Date: 16 August, 1948

Leave record indicates balance of 64 days' annual and _____ days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

G. A. Tardif
G. A. TARDIF, CBOSN
COMMANDING—~~EXECUTIVE~~—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Group, Whitehead, Maine Date: 20 August, 1948

Departed at 1200 this date. This leave of absence will expire before 0900, 2 September, 1948, at Whitehead Light Station and is subject to the special instructions indicated on reverse hereof.

G. A. Tardif
G. A. TARDIF, CBOSN
COMMANDING—~~EXECUTIVE~~—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted _____ days extension of leave to expire before noon, _____

Authority:

Signature and rank Title

Ind.-6 Unit: Date:

Reported at _____ this date, having taken _____ days' leave and _____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

16—40220-2

NAVCG-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG Group, Whitehead
Heron Neck Light Station, Vinalhaven, Maine
(Unit)

PARMENTER, William Pinkham
(Name in full—surname to the left)

20 December, 1948
(Date)

108-157
(Service number)

Boatswain's Mate, first class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1945	12	20
Enlistment extended (for ____ years from)			
Date of discharge (Honorable) (Character of discharge)	1948	12	20

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	1

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)

	Years	Months	Days
Creditable time served during last enlistment period	3	0	1

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.

G. A. TARDIF

Date 20 December, 1948 (Rank) CBOSN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 21 December, 1948 Heron Neck Light Station, Vinalhaven, Maine
(Unit and place)

I CERTIFY that the above-named man reenlisted in the REGULAR ESTABLISHMENT for
(Reenlisted or voluntarily extended his enlistment)

a period of six (6) years from this date.

Last paid Enlistment Allowance
12/20/45 $150.

G. A. TARDIF

(Rank) CBOSN, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

Heron Neck Light Station Vinalhaven, Maine. 2 June, 1950.

PARMENTER, William P. (100-157) BM1 CG/CG Group Rockland, Maine.

11 5 June, 1950. 13 5 20 December, 1950.

To visit my family and to obtain 5 dys compensatory and 6 dys. AL(ACC)
12 Giles Place, Boothbay Harbor, Maine.

William P. Parmenter

CG Group Rockland, Maine. 2 June, 1950.
31

x

G. A. TARBIF, LTJG

CG Group Rockland, Maine. 5 June, 1950.
0000/5 June, 1950.
0900/17 June, 1950. Heron Neck Light Station

G. A. TARBIF, LTJG

Heron Neck Light Station Vinalhaven, Maine. 14 December, 1949.

PARMENTER, William P. (108-157) EM1 CG/CG Group Rockland, Maine.

8 21 December, 1949. 10 0 20 December, 1950

To obtain 5 days compensatory and 5 days annual leave.
Boothbey Harbor, Maine.

William P. Parmenter

CG Group Rockland, Maine. 21 December, 1949.
20

x

G. A. TARDIF, LTJG

CG Group Rockland, Maine. 21 December, 1949.
0900/21 December, 1949.
0900/30 December, 1949. Heron Neck Light Station

G. A. TARDIF, LTJG

Heron Neck Light Station Vinalhaven, Maine. 20 July, 1949

PARMENTER, William P(108-157)BM1 CO CG Group, Rockland, Maine

15 20 July, 1949 0 0 20 December, 1949
5 Compensatory
10 Annual To visit family.
Vinalhaven, Maine.

141C Lawrence St
Middletown, R.I.
Naval Anchorage
c/o M.P. COLBY

William P. Parmenter, BM1

Group Rockland, Me. 20 July, 1949

x G. A. Nardif, LTJG
xxxxxxxxxxxx

Group, Rockland, Maine. 20 July, 1949

0800
0900, 5 August, 1949 Heron Neck Light Station

G. A. Nardif, LTJG
xxxxxxxxxxxx

PARMENTER, William P. 108-157 BM1

Group, Whitehead, Maine Heron Neck Light Station Vinalhaven, Maine

01-055 01-061 21 December,,1948

21 December, 1948. Reenlisted REGULAR ESTABLISHMENT for a period of six (6) years as BM1.

Entitled to Enlistment Allowance in the amount of $150.00

Art. 556 CG Regs.
Pers. Cir. 20-48.

30-D

G. A. TARDIF, CBOSN

PARMENTER, William P. 108-157 BM1

Group, Whitehead, Maine Heron Neck Light Station Vinalhaven, Maine

01-055 01-061 20 December, 1948

20 December, 1948. - Issued Honorable Discharge certificate by reason expiration of three (3) year term of enlistment plus one day. Enlistment extended one (1) day due to normal expiration date falling on Sunday.
HD button previously issued 19 Dec. 1945.
Not entitled to MOP.
PAFE - Boston, Mass.
POD - Vinalhaven, Maine.
Address subsequent to discharge: Vinalhaven, Maine.
Total Creditable CG Service (this enlistment) 3 yrs. 0 mos. 1 dy.

30-D Art. 589(1) CG Regs. G. A. TARDIF, CHOSN

NAVCG-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG Group, Whitehead
Heron Neck Light Station, Vinalhaven, Maine
(Unit)

PARMENTER, William Pinkham — 20 December, 1948
(Name in full—surname to the left) (Date)

108-157 — Boatswain's Mate, first class
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1945	12	20
Enlistment extended (for ____ years from)			
Date of discharge (Honorable) (Character of discharge)	1948	12	20

Total time of last enlistment period	NUMBER OF— Years	Months	Days
	3	0	1

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)

Creditable time served during last enlistment period			
	3	0	1

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.

G. A. Tardif
G. A. TARDIF

Date 20 December, 1948 (Rank) CBOSN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 21 December, 1948 — Heron Neck Light Station, Vinalhaven, Maine
(Unit and place)

I CERTIFY that the above-named man reenlisted in the REGULAR ESTABLISHMENT for
(Reenlisted or voluntarily extended his enlistment)

a period of six (6) years from this date.

G. A. Tardif
G. A. TARDIF

Last paid Enlistment Allowance
12/20/45 $150.

(Rank) CBOSN, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

CG 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

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

REPORT OF CHANGE IN PAY STATUS

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
FAIRCENTER	William	P.	108-157	BM1

(Unit)	(Place)	(Date)
Group, Whitehead, Maine	Spruce Head, Maine	14 December, 1948

From: COMMANDING OFFICER, CG Group, Whitehead, Maine
To: PAY OFFICER. 1st CG District

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

Completed a three year period of net service and will be credited with an increase in pay on the following statement of service.

Completed, NINE (9) years	11/14/45
AWOL, AOL	NONE
Sick, Misc.	NONE
NPDI	NONE
HD , CGC for reenl	12/19/45
Reenlisted, STE, 3 yrs	12/20/45
AWOL, AOL	NONE
Sick, Misc.	NONE
NPDI	NONE
Completed TWELVE (12) years	11/14/48
Now serving	

AUTHORITY:
Art. 111(1) P&SI

G. A. TARDIF, CDOSN, USCG
(Commanding)

CO, GROUP, WHITEHEAD, MAINE
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date)

(Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—44336-2

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Heron Neck Light Station (Unit) — Vinalhaven, Maine (Place)

21 December, 1948 (Date)

FROM: PARMENTER, William P. (108-157) BM1

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:

Frances Parmenter (Full name of wife; if not married, so state)	Vinalhaven, Maine (Address of wife)
Frederick Louis Parmenter (Full name of child; if none, so state)	Same as above (Address of child)
William Pinkham Parmenter, Jr. (Full name of child; if none, so state)	Same as above (Address of child)
Perry Parmenter (Full name of child; if none, so state)	Same as above (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:

Theresa Parmenter (Full name of relative)	Mother (Relationship)	Boothbay Harbor, Maine (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:

Claude Parmenter (Full name of relative)	Father (Relationship)	Boothbay Harbor, Maine (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

21st day of December, 1948

G. A. TARDIF
(Signature)

CBOSN, USCG
(Rank or title)

William P. Parmenter
William P. Parmenter
(Signature)

BM1
BM1
(Rank or rating)

16—25758-1

To: THE COMMANDANT (PMM)

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT DCGO, 1ND ADDRESS Boston, Mass. DATE 19 December, 1945

PARMENTER, William P.	553-607	BMlc.
(SURNAME, FIRST NAME, INITIAL)	(SERVICE NUMBER)	(RATING)

has completed a continuous period of three (3) years active duty on 1 September, 1945 with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and the above named person has been authorized to wear appropriate (ribbon) (~~star~~) in lieu of actual award at this time.

D. V. HAMMER
By direction

CC: Service record.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3316 (4-52)

Box A

DISTRIBUTION SHEET

PE-PR-50

PAGE	TITLE	NUMBER OF COPIES	DISTRIBUTION INSTRUCTIONS
1	ENLISTMENT CONTRACT	2	Original to Commandant (PE), copy to SR.
1a	CERTIFICATE OF OBLIGATED SERVICE	2	Original to Commandant (PE), copy to SR.
1b	EXTENSION OF ENLISTMENT	4	Original to Commandant (PE), copy to SR, 2 copies to ACO.
2	RECORD OF EMERGENCY DATA (DD FORM 93)	3	Original and 1 to Commandant (PE), copy to SR.
3	CLASSIFICATION TRAINING & RATING SHEET	2	Retain in SR in duplicate. Upon discharge and immediate reenlistment, or transfer to the Reserve, forward duplicate with closed out SR and transfer original to new SR. Upon separation from the service forward duplicate with closed out SR and deliver original to member being separated.
4	COURT MEMORANDUM	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
5	LEAVE RECORD	1	Keep current in SR.
6	MARKS	1	Keep current in SR.
7	ADMINISTRATIVE REMARKS	2	Retain in SR in duplicate. If sheet becomes filled send duplicate to Commandant (PE) and start a new sheet. Upon transfer, when received at ultimate destination, complete and send duplicate to Commandant (PE) and start new sheet.
8	MOTOR VEHICLE OPERATOR'S RECORD		Upon receipt, place in SR and keep current in accordance with existing instructions.
9	RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH	See Chart for Distribution	

ACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Trans. to Res., Retired, Deceased	3	1		2
Rel. from Active Duty	4	1	1	2

INACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Deceased, or Retired	1	1		

10	REPORT OF SEPARATION (DD FORM 214)	8	As indicated at bottom of each copy.
11	DESERTION SHEET	4	All copies to ACO who will sign and complete the disbursing data and return the original and 1 copy to be inserted in SR before it is forwarded to the Commandant (PE).
12	INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
13	VACANT		NOTE: Abbreviations—SR: Service Record. ACO: Authorized Certifying Officer.
14	VACANT		

U. S. GOVERNMENT PRINTING OFFICE 16—66045-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3315 (4-52)

SERVICE RECORD SIGNATURES

GENERAL

(*a*) The purpose of signatures in the service record is to show that the entries are made by proper authority as represented by the person signing them. The signing of the service record also keeps the cognizant officers aware of the correctness of record maintenance and helps to guard against erroneous entries. It is therefore incumbent upon commanding officers to assure that service record entries are signed only by authorized personnel. The grade and title of the officer signing is required.

(*b*) Signatures shall be made in permanent black or blue-black ink only, except as shown below in the case of DD Form 214 which shall be signed with indelible pencil.

(*c*) Contents Checked for Accuracy (inside front cover of service record) shall be initialed by the executive officer or personnel officer each time the contents are checked for accuracy. The check for accuracy shall be made by the officer who initials it for the purpose of determining that all entries have been made in accordance with current instructions; that duplicate sheets have been forwarded to other activities as required; and that all pages are filed in proper order. The following items shall be given particular attention: Name, service number, rating, any special designator, leave record, record of emergency data, remarks, special qualifications, qualifications for advancement, training courses, pay status including cumulative years, and completeness of pages. Any discrepancies, other than misfiled material, shall be reported to the Commandant (PE) by letter.

---

1. THE ENLISTMENT CONTRACT.—The signature of the person being enlisted or reenlisted and the signature of the enlisting officer are required on the enlistment contract at the time of enlistment. Both the original and carbon copy must be signed. (See Sec. 12–3–34, Regulations.)

1a. CERTIFICATE OF OBLIGATION (For original enlistment of persons under 26 years of age).—The signatures of the person being enlisted and the recruiting officer are required as indicated and shall appear on both copies.

1b. THE AGREEMENT TO EXTEND ENLISTMENT must be signed, at the time the agreement is made, by the enlisted person and by the commanding officer. The signature of the enlisted person and the commanding officer are required at the time the extension becomes effective. All copies shall be signed.

2. DD FORM 93 (Record of Emergency Data).—The signature of the enlisted person executing the DD Form 93 is required on each of the three completed copies.

3. CLASSIFICATION TRAINING AND RATING SHEET.—The authorizing officer's signature shall be that of the commanding officer, executive officer or personnel officer. Signatures for service school attendance shall be made by the officer at the school who is authorized to sign such entries or in event the service record is maintained at another unit during attendance at a school, by the commanding officer, executive officer or personnel officer thereof upon receipt of official information for the required entries.

4. COURT MEMORANDUM.—The signature of the commanding officer is required on the Court Memorandum. All copies shall be signed.

5. LEAVE RECORD.—The signature of either the commanding officer or executive officer is required after each entry on the Leave Record and the record of deductible time.

6. MARKS.—The signature of the commanding officer is required after each entry of assigned marks; however, commanding officers of large units (whose duties are such that they should not be required to give the time incident to signing service records) may request authorization from Headquarters to designate an appropriate officer to sign such entries. Such authorization shall be in writing.

7. ADMINISTRATIVE REMARKS.—The signature, grade, and title of either the commanding officer, executive officer, or personnel officer, is required after each administrative entry and after the record of transfer and the record of receipt when occurring.

8. MOTOR VEHICLE OPERATOR'S RECORD.—Accident Record and Traffic Violation entries will be entered as occurring and shall be signed by the commanding officer, executive officer, or personnel officer.

9. RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH.—The signature of the enlisted person is required in the space for election of travel at time of discharge or release from active duty as specified by current travel instructions. The signature of the commanding officer or executive officer is required at the time of discharge, transfer from active duty, or death. Original and all copies shall be signed where signature is indicated.

10. DD FORM 214.—The signature of the individual being separated, and the executive officer or personnel officer are required where indicated. These signatures shall be in indelible pencil. The signatures must be legible on all copies.

11. DESERTION SHEET.—The signature of the commanding officer is required after each entry of declaration of desertion, removal of marks of desertion and order to transfer accounts. The signature of the authorized certifying officer is required as acknowledgment of receipt of funds and order to transfer accounts.

12. INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT.—The signature of the commanding officer is required on the original and the two copies to be forwarded to the authorized certifying officer.

U. S. GOVERNMENT PRINTING OFFICE 16—66646-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG GROUP ROCKLAND, MAINE (Ship or station) (Location) On 20 December 1954 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 20 (Day) December (Month) 1954 (Year)

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

Authority: Art: 12-3-32 (a)(1) CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at CG Group Rockland, Maine. (Place) ON 21 December 1948 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from CG Group Rockland, Maine. (Place) ON 21 December 1948 (Date)

Home address at time of enlistment, induction, or order to active duty Vinalhaven, Maine

TRAVEL DATA

I hereby elect travel allowance to Vinalhaven, Maine. (Location)

Place of HA (See travel instructions)

SIGNATURE William P Parmenter

William P Parmenter

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 checkage for ____ Days excess leave From ____ To ____

Completed 18 years service for pay purposes on 14 November 1954 Payment of discharge gratuity [X] Is directed [ ] Is not directed

REMARKS

Recommended for Reenlistment
Reenlisted for 6 years the 21 December 1954

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.

DISBURSING DATA

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
M. O. WRIGHT,	CHBOSN, USCG, CO.	179-55-85

Travel allowance credited, $ 0.00 Cash settlement for unused accrued leave (60 days) $ 606.22

NAME OF A. C. O. L.A.SEPPALA, CPCLE, USCG, ACO

Computation: MA NOT APPLICABLE
60 days BP&L @ $244.61
60 days Allowance @ $1.95
REENL BONUS (1 X 30 days)(324 dasy) @ $244.61 $464.75
Income tax deducted $171.72

DUE AT DISCHARGE, $ 899.25

PERSONAL FUNDS, $ ////////

GRATUITY CREDITED, $ ////////////

Ship or station CG Group Rockland, Maine.

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
PARMENTER WILLIAM PINKHAM	108-157	EM1

Edition of 4-52 may be used

16—66654-2

INSTRUCTIONS

(1) DISPOSITION DATA—Enter X in the appropriate block or blocks. Enter reason, authority for transfer to reserve or release from active duty, and type of discharge certificate issued, as appropriate.

(2) ENLISTMENT DATA—Enter X in the appropriate block or blocks in case of personnel placed on active duty on date of enlistment or induction; enter place enlisted or inducted, date and place accepted for enlistment, and home address at time of enlistment or induction. In case of personnel ordered to active duty from an inactive status, enter only date and place from which ordered to active duty and home address at time so ordered.

(3) TRAVEL DATA—The individual must elect travel allowance in accordance with effective Travel Instructions. This election must be signed by the individual.

(4) MISCELLANEOUS DATA—Complete blocks and fill-ins as appropriate. Enter number of years' service on date of completion of last period for longevity or basic-pay purposes.

(5) DISBURSING DATA—To be completed on original and all copies when applicable. (NOTE.—Amount due at discharge plus personal funds subtracted from $25 equals gratuity, if any, to be credited.)

(6) The first time this page is used, all copies required will be numbered 1 in the block provided by the page number. Future pages will be numbered (all copies) 2, 3, 4, etc.

(7) The copies required, and disposition of copies and of service record, are as follows:

ACTIVE DUTY PERSONNEL	NUMBER OF COPIES REQUIRED	DISTRIBUTION OF COPIES			SERVICE RECORD TO
		SERVICE RECORD	COMMANDANT (PE)	ACO	
DISCHARGED, RETIRED, DECEASED	3	1		2	COMMANDANT (PE)
RETIRED BUT RETAINED ON ACTIVE DUTY	4	1	1	2	RETAINED AT UNIT
RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
TRANSFERRED TO RESERVE AND RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
INACTIVE DUTY PERSONNEL					
DISCHARGE, DECEASED	1	1			COMMANDANT (PE)

*DISTRICT COMMANDER OF THE COAST GUARD DISTRICT IN WHICH THE INDIVIDUAL WILL RESIDE.

(8) This page will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use, Chapter V, Section A.

U. S. GOVERNMENT PRINTING OFFICE 16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

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

2. Section I will be completed for commencement of pay in the following cases:

a. Upon enlistment, induction, or reenlistment.

b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record* [*Form CG-3301B*], *is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR (*Check appropriate box*): ENLISTMENT [ ] INDUCTION [ ] REENLISTMENT [XX]

DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT: 21 December 1954

LOCATION (*City and state*): Rockland, Maine.

PERIOD OF ENLISTMENT OR REENLISTMENT: Reenlisted for Six (6) 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
20 December 1954	Honorable	Expiration of Enlistment

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
06	00	00	18	01	06	None

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (*If none paid, so state*)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
UNK Got paid $50.00 for 3 years Allowance	None

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*)

Entitled to 6 full months basic pay for Reenlisting for 6 (6) years.

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.
CG Group Rockland, Maine	L. A. SEPPALA, CPCLK, USCG
C. O. ORDER NO. / TYPED NAME, GRADE AND TITLE	SIGNATURE
178-65-85 W.O1 WRIGHT, CHOOSN, USCG, CO.	
NAME (*Last, first, middle*)	SERVICE NO. / RATE
PARMENTER, William Pinkham	

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-261738

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (7-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG Group Rockland, Maine.

20 December 1954

1. Completed 18 years 01 Mon. 06 days active military service. Deductible time 00 days.
2. Interviewed this date concerning advantages of reenlisting in the CG.
3. Man states that he is going to Reenlist for (6) years.
4. Man is recommended for Reenlistment.
5. Interviewed this dat concerning rights and privilidges as a veteran.
6. Entitled to MOP in the amount of $300.00

M. O. WRIGHT

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.
PARMENTER	William	Pinkham	108-157

10- 36750-3

INSTRUCTIONS

(1) This page will be prepared in duplicate. Both the original and the duplicate will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with chapter V, section A, U. S. Navy Correspondence Manual as amended for Coast Guard use.

(2) This page will be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Various types of entries to be entered on this page are described in article 13–B–19, Personnel Manual.

(3) This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases the applicable sections shall be complete as occurring. The "Record of Transfer" portion of this page will be completed by the ship or station from which transferred. The blank space below this entry is for such use as may be desired by intermediate reporting stations and transporting vessels and is primarily designed for rubber-stamp endorsements showing such intermediate reportings. The final portion of this page will be completed by the activity shown as the ultimate destination on the individual's orders at the time the individual is received except in those cases where the individual is transferred to a district office for further assignment by the district commander in which case the final portion will be completed by the activity to which the individual is ordered to report by the district commander.

(4) Upon receipt at ultimate destination after transfer, the information at the bottom of the page (Record of Receipt) will be completed, the name and service number will be checked for completeness and correctness, and the signed duplicate forwarded to the commandant (PE). The duplicate will also be forwarded to the commandant (PE) immediately when the page has been completely filled with administrative entries. After the duplicate has been forwarded to the commandant, no entries or changes will be made on the original thereof but a new original and duplicate will be inserted for use in the record and the successive pages will be numbered 2, 3, 4, etc., in block provided.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-2

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

ADMINISTRATIVE REMARKS

SHIP OR STATION

CG GROUP, ROCKLAND, MAINE

CG Group
Rockland, Maine

29 January 1953

Received one (1) Good Conduct Medal and one (1) Good Conduct Bar for three year periods of meritorious enlisted service in the United States Coast Guard ending 9-1-45 and 9-1-48 while attached to Boon Island L/S and Group Whitehead.

M. O. WRIGHT, CHBOSN, USCG

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.
PARMENTER,	William	P.	108-157

ADMINISTRATIVE REMARKS

16—66780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

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

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
6/30/52	Qrtly	BM1	3.5	3.5	4.0	Grp. Rockland, Maine	/s/ E.L. LIBBY, CBOSN CO
8/15/52	Rel. Comm.	BM1	3.5	3.5	4.0	Grp. Rockland, Maine	E.L. Libby CBOSN CO
9/30/52	Qrtly	BM1	3.7	3.7	4.0	Grp. Rockland, Maine	M.O. Wright CBOSN CO
*9/30/52	RQM	BM1	3.6	3.6	4.0	Grp. Rockland, Maine	M.O. Wright CBOSN CO
*12/31/52	Qrtly	BM1	3.7	3.7	4.0	Grp. Rockland, Maine	M.O. Wright CHBOSN CO
*3/31/53	EQM	BM1	3.7	3.7	4.0	Grp. Rockland, Maine	M.O. Wright CHBOSN CO
*6-30-53	EQM	BM1	3.7	3.7	4.0	CG GROUP, ROCKLAND, ME.	M.O. Wright CHBOSN, USCG, CO
*9-30-53	RQM	BM1	3.7	3.7	4.0	CG GROUP, ROCKLAND, ME.	M.O. Wright CHBOSN, USCG, CO
*12-31-53	RQM	BM1	3.7	3.7	4.0	CG GROUP, ROCKLAND, ME.	M.O. Wright CHBOSN, USCG, CO
*3-31-54	RQM	BM1	3.7	3.7	4.0	CG GROUP, ROCKLAND, ME.	M.O. Wright CHBOSN, USCG, CO
*6-30-54	RQM	BM1	3.7	3.7	4.0	CG GROUP, ROCKLAND, ME	M.O. Wright CHBOSN, USCG, CO
*9-30-54	RQM	BM1	3.7	3.7	4.0	CG GROUP, ROCKLAND, ME	M.O. Wright CHBOSN, USCG, CO.
12-20-54	DIS	BM1	3.7	3.7	4.0	CG GROUP, Rockland, Me	M.O. WRIGHT, CHBOSN, CO.
Average Mark:			3.65	3.58	4.0	CG GROUP, ROCKLAND, ME	M.O. WRIGHT, CHBOSN, CO.

NAME (Last) PARMENTER, (First) William (Middle) P. SERVICE NO. 108-157

MARKS

16—66652-1

Instructions

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

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

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

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

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

LEAVE RECORD

DATE: | Credit brought forward from previous record | DAYS | AUTHENTICATED BY

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
				7-1-52	30	53	Group Rockland, Me.	/s/ E.D. LIBBY, CBOSN CO
9/12/52	9/23/52	12	A			41	Group Rockland, Me.	CBOSN CO
6 MAY 53	16 MAY 53	11	A			30	COMDR., ROCKLAND GROUP	CBOSN, USCG-CO
				30 JUN 53	30	60	ROCKLAND GRP.	CHBOSN., USCG-CO
				BBF 1 JUL 53		60	ROCKLAND GRP.	CHBOSN, USCG, CO
3 SEPT 53	7 SEPT 53	5	A			55	ROCKLAND GRP.	CHBOSN, USCG, CO
12 MAY 54	5 JUN 54	20	A			35	ROCKLAND GRP	CHBOSN, USCG, CO
				ANCR 30 JUN 54	30	60	ROCKLAND GRP	CHBOSN, USCG, CO
				BBF 1 JUL 54		60	ROCKLAND GRP	CHBOSN, USCG, CO
8 OCT 54	22 OCT 54	15	A			45	Rockland Grp	CHBOSN, USCG, CO.
				20 December 54	59½	60	ROCKLAND GRP	M.O. WRIGHT, CHBOSN., CO.

PE-PR-50

Elects to receive cash compensation for 60 days unused leave
PAID: $489.22 for 60 days unused leave
$117.00 Allowance @ $1.95 at CLCGD
20 December 1954
L. A. SEPPALA, CPCLK, USCG, ACO

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
"NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT"				Rockland Grp	M.O. WRIGHT

NAME (Last) PARMENTER, (First) William (Middle) P. | SERVICE NO. 108-157

INSTRUCTIONS

(1) To be kept current in service record in accordance with existing instructions. Forward to the Commandant(PE) with closed-out service record.

(2) LEAVE RECORD.—Enter dates, kind, and number of days leave taken upon return from leave or upon reporting to new duty station when leave has been taken enroute. The kinds of leave will be entered as follows:

A— Regular leave.
E— Emergency leave.
R— Reenlistment leave.
RT— Recruit leave.

(3) In the column headed "credited," entries shall be made only on 30 June of each year, and upon retirement, release from active duty, desertion, or separation. Credit for the previous fiscal year must always be entered prior to granting leave in current fiscal year.

(4) Prior to transfer the commanding officer shall enter and sign below the last entry "no leave taken at this command," or "no leave taken since date of last entry," and "that leave rations credited are not in excess of leave taken."

(5) TIME NOT SERVED.—Enter all periods of AWOL, SKMC, confinement awaiting trial by courts-martial which results in conviction, and confinement under sentence of a courts-martial. An asterisk will be placed before all AWOL and confinement under sentence entries to show periods during which leave does not accrue.

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

U. S. GOVERNMENT PRINTING OFFICE 16—66741-1

CG 2500-C
(Rev. 4-49)

RECORD OF PARMENTER, William P. (Full name, surname to the left) 108-157 (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/7/1/50			27							27	JTJG,CO
				0900	11-14-50	0900	11-28-50	AL(ACC)	13	14	Grp,Rockland,Maine.
											JTJG,CO
				0900	11-14-50	0900-	11-24-50	AL(ACC)	9	18	Grp,Rockland, Maine
				0900	4/21/51	0900	4/27/51	AL(ACC)	5	13	CBOSN
ANCR 6/30/51			30							43	CBOSN CO
BBF 7/1/51			43							43	CBOSN CO
				1230	12/13/51	0900	1/3/52	AL ACC	20	23	CBOSN CO
6-30-52 ANCR	12	0	30							53	CBOSN CO
7-1-52 BBF			53							53	CBOSN CO

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—0676-3

RECORD OF PARENTER, William P. 108-157

(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 (Inclusive dates) From—	Period (Inclusive dates) To—	Reason (AOL, AOM, etc.)	Time Lost: Longevity Months	Time Lost: Longevity Days	Time Lost: Enlistment Days	Signature and Unit

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

PARMENTER, William P. 108-157
(Full name, surname to left) (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		
IC	12/21/48	00						00	CBOSN, CO
ANCR	6/30/49	16						16	LTJG CO
BBF	7/1/49	16						16	LTJG CO
			7/25/49	8/5/49	ACC	ANN	10	6	LTJG, CO
			12/26/49	12/30/49	ACC-REG		3	3	LTJG, CO
			6/10/50	6/17/50	ACC-REG		6	-3	LTJG, CO
ANCR	6/30/50	30						27	LTJG, CO Grp, Rockland, Me.
BBF	7/1/50	27						27	LTJG, CO Grp, Rockland, Me.

Transferred to new leave sheet.

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM (inclusive dates)	TO	REASON	NO. DAYS	CO'S SIGNATURE AND UNIT

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *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
PARMENTER	William	Pinkham		108-157		BM1

Instructions

(1) Prepare in duplicate. Retain original and duplicate in service record until separated from the Coast Guard. In case of immediate reenlistment, transfer original to new service record and forward duplicate with closed-out service record to Commandant (PE). If individual does not immediately reenlist, the original copy shall be securely stapled to the individual's copy of Report of Separation from the Armed Forces of the United States (DD 214) and the individual notified that he should retain this page and present it with his discharge certificate should he desire to reenlist at any time either in the Regular Coast Guard or in the Coast Guard Reserve.

(2) Item 1—Enter, as occurring, any changes in rating and acquirement of a designator and/or mechanical skill, such as completion of propeller (aviation), carburetor (aviation), refrigeration training, etc.

(3) Item 2—School commands will complete upon graduation or disenrollment from a service school.

(4) Item 3—Complete all entries as soon as practicable after enlistment.

(5) Item 4—To be completed when an individual completes Coast Guard Institute Courses.

(6) Item 5—To be completed when an individual completes USAFI, other correspondence courses, etc.

U. S. GOVERNMENT PRINTING OFFICE 16—66740-1

NCG 2500-C
(Rev. June 1942)

Sheet 1

SERVICE RECORD

RECORD OF PARMENTER, William P. (Full name, surname to the left) 108-157 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			Grp.Whitehead	12/21/48	[signature] EBOSN,CC

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

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 PARMENTER, William P. (Full name, surname to the left) 108-157 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12/31/48	BM1	LESS THAN ONE MONTH				4.0	Grp.Whitehead,Me G.A.Tardif LTJG,CO
3/31/49	BM1	3.5	3.5	3.3	3.5	4.0	Grp.Whitehead,Me G.A.Tardif LTJG,CO
6/30/49	BM1	3.5	3.5	3.3	3.5	4.0	Grp, Rockland, Me. G.A.Tardif LTJG CO
9/30/49	BM1	3.5	3.5	3.3	3.5	4.0	Grp,Rockland,Me. G.A.Tardif LTJG,CO
12/31/49	BM1	3.5	3.5	3.3	3.5	4.0	Grp,Rockland,Me. G.A.Tardif LTJG,CO
3/31/50	BM1	3.5	3.5	3.3	3.5	4.0	Grp,Rockland,Me. G.A.Tardif LTJG,CO
6/30/50	BM1	3.5	3.5	3.3	3.5	4.0	Grp,Rockland,Me. G.A.Tardif LTJG,CO
9/30/50	BM1	3.5	3.5	3.3	3.5	4.0	Grp.Rockland,Me. G.A.Tardif LTJG,CO
12/31/50	BM1	3.5	3.5	3.3	3.5	4.0	Grp,Rockland,Me. G.A.Tardif LTJG,CO
3/31/51	BM1	3.5	3.5	3.3	3.5	4.0	Grp,Rockland,Me. G.A.Tardif LTJG,CO
6/30/51	BM1	3.6	3.6	3.3	3.5	4.0	Grp Rockland Me. G.L.Lilly CBOSN CO
9/30/51	BM1	3.6	3.6	3.3	3.5	4.0	Grp Rkld., Me. G.L.Lilly CBOSN CO
12/31/51	BM1	3.6	3.6	3.3	3.5	4.0	Grp Rockland, Me. G.L.Lilly CBOSN CO
3/31/52	BM1	3.5	3.5	3.3	3.5	4.0	Grp Rockland,Me. G.L.Lilly CBOSN CO
6/30/52	BM1	3.5	3.5	3.3	3.5	4.0	Grp Rockland,Me. G.L.Lilly CBOSN CO
AVERAGE	X X X X						

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS
Group, Whitehead, Maine	12/21/48	Transcribed from previous service record. HD Button previously issued. Entitled to wear CG Good Conduct Ribbon. 10/15/48. Issued World War II Victory Medal, and American Area Campaign Medal. G.A.Tardif G. A. TARDIF, LTJG,CO

16—9676-2

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
PARMENTER, William Pinkham	108-157	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)*: Frances Edwina Parmenter — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: 12 Giles Place, Boothbay Harbor, Maine.

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)*: Frances Edwina Parmenter — ADDRESS *(Number, street, city, zone, and State)*: 12 Giles Place, Boothbay Harbor, Maine.

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
Frederick Lewis Parmenter	12 Giles Place, Boothbay Harbor Maine.		X	X		24
William Pinkham Parmenter Jr.	1087 15th St., Burlin, Calif.		X	X		22
Perry Parmenter	12 Giles Place, Boothbay Harbor, Maine.		X	X		8

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Claude Lewis Parmenter — ADDRESS *(Number, street, city, zone, and State)*: Atlantic Ave., Boothbay Harbor, Maine.

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Theresa May Parmenter — ADDRESS *(Number, street, city, zone, and State)*: Atlantic Ave., Boothbay Harbor, Maine.

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: Claude Lewis Parmenter — RELATIONSHIP: Father

ADDRESS *(Number, street, city, zone, and State)*: Atlantic Ave., Boothbay Harbor, Maine.

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: Theresa May Parmenter — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: Atlantic Ave., Boothbay Harbor, Maine.

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: Frances Edwina Parmenter — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 12 Giles Place, Boothbay Harbor, Maine. — RECEIVE EACH MONTH: 75 % OF MY PAY.

MILITARY ADDRESS: Heron Neck Light Station, Vinalhaven, Maine. (Grp, Rockland, Maine). — DATE SIGNED: 8/25/50 — SIGNATURE OF DESIGNATOR: William Pinkham Parmenter

William Pinkham Parmenter.....

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	ADDRESS	CHECK ONE		SEX		AGE
FIRST NAME—MIDDLE NAME—LAST NAME	(*Number, street, city, zone, and State*)	MARRIED	SINGLE	M	F	

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS:

16—61480-1 U. S. GOVERNMENT PRINTING OFFICE : 1950—O-873269

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

Auth: 3d Indorsement on Form 2525B, 2 Dec. 1948

UNITED STATES { COAST GUARD / ~~XXXXXXXXXXXXXXXX~~ }

ENLISTMENT OF PARMENTER, William Pinkham (Full name, surname to left); 108-157 (Service number); $162.00 (Pay per month)

Accepted for enlistment at Vinalhaven, Maine; BM1 (Rating in which enlisted)

Enlisted at Heron Neck Light Station, Vinalhaven, Maine; 21 December, 1948 (Date of enlistment)

Transferred to

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization Certificate No.

Date of birth 25 March, 1907 Place of birth Boothbay Harbor, Maine

Home address (Street and number) Vinalhaven (Town) (County) Maine (State)

Married or single Married Name and address of next of kin or legal guardian Frances Parmenter (Wife) (Relationship) Vinalhaven, Maine (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / ~~Reserve~~ } 12 (Years) 1 (Months) 6 (Days)

First enlisted 3 March, 1927 (Date) at Rockland, Maine (Place) and was last discharged 20 December, 1948 (Date) from Heron Neck Light Station (Unit)

with Honorable (Character) discharge as BM1 (Rate) No.

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 8 months.

Height 5 feet 7½ inches. Weight 150 pounds.

Eyes Hazel Sex Male Hair Brown Complexion Ruddy 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 CBOSN G.A.TARDIF 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 years from 21 December, 1948 / 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, William Pinkham Parmenter, 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.

William Pinkham Parmenter

William Pinkham Parmenter
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 21st day of December, A. D. 1948

G. A. TARDIF
(Commanding officer, notary public, or other officer qualified to administer oaths)

CBOSN
(Title)

Citizenship substantiated and contract perfected.

G. A. TARDIF

CBOSN, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16—8420-2

UNITED STATES COAST GUARD PE-71

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

PE-1
16 September 1958

TONO: 51170/99201X

1958 SEP 16 16 14

From: Commandant
To: PARMENTER, William P. (108-157) BM1, USCG
Via: Commander, First Coast Guard District (p)

PEA-A

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 November 1958. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard. You will be separated in accordance with Chapter 12, Personnel Manual.

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

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

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

J. H. WAGLINE
By direction

Encl:
(1) Information relative to retirement

HHISTOCK:FC:mds Ret 3-11

UNITED STATES COAST GUARD

RECEIVED
PERSONNEL DIVISION
AUG 25 1 25 PM 1958

ADDRESS REPLY TO
COMMANDER
COAST GUARD GROUP
ROCKLAND, MAINE

19 August 1958
P19-2

From: PARMENTER, William P. (108-157) BM1, USCG
To: COMMANDANT (PE)
Via: (1) Commander, Coast Guard Group, Rockland, Me.
(2) Commander, First Coast Guard District (p)

Subj: Retirement; request for

Ref: (a) PERSONNEL INSTRUCTION NO. 8-57

1. In accordance with instructions contained in reference (a), it is respectfully requested that I be considered for retirement on the first day of October, 1958, or as soon thereafter as possible, under the provisions of Title 14, United States Code, Section 355. I have completed 21 years 9 months and 5 days service as of this date.

William P Parmenter
William P. Parmenter

---

19 August 1958

FIRST ENDORSEMENT on PARMENTER's ltr P19-2 dtd 8-19-58

From: Commander, Coast Guard Group, Rockland, Me.
To: COMMANDANT (PE)
Via: Commander, First Coast Guard District (p)

1. Forwarded approved.

H. N. LITCHFIELD

1958 AUG 29 15 41
PEA-A

p
P19-2
27 August 1958

SECOND ENDORSEMENT on PARMENTER, William P. (108-157) BM1 ltr of 8-19-58

From: Commander, First Coast Guard District
To: Commandant (PE)

1. Forwarded.

J. F. CURRY
By direction

C O M M A N D E R
COAST GUARD GROUP
ROCKLAND, MAINE

19 August 1958
P19-2

From: PARMENTER, William P. (108-157) BM1, USCG
To: COMMANDANT (PE)
Via: (1) Commander, Coast Guard Group, Rockland, Me.
(2) Commander, First Coast Guard District (p)

Subj: Retirement; request for

Ref: (a) PERSONNEL INSTRUCTION NO. 8-57

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William P Parmenter
William P. Parmenter

- -

19 August 1958

FIRST ENDORSEMENT on PARMENTER's ltr P19-2 dtd 8-19-58

From: Commander, Coast Guard Group, Rockland, Me.
To: COMMANDANT (PE)
Via: Commander, First Coast Guard District (p)

1. Forwarded approved.

H. N. LITCHFIELD

p
P19-2
27 August 1958

SECOND ENDORSEMENT on PARMENTER, William P. (108-157) BM1 ltr of 8-19-58

From: Commander, First Coast Guard District
To: Commandant (PE)

1. Forwarded.

J. F. CURRY
By direction

File 3-13

PS-1
L-13
26 November 1958

From: Commandant
To: PARMENTER, William P. (108-157) BM1, USCG, Retired
P. O. Box 33, Vinalhaven, Maine

Subj: National Service Life Insurance, re-establishment of allotment upon retirement 1 November 1958

1. The records at Headquarters indicate that you applied for a waiver of premiums on $5,000 National Service Life Insurance and authorized discontinuance of the allotment in the amount of $4.75 with month of last payment July 1958.

2. Your attention is called to the fact that while on waiver of premiums the term period of your $5,000 National Service Life Insurance issued under policy number V 1650 55 92 expired on 31 July 1956. The policy was automatically renewed for an additional 5-year period in accordance with Public Law 148, 83rd Congress. Under the provision of Public Law 23, 82nd Congress, payment of premiums on this insurance must be resumed by the insured within 120 days after the date of separation from active service in order to prevent lapse of this policy.

3. If you desire to continue the protection of this insurance after the 120 day period, future premium payments may be forwarded directly to the Veterans Administration or you may authorize an allotment from your retired pay. If you desire to pay future premiums by allotment, it is necessary that you authorize an allotment in the amount of $6.00 with month of first payment February 1959 which is the rate for the renewed policy.

4. The necessary Allotment Authorization, NAV S & A Form 545 is enclosed. It is requested that you sign this form at the place indicated and return it promptly to Commandant (PS).in the enclosed pre-addressed envelope.

E. S. KERR, JR.
By direction

Encl: (1) NAV S & A Form 545
(2) Envelope

SLBraxton:slb 26 Nov. 1958

USCG BASE, SOUTH PORTLAND, MAINE Date 22 May, 1953 Receipt No. B-1908-53

From: CG Base, South Portland, Maine To: SADDLEBACK LS

Reference: Via CG Truck

No. & Kind of Parcel	CONTENTS
1 Ctn	Engine Parts SP-1063-53
1 CTN	Engine parts for whitehead S/S.

Receiving Unit: Received By: Date:

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3444 (5-53)

SICK CALL TREATMENT RECORD

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NO.

DATE	UNIT	COMPLAINT	TREATMENT	DISPOSITION	INITIAL

Retired
Box 481

RF CURY DEPAR MENT
U. S. Coast Guard
Form CGD1-FL-40 (6-57)

UNITED STATES COAST GUARD

Address Reply to:
Comdr., 1st CG District
1400 Custom House Boston, Mass.

Date: 28 October 1958
File: L16-5/MM

From: PARMENTER, W.P. (108-157) BM1, USCG
To: Commandant (PS-2)
Via: (1) Commanding Officer,
(2) Authorized Certifying Officer

Subj: Notification of Change in Dependency Status for BAQ

1. Notification is made of the following change in dependency status which reduces or terminates entitlement to basic allowance for quarters. Documents required

Name of Dependent(s)	Relationship	Date and Nature of Change
FRANCIS E. PARMENTER (TWO)	WIFE	11/1/58 RETIRED

2. The following allotment stoppage is requested:

Allottee	Month of Last Payment	Amount
FRANCIS E. PARMENTER (TWO)	OCTOBER 1958	160.00

3. The following allotment start is requested:

Allottee's Name and address	Relationship	Mo. 1st Pmt.	Amount

For support of: _____

_____ (Signature of member, if required)

3-13 FILE

FIRST ENDORSEMENT

Date: L16-5/MM

From: Commanding Officer,
To: Commandant (PS-2)
Via: Authorized Certifying Officer

1. Forwarded.

D. A. SECTION

_____ (Commanding Officer By direction)

16 AUG 1960

SECOND ENDORSEMENT
From: Authorized Certifying Officer
To: Commandant (PS-2)

1. Forwarded. BAQ (W)(IC-1) terminated as of 31 OCT 1958 (and BAQ _____ commenced as of _____). Allotment action requested above entered on current pay record on 28 October 1958.

J. E. GILES, CHSPCK, W.B., USCG
(Authorized Certifying Officer)

KCG

(For Comdt (PS-2) use only)

14 NOV 1958
BAQ Payments Authorized for
_____ dependents commencing
11/1/58

_____
Chief, Dependents Allowance
545 to FP-1 on 14 NOV 1958

14 NOV 1958

UNITED STATES COAST GUARD

ADDRESS REPLY TO

11 October, 1950.
Heron Neck Light Station
CG Group Rockland, Maine.

AND REFER TO

From: PARMENTER, William P. (108-157)BM1; USCG
To: Commandant (PMM)

Via: 1. Commanding Officer, CG Group Rockland, Maine.
2. Authorized Certifying Officer, 1st. CG District

Subj: Application for payment of basic allowance for quarters

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Frances Edwina Parmenter 12 Giles Place, Boothbay Harbor, Maine.	Wife	Married at Boothbay, Maine. 6 July, 1926
Perry Parmenter 12 Giles Place, Boothbay Harbor, Maine.	Son	Born Boothbay Harbor, Maine 23 January, 1942

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents are not in occupancy of public quarters, 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:

Frances Edwina Parmenter ~~November, 1950.~~ 8/52 ~~$150.00~~ 160.00

Basic allowance for quarters
claimed for each dependent
on and after 1 August, 1950.

William P. Parmenter
William P. Parmenter, BM1

Ind-1
CG Group Rockland, Maine. 11 October, 1950.

From: Commanding Officer, CG Group Rockland, Maine.
To: Commandant (PMM)
Via: Authorized Certifying Officer, 1st. CG District

Forwarded; approved.

P. G. LEDOUX
Acting

OCT 31 1950

Ind-2
CGD ONE
Boston 9, Mass.

27 October, 1950

From: Authorized Certifying Officer, 1CGD
To: THE COMMANDANT (PMM)

Forwarded. "Allotment(s) totalling $150.00, registered, effective 1st payment NOVEMBER, 1950.

W.E. SPARKS, CPCLK, USCG
Authorized Certifying Officer

BAQ Payments Authorized for

2 dependents commencing

8/1/50

O. C. Godwin
Chief, Family Allowance Sec.

67.50

ALLOTMENT STOPPAGE

1 - 14 Q-1

From compensation of WHITEHEAD LBS.

PARMENTER, William P. (108-157) BM1

Amount $150.00

PAYABLE TO

Name FRANCES EDWINA PARMENTER (W)

Street and No. 12 Giles Place

Post office Boothbay Harbor State Maine

Stop allotment after payment for the month of July 1952 for which checkage has been made.

REASON FOR STOPPAGE: To increase Q-1 Allotment

William P. Parmenter
(Signature of Allotter)

Rank or rating BM1

APPROVED:

Commanding _____ or
Commander _____ District

STOPPAGE REGISTERED, Date 23 July 1952

T. M. KROTKY, CPCLK, U. S. C. G.

Pay Officer CCGD 1

NOTICE TO ALLOTTEE

You are advised that this allotment has been discontinued after payment for the month indicated for the reason stated above.

Allotment Disbursing Officer.

APPLICATION FOR ALLOTMENT

1 - 13 Q-1

From compensation of WHITEHEAD LBS.

PARMENTER, William P. (108-157) BM1

PAYABLE TO

Monthly allotment in the amount of ONE HUNDRED SIXTY and no/100 (Words) ($160.00 (Figures)) Dollars.

If payable to a bank, business institution, or individual, for credit of*

Name

Name FRANCES EDWINA PARMENTER (W)

Street and No. 12 Giles Place

Post office Boothbay Harbor State Maine

Reason for allotment To increase Q-1 Allotment (2)

First payment: Month August, 1952

I hereby request and authorize allotment, chargeable to my pay, as above.

William P. Parmenter

Rank or rating BM1 U. S. C. G.

_____, 19__

Approved, allotment granted.

Commanding

Commander, _____ District.

Witnessed and registered 23 July, 1952

T. M. KROTKY, CPCLK, USCG.

Pay officer, CCGD 1

16—12642—1

NOTICE TO PAYEE

This allotment has been placed in effect with first payment to be made for the month of _____

Checks will be mailed you on the last day of each month without further action on your part. Keep this office advised of any change of your address.

All inquiries regarding this allotment should show the name of the allotter and be addressed to the Allotment Disbursing Officer, U. S. Coast Guard, Washington, D. C.

Allotment Disbursing Officer.

DO NOT FOLD — MAIL FLAT

* Allotter or member immediate family

UNITED STATES COAST GUARD

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

PS
•10 November 1954
P7

Mrs. Frances E. Parmenter
Box A
Vinal Haven, Maine

Re: PARMENTER, William P. (108-157)

Dear Madam:

The above named enlisted member of the United States Coast Guard has registered a Class Q allotment under the provisions of the Dependents Assistance Act of 1950. This allotment has been processed and if you are not currently receiving payment of this allotment, you may expect to receive payment in the very near future. However, for the payment of this allotment to continue, it will be necessary for you to forward the items checked below to the Chief, Dependents Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C., with a minimum of delay:

☒ XXX A certified copy of your certificate of marriage.

☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

☒ XXX A certified copy of the PUBLIC RECORD OF BIRTH of, Perry Parmenter.

(Note: This must be a copy of the public record of birth as issued by the Bureau of Vital Statistics of the State where the child was born. Notifications of Birth Registration, Baptismal Certificates, Hospital Certificates, etc., are not acceptable.)

☐

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

4965 Treas. CGHQ Wash.DC

NOV 17 1954

(Form T-2)

RECORD OF A MARRIAGE

Groom: William P.Parmenter

Bride: Frances E.Colby

Residence of Groom: Boothbay Harbor Me.

" " Bride: Boothbay Harbor Me.

Age of Groom: 19,Years

" " Bride: 18,Years

Color of Groom: W

" " Bride: W

Occupation of Groom: Fisherman

" " Bride: At home

Birthplace of Groom: Boothbay Harbor Me.

" " Bride: Boothbay Harbor Me.

No. of Marriage of Groom: First

" " " " Bride: First

Groom Widowed or Divorced: S

Bride " " " " : S

Intention filed: June 30,1926,

By whom married: Philip Hughey

Residence: Boothbay Maine

Official Station*: Clergyman

Date of Marriage: July 6th. 1926,

Place: Boothbay Maine

*Clergyman, Justice of the Peace, etc.

[Record continued over]

Form T-1

RECORD OF A BIRTH

Place of Birth: Boothbay Harbor Main

Street: Atlantic Ave. No.

Child's Name: Perry Parmenter

Date of Birth: January 28th. 1942,

Sex: M Color: W

Living or Stillborn: L

No. of Child, 1st, 2nd, etc.: 6th.

No. of children of this mother now living: 3

Legitimate or Illegitimate: L

Father's Name: William Pinkham Parmenter

" Color or Race: W Age: 35

" Birthplace: Boothbay Harbor Me

" Residence: Boothbay Harbor Me.

Street: Atlantic Ave. No.

Father's Occupation: Shipfitter

Mother's Maiden Name: Frances Edwina Colby

" Color or Race: W Age: 35

" Residence: Boothbay Harbor Me.

" Birthplace: Boothbay Harbor Me.

" Occupation: Housewife

Name and address of Physician (or other person) reporting said birth. Philip Gregory M.D

Boothbay Harbor Maine

Date when received by Town Clerk: 1/31/42

State of Maine

I hereby certify that the above birth record is correct to the best of my knowledge and belief.

G W Greenleaf

Clerk of Boothbay Harbor Maine

(108-157) PARMENTER, William P.

Frances Edwina Parmenter

Box A

Vinal Haven, Maine

[Record Continued]

GROOM'S FATHER AND MOTHER

Father's Name: Claud Parmenter
" Residence: Boothbay Harbor Me.
" Color: W
" Occupation: Engineer
" Birthplace: Bristol Maine
Mother's Name: Theresa Pinkham
" Residence: Boothbay Harbor Me
" Color: W
" Occupation: Housewife
" Birthplace: Boothbay Harbor Me.

BRIDE'S FATHER AND MOTHER

Father's Name: Ralph W.Colby
" Residence: Boothbay Harbor Me.
" Color: W
" Occupation: Engineer
" Birthplace: Westport Maine
Mother's Name: Lillian Williams
" Residence: Boothbay Harbor Me.
" Color: W
" Occupation: Housewife
" Birthplace: Boothbay Harbor Me.

STATE OF MAINE

I hereby certify that the above marriage record is correct to the best of my knowledge and belief.

G W Greenleaf
Clerk of Boothbay Harbor Maine

Parmenter William P
102-57

Mrs. Frances Parmenter
P.O. Box A
Vinalhaven, Maine

VINALHAVEN NOV 15 7304 1954 MAINE

UNITED STATES COAST GUARD

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

PS
10 November 1954
P7

Mrs. Frances E. Parmenter
Box A
Vinal Haven, Maine

Re: PARMENTER, William P. (108-157)

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☐ A copy of your decree of divorce from each of your former marriages, certified by the clerk of court where issued. (Note: If a former marriage was dissolved by death, a certified copy of the certificate of death must be forwarded.)

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☐

Sincerely yours,

F. S. TURNER
Lieutenant, U. S. Coast Guard
Chief, Dependents Allowance Section
By direction of the Commandant

4965 Treas. CGHQ Wash.DC

Pending file/hea

From FA No documents

BAQ CLASS	DATE AUTH.	ANNUAL REDET.	DATE CANCELLED	REASON
(W)(LC-3) 11/43; (W)(LC-2) 12/44; (W)(LC-1) 7/49				
(W) (LC-1)	8/1/50		MC BC	7/6/26 (Frances Edwina Colbt) Boothbay Me. 11/28/42 (Perry Parmenter)
(W)(LC-1)			10/30/58	Ret. 11/1/58 Retirement RGG Effective Nov 1, 1958

REQUEST FOR INFORMATION FROM UNIFORMED SERVICES

Transfer

1. IDENTIFICATION OF VETERAN *(to be completed by Social Security Administration)*

NAME USED IN SERVICE *(Last, first, middle)*	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
William P. Parmenter	3/25/07		007-10-7964

OCG 53076

PERIODS OF ACTIVE MILITARY SERVICE

BRANCH OF SERVICE	DATE ACTIVE DUTY BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK
U. S. Coast Guard	September 1942	11/1/58	108-157	BM1

PERIODS OF MILITARY RESERVE MEMBERSHIP DATING AFTER DUTY SHOWN ABOVE. IF NONE, CHECK THIS BLOCK. ☒

BRANCH OF SERVICE	DATE MEMBERSHIP BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK
	Ret.	11-1-58		

PRESENT STATUS *(or status at death):* ☒ Military Retiree ☐ Discharged *(No current military status)*

2. CERTIFICATION REQUESTED *(Social Security will check applicable blocks)*

☒ active service after Sept. 7, 1939 *(Part A on reverse)* ☒ retired or retainer pay *(Part B on reverse)* ☐ evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

In all cases, please verify the veteran's name and service number furnished by the Social Security Administration. If identical with the military file, check "Yes" in the spaces provided on the reverse of this form; if different, check "No" and enter the name and/or service number shown in the military file.

Then certify the information requested by the Social Security Administration in item 2 above. All applicable items in the block are to be filled in by the certifying organization. If you need additional space or remarks are appropriate, use the "Remarks" space on the reverse.

The duplicate copy of this form should be kept in the veteran's military file whenever a certification about retired or retainer pay (Part B) is furnished. If there is ever a subsequent change made in the retirement record which affects the information furnished, the Social Security Administration should be advised accordingly.

PART A – This information permits the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940–July 24, 1947) or post-World War II (July 25, 1947–December 31, 1956) for which military service wage credits may be granted. List each period of service and identify all periods of service designated as "active duty for training."

PART B – Social Security needs this information to determine whether wage credits are precluded because another Federal Agency has determined that a periodic benefit is payable based in whole or part on active military service in World War II or post-World War II.

Military retired pay is based on the WW II or post-WW II period of service, as the case may be, if active service in the period *has ever* been directly credited (used) in establishing eligibility to the retired pay, or in computing the amount of such pay. Transfer to the Fleet Naval (or Marine Corps) Reserve is treated the same as a normal retirement for purposes of completing this form. A decision to retire an individual, when officially approved, constitutes a retirement even though for any reason no retired pay is ever made.

Items 1(c) and (d) – Active service was "used" in establishing eligibility to retired pay if it comprises part of the total minimum service required for retirement according to the provisions of law under which the veteran was actually retired. The fact that he was eligible for retirement under some other provision of law is immaterial.

Item 2(a) – Retired pay is "fixed" when one of several applicable formulas for computing retirement pay is selected. If the individual is given the option of deciding which formula is to be used, the pay is not "fixed" until the selection is made and approved.

Items 2(a), (b) and (c) – A "multiple of active service" is that number used to represent years of active service when computing retirement pay. For purposes of this multiple, fractions of one-half year or more of active service are counted as a whole year. However, when computing longevity retirement and pay from the Public Health Service, the multiple is the last full year.

Item 3 – The terms "active duty" and "active duty for training" have the same meaning as defined in Sec. 102 of Public Law 881, 84th Congress (Servicemen's and Veterans' Survivor Benefits Act).

PART C – This information is requested where proof of the veteran's age is needed to adjudicate his Social Security claim.

The oldest record giving the veteran's date of birth or age should be certified. However, if a later record contains discrepant date of birth or age, certify that record as well. (The "Remarks" block may be used as necessary.)

When certifying *age*, it is important to show the date as of which the age was given. For example, some World War I discharge or separation records may show the veteran's age when he entered service. In this case, the date of entry into service is the "Date As of Which Age Was Given" while the date of discharge may be the "Date Record Established."

SOCIAL SECURITY ADMINISTRATION
Federal Building
Augusta, Maine 04330

The information requested in item 2 above is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran. All available identifying information has been provided.

SIGNATURE OF SSA OFFICIAL: [signature]

TITLE: District Manager

DATE: 2/19/69

FORM SSA-654 (5-67)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CERTIFICATION BY UNIFORMED SERVICES

In response to the request on the reverse of this form the following information is hereby certified.

NAME OF VETERAN AS SHOWN IN MILITARY FILE	SERVICE NUMBER
SAME AS FURNISHED BY SSA [X] YES [ ] NO	SAME AS FURNISHED BY SSA [X] YES [ ] N

A–CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE
USCGR 2 September 1942	19 December 1945
USCG 20 December 1945	1 November 1958

3. CHARACTER OF SEPARATION(S) * *(If Bad Conduct,* INDICATE IF GIV AS A RESULT OF A *General* COURT MARTIAL)

Honorable Discharge
Retired - Honorable

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESU OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELO

4. *If period of service was less than 90 days,* WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?

[ ] YES [ ] NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?

[ ] VOLUNTARY ENLISTMENT [ ] INDUCTION THROUGH MILITARY DRAFT [ ] CALL OR RECALL FROM MILITARY RESERVE

a. [ ] DESERTION.

b. [ ] RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers Only).*

c. [ ] CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFO OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETE MILITARY AUTHORITY.

d. [ ] CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPI NAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPI ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGERO WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMI

e. [ ] NONE OF THE ABOVE.

B–SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY *(See instructions on reverse side)*

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . .
Sign and return the form without answering items 1, 2 and 3 below.

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability?	[ ] Yes	[X] No
(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty?	[X] Yes	[ ] No
If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).		
(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay?	[X] Yes	[ ] No
(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay?	[X] Yes	[ ] No
2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service?	[X] Yes	[ ] No
If answer is "Yes," answer (b) and (c).		
(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947?	[X] Yes	[ ] No
(c) Was this multiple increase because of active service occurring after July 24, 1947, and before January 1, 1957?	[X] Yes	[ ] No
3. Did the veteran have active duty or active duty for training after December 31, 1956?	[X] Yes	[ ] No

C–CERTIFICATION OF EVIDENCE OF AGE OR DATE OF BIRTH IN MILITARY FILE

NAME OF RECORD OR DOCUMENT	DATE RECORD ESTAB.	PLACE OF BIRTH

DATE OF BIRTH	AGE *(If date of birth not given)*	DATE AS OF WHICH AGE WAS GIVE *(e.g., date of entry)*

REMARKS BY CERTIFYING ORGANIZATION

RETIRED: 1 November 1958 - 20 years service
AUTHORITY: Title 14, U. S. Code, Section 355
Retired pay based on years service
Gross retired pay per month - $222.64 (PL 90-207)

NAME OF CERTIFYING ORGANIZATION	SIGNATURE
U. S. COAST GUARD	G. F. LEWIS, CWO2, USCG
	RANK OR TITLE: Chief, Morale Services Branch — DATE: 5/5/69

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.
PARMENTER, William P.	BM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Vinalhaven, Maine	RETIREMENT	7 OCTOBER 1958

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau.	21		U. S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 Mar. 07	Boothbay Harbor, Maine	Mrs. William P. Parmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
ORAM R. LAWRY, M.D. Rockland, Maine	

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

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

(*Continue in item 73*)

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

O.—*Restorable teeth* /.—*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

Complete upper
1 lower dentures.

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		
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	

16—62858-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
67½"	165	Brown	Brow n		98.6

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

SITTING	SYS. 110 / DIAS. 70	RECUM-BENT	SYS. / DIAS.	STANDING (3 min.)	SYS. 114 / DIAS. 76	58. PULSE (*Arm at heart level*) SITTING 72	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.

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	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT normal LEFT normal	normal pip.		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING	71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15 /15 SV /15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
LEFT WV 15 /15 SV /15	RIGHT								
	LEFT								

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

(*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 RETIREMENT

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE: Norman R. Lawry, 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 16—62288-1

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

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PARMENTER, William P.	BM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Vinalhaven, Maine	RETIREMENT	7 OCTOBER 1958

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau.	21		U. S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 Mar. 07	Boothbay Harbor, Maine	Mrs. William P. Parmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
ORAM R. LAWRY, M.D. Rockland, Maine	

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

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

(*Continue in item 73*)

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

O.—*Restorable teeth* /.—*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

Complete upper
1 lower dentures.

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		
48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS		

16—6228-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
67½"	165	Brown	Brown	☐ / ☒ / ☐ / ☐	98.6

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

		SYS.	DIAS.
SITTING		110	70
RECUMBENT			
STANDING (*3 min.*)		114	76

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72				

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

(*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

PHYSICAL CATEGORY

A	B	C	E

77. EXAMINEE (*Check*)

☒ IS
☐ IS NOT QUALIFIED FOR RETIREMENT

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

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE Orson R. Lawry Phys

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

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

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 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.
PARMENTER, William P.	EM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Vinalhaven, Maine	RETIREMENT	7 OCTOBER 1958

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau.	21		U. S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 Mar. 07	Boothbay Harbor, Maine	Mrs. William P. Parmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
ORAM R. LAWRY, M.D. Rockland, Maine	

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*)
XX		18. HEAD, FACE, NECK, AND SCALP
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XX		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
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XX		31. ABDOMEN AND VISCERA (*Include hernia*)
XX		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
XX		33. ENDOCRINE SYSTEM
XX		34. G-U SYSTEM
XX		35. UPPER EXTREMITIES (*Strength, range of motion*)
XX		36. FEET
XX		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
XX		38. SPINE, OTHER MUSCULOSKELETAL
XX		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
XX		40. SKIN, LYMPHATICS
XX		41. NEUROLOGIC (*Equilibrium tests under item 72*)
XX		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

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

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Complete upper
1 lower dentures.

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		

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

16—[illegible]-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE ☐	56. TEMP.
67½"	165	Brown	Brown		98.6

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

SITTING	SYS. 110 / DIAS. 70	RECUMBENT	SYS. / DIAS.	STANDING (*3 min.*)	SYS. 114 / DIAS. 76	58. PULSE (*Arm at heart level*) SITTING 72	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.

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	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT normal LEFT normal	normal pip.		CORRECTED
66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
				250 *256*	500 *512*	1000 *1024*	2000 *2048*	3000 *2896*	4000 *4096*	8000 *8192*	
RIGHT WV 15	/15 SV	/15	RIGHT								
LEFT WV 15	/15 SV	/15	LEFT								

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

(*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 RETIREMENT

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE Orann R. Lowry Phys

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

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

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 88
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CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PARMENTER, William P.	BM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Vinalhaven, Maine	RETIREMENT	7 OCTOBER 1958

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE		10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cau.	23		U. S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 Mar. 07	Boothbay Harbor, Maine	Mrs. William P. Parmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
ORAN R. LAWRY, M.D. Rockland, Maine	

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

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

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Complete upper
1 lower dentures.

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		

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

16—92288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
67½	165	Brown	Brown		98.6

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

SITTING	SYS. 110 / DIAS. 70	RECUMBENT	SYS. / DIAS.	STANDING (3 min.)	SYS. 114 / DIAS. 76	58. PULSE (*Arm at heart level*) SITTING 72	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.

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	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT normal LEFT normal	normal pip.		CORRECTED
66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING	71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
RIGHT WV 15 /15 SV /15	RIGHT								
LEFT WV 15 /15 SV /15	LEFT								

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

(*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 RETIREMENT

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE Chas R. Lawson MD
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16--62288-1

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

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY–MONTH–YEAR)	IDENTIFICATION NO.

16—63708-1

HEALTH RECORD — DENTAL

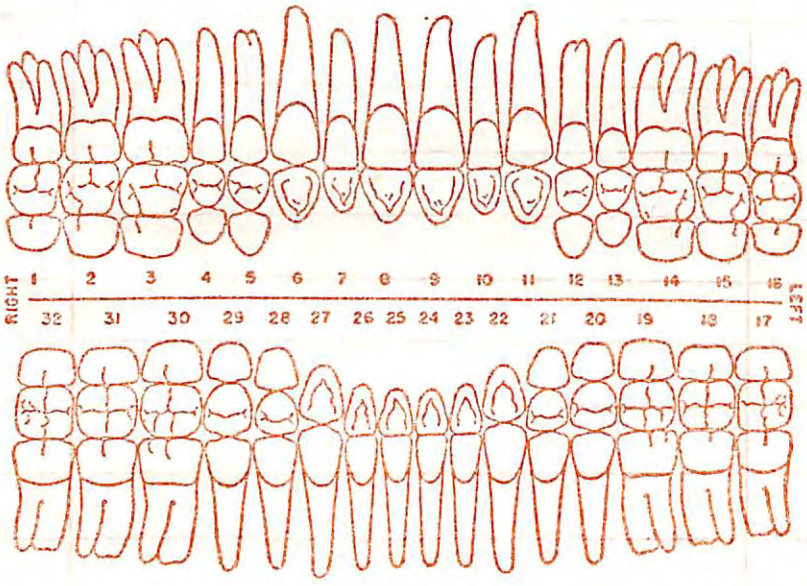
SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION: ☐ INITIAL ☐ SEPARATION ☐ OTHER (*Specify*)

2. TYPE OF EXAM. ☐ 1 ☐ 2 ☐ 3 ☐ 4

3. DENTAL CLASSIFICATION ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. MISSING TEETH AND EXISTING RESTORATIONS

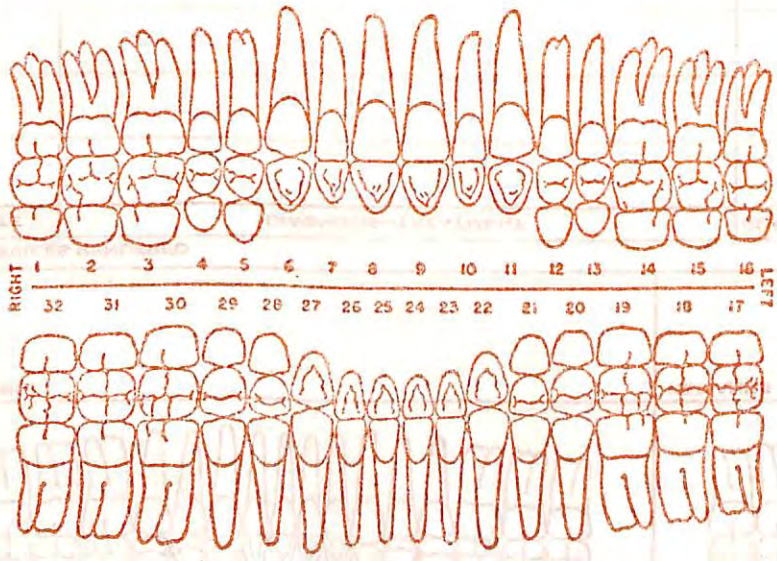


REMARKS

PLACE OF EXAMINATION | DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: ☐ SLIGHT ☐ MODERATE ☐ HEAVY

B. PERIODONTOCLASIA: ☐ LOCAL ☐ GENERAL; ☐ INCIPIENT ☐ MODERATE ☐ SEVERE

C. STOMATITIS (*Specify*)

☐ GINGIVITIS ☐ VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

☐ FULL MOUTH PERIAPICAL ☐ POSTERIOR BITE-WINGS ☐ OTHER (*Specify*)

DATE | PLACE OF EXAMINATION | SIGNATURE OF DENTIST COMPLETING THIS SECTION

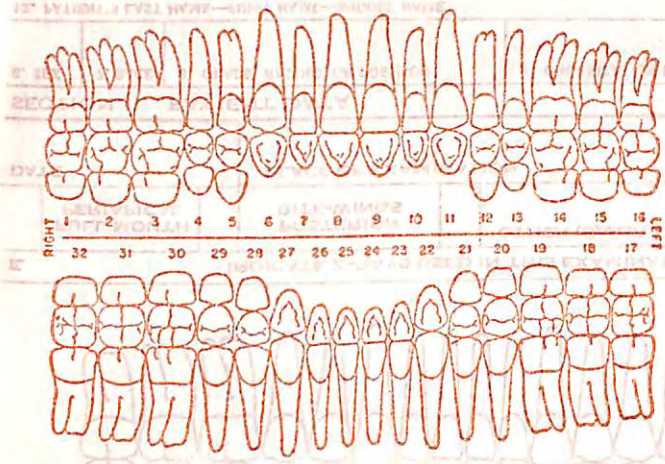
SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT. OR AGENCY

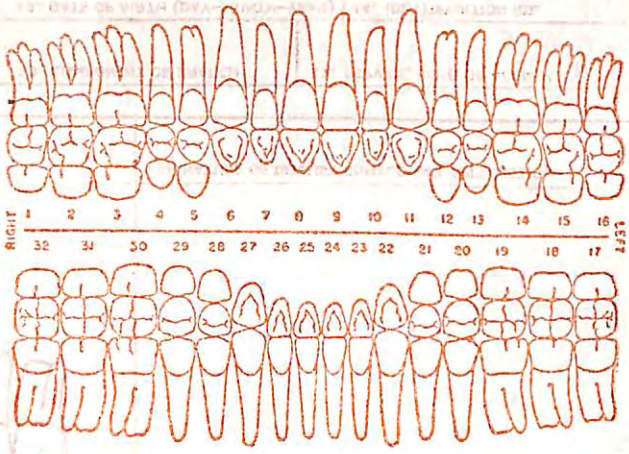
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY–MONTH–YEAR)	14. IDENTIFICATION NO.

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE 16—87875-1

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*)

	DATE	ORIGIN	BATCH NUMBER	RESULT*		STATION	PHYSICIAN'S NAME
				2–3 DAYS	7–10 DAYS		
1							
2							
3							
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					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

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY–MONTH–YEAR)	IDENTIFICATION NO.

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

REACTIONS (*To transfusions, drugs, sera, foods, allergens, etc.*)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1				
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 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.
Pannunzio, Wm.		
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	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*)
✓		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*)
✓		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 72*)
✓		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*) 43. PELVIC ☐ VAGINAL ☐ RECTAL

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

(Continue in item 73)

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

O.—*Restorable teeth* — X.—*Missing teeth* — (6 × 8).—*Fixed bridge, brackets to include abutments*

/.—*Nonrestorable teeth* — XXX.—*Replaced by dentures*

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.014			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
neg.	neg.	neg.		
48. EKG	49. BLOOD TYPE AND RH FACTOR		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.
67½"	150	Brown.	Brown.	☐ / ☑ / ☐ / ☐	98.6

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

		SYS.	DIAS.
SITTING		118	72
RECUMBENT		120	76
STANDING	(3 min.)	118	76

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72.	112	72	72	96

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	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Normal LEFT Normal.	Normal P.P.		CORRECTED XFH.

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

LEFT WV 15 /15 SV /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 3096	4000 4096	8000 8192	
RIGHT			X	X	X			
LEFT					X			

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

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

(*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

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE Glenn R. Lowry M.D.

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

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 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.
FARMENTER, William P.	BM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
Vinalhaven, Maine.	Reenlistment	12-2-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caue	16		U.S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 March 1907	Boothbay Habor, Maine	Mrs. Willam P. Farmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
GRAM M. LAWRY, M.D. Rockland, Maine.	

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*)
X		43. PELVIC ☐ VAGINAL ☐ RECTAL

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

(Continue in item 73)

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

O.—Restorable teeth *X.—Missing teeth* *(0 × 8).—Fixed bridge, brackets to include abutments*
I.—Nonrestorable teeth *XXX.—Replaced by dentures*

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.014

ALBUMIN	SUGAR	MICROSCOPIC
Neg	Neg	Neg

46. CHEST X-RAY (*Place, date, film number, result*)

47. SEROLOGY (*Specify test used and result*)

48. EKG

49. BLOOD TYPE AND RH FACTOR

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.
67½"	150	Brown	Brown		98.6

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

		SYS.	DIAS.
SITTING		118	72
RECUMBENT		120	76
STANDING	(3 min.)	118	76

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	112	72	72	76

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 FD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT Norm. LEFT Normal	Normal PIP	UNCORRECTED	
		CORRECTED	P A

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

LEFT WV 15 /15 SV /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 8192	
RIGHT				P			A	
LEFT								

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

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

I agree with the findings hereon:

William P Parmenter

(*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

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE	
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE Grant P. Lowry M.D.	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

Standard Form 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.
PARMENTER, William P.	BM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Vinalhaven, Maine.	Reenlistment	12-2-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	16		U.S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 March 1907	Boothbay Habor, Maine	Mrs. Willis P. Parmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
ORAM R. LAWRY, M.D. Rockland, Maine.	

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 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
X		43. PELVIC ☐ VAGINAL ☐ RECTAL

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

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.014			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg	Neg	Neg		
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	

16—69258-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	55. TEMP.
67½"	150	Brown	Brown		98.6

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

		SYS.	DIAS.
SITTING		118	72
RECUMBENT		120	76
STANDING (3 min.)		118	76

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	112	72	72	76

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	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Norm_l LEFT Normal	Normal PIP		CORRECTED F A

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
Normal			

70. HEARING	71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
	250 256	500 512	1000 1024	2000 2048	3000 3896	4000 4096	8000 8192	
RIGHT WV 15 /15 SV /15	RIGHT N			P			A	
LEFT WV 15 /15 SV /15	LEFT							

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

I agree with the findings hereon:

William P Parmenter

(*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*)

77. EXAMINEE (*Check*)
☐ IS
☒ IS NOT QUALIFIED FOR Reenlistment

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

76. PHYSICAL PROFILE

P	U	L	H	E	S

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE Orann R Lowry MD
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—82288-1

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

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
PARMENTER, William P.	BM1 USCG	108-157
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Vinalhaven, Maine.	Reenlistment	12-2-54

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE: MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cauc	18		U.S. COAST GUARD	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
25 March 1907	Boothbay Habor, Maine	Mrs. Willia P. Parmenter

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
ORAM R. LAWRY, M.D. Rockland, Maine.	

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
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Ext. & 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*)
X		43. PELVIC ☐ VAGINAL ☐ RECTAL

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

(*Continue in item 73*)

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

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

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.014

ALBUMIN	SUGAR	MICROSCOPIC
Neg	Neg	Neg

46. CHEST X-RAY (*Place, date, film number, result*)

47. SEROLOGY (*Specify test used and result*)

48. EKG

49. BLOOD TYPE AND RH FACTOR

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.
67½"	150	Brown	Brown		98.6

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

SITTING	SYS. 118	RECUMBENT	SYS. 120	STANDING (3 min.)	SYS. 118		
	DIAS. 72		DIAS. 76		DIAS. 76		

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	112	72	72	76

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	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT Normal LEFT Normal	Normal PIP		CORRECTED N F A

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

LEFT WV 15 /15 SV /15

71. AUDIOMETER

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

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

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

I agree with the findings hereon:

William P Parmenter

(*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

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

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE Orain R. Lowry Jr MD

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

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62285-1

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD
(To be filled in by the Dental Officer)

PARMENTER,
(Surname)
William Pinkham
(Given name-s)
(Rank or rate) 553-607 (Service number)

INSTRUCTIONS

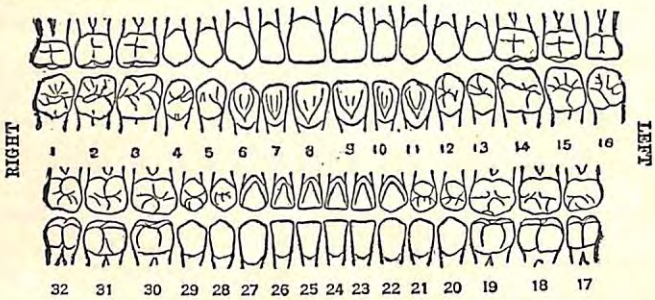
The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

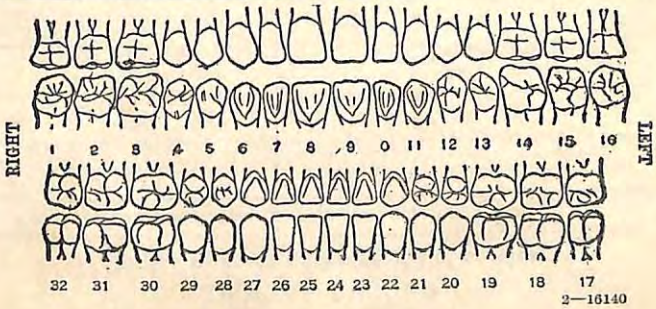
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—16140

NAVCG 2525-A (Rev. 6-45)

DENTAL RECORD
(To be filled in by the dental officer)

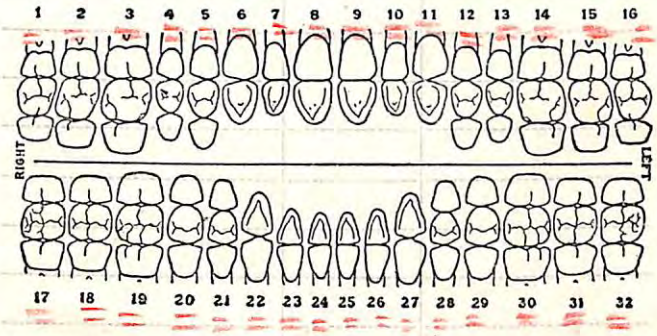
DO NOT REMOVE FROM HEALTH RECORD

PARMENTER
(Surname)
WILLIAM P.
(Christian name(s))
(Rank or rate) BM1/ 108-157 (Service number)

INSTRUCTIONS

See Instructions for Dental Officers

RECORD OF FIRST DENTAL EXAMINATION



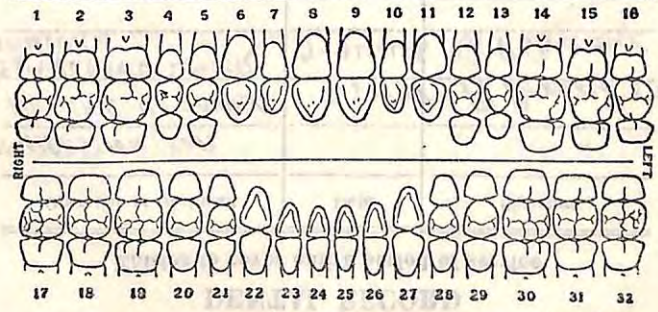
REMARKS:

REMOVE OF LOWER DENTURE INDICATED.

7-22-48 - R. BREAUX

(Date and signature of examining dental officer should follow remarks)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—44988-1

DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE

DENTAL RECORD

Entries to cover entire period of service

Operation or treatment	Date	Signature
IMPRESSION FOR RELINE OF LOWER.	7-22-48	R. Breaux SDS
COMPLETED LOWER DENTURE	7-24-48	R P Breaux

N. C. G.-2525C

VACCINATION AND INOCULATION RECORD

Name PARMENTER, William Pinkham
(Surname first)

Rank or rating B.M. 2c. Service number 553-607

SMALLPOX VACCINATION

Number of prior scars ONE

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
1/18/43	M.M. Fisher Ph.M 1/c M.M. Fisher	IR.	M.M. Fisher Ph.M 1/c
1/12/53	A.J. Shalek Lt. MC	iR	A.J. Shalek Lt MC
X			

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

TYPHOID AND PARATYPHOID PROPHYLAXIS

Dates Administered			Signature of Medical Officer
First	Second	Third	
M.M.F. 1/18/43	M.M.F. 1/25/43	2/1/43	M.M. Fisher Ph.M 1/c
"Booster", Typhoid 5-26-44. J. G. RILEY			
1/12/53	1/30/53	2/13/53	A.J. Shalek Lt MC
1/8/54 Booster			

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

M.M. Fisher Ph.M 1/c
2/1/43 1st Tetanus Toxoid 1cc

(2nd) Tetanus Toxoid 5-26-44
1/2 cc. J. G. RILEY
(Signature of medical officer)

16—25759-1

Booster Tetanus Toxoid 11-10-51
Photofluorography Mrs

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William P. Service Number 108-157
(Surname first)

Age: Years 41 Months 7 Color White

For: Reenlist. fm STE to REG EST CG
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BM1

Place Rockland, Me Date 19 November, 1948

Personal Medical History Usual childhood diseases; no operations; denies V.D.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? NO Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

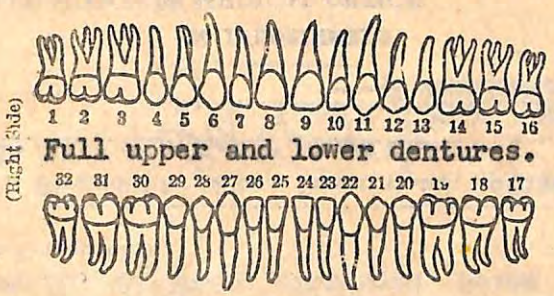
Eyes, eyelids, and reflexes Normal

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, "z"; carious, "T")



Gums Normal Temperature 98.6

Height 67½ inches. Weight (stripped) 150 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 36

Heart and blood vessels Normal

Blood pressure: Systolic 132 Diastolic 78

Pulse before exercise 74, after exercise 102, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia 0 Sp. Gr. 1.018

Blood cells 0 Pus cells 0 Casts 0

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 11/19/48 Result Negative

16—27070-1

INSTRUCTIONS

Enter result as "Primary reaction" (PR); "Accelerated reaction" (AR); "Immunity reaction" (IR) or "Failure" (F).

Inspect primary vaccinations ten (10) to fifteen (15) days after vaccination, revaccinations two (2) to four (4) days after revaccination and later if a primary or slow accelerated reaction is developing. Upon a revaccination first make a control scarification unless the "multiple pressure" method is used.

PR.

Primary reactions are those in which the broadest redness occurs eight (8) to fourteen (14) days after vaccination; they always have a vesicle.

AR.

Accelerated reactions are those in which the broadest redness occurs four (4) to seven (7) days after vaccination; they also have a vesicle.

IR.

Immunity reactions are those in which the broadest redness occurs eight (8) to seventy-two (72) hours after vaccination; such a reaction is evidence of immunity only if fully potent vaccine was used. The vaccine should be kept constantly at or below freezing or be used within two weeks after leaving the manufacturers and be kept in an icebox meanwhile. If these conditions are not known to have been fulfilled, an apparent immunity reaction should be marked with a question mark (IR?).

F.

Failures are all other reactions or no reaction.

U. S. GOVERNMENT PRINTING OFFICE 16—25759-1

REMARKS: _____

CERTIFICATE

~~WE~~ I } certify that { ~~WE~~ I } have personally made this physical examination and find that William P. PARMENTER

He is physically qualified for Reenlistment in REG-CG
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

P. A. Millington, A.H.S.
Surgeon, U.S. Public Health Service.

Paul A. Millington, HAS.

1st INDORSEMENT

27 November, 1948
(Date)

Place CG Group, Whitehead, Spruce Head, Me.

From: CO, CG Group, Whitehead, Maine

To: Commandant.

1. Forwarded for action. Present status: Active duty STE.

G. A. Tardif
G. A. TARDIF, CBOSN, USCG
Commanding ~~Officer~~

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

12-1-48
(Date)

The findings of the certificate are ~~not~~ approved

FOR REGULAR ESTABLISHMENNT

By direction of the Surgeon General:

Medical Director, U.S Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

DEC 2 - 1948
(Date)

From: Commandant.

To: CO, Whitehead Group

1. REENLISTMENT AUTHORIZED; REGULAR ESTAB.

Insert this copy in health record.

By direction,

F. V. HEINER, Comdr., USCG
Acting Chief, Enlisted Personnel Div.

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William P. Service Number 108-157
(Surname first)

Age: Years 41 Months 7 Color White

For: Reenlist. fm STE to REG EST CG
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BM1

Place Rockland, Me Date 19 November, 1948

Personal Medical History Usual childhood diseases; no operations; denies V.D.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? NO Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

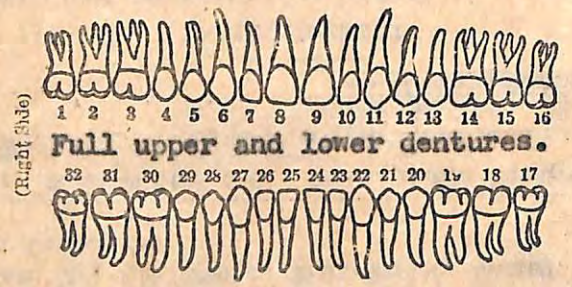
Eyes, eyelids, and reflexes Normal

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, "T")



Gums Normal Temperature 98.6

Height 67½ inches. Weight (stripped) 150 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 36

Heart and blood vessels Normal

Blood pressure: Systolic 132 Diastolic 78

Pulse before exercise 74, after exercise 102, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia 0 Sp. Gr. 1.018

Blood cells 0 Pus cells 0 Casts 0

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 11/19/48 Result Negative

16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William P. Service Number 553-607
(Surname first)

Age: Years 38 Months 8 Color White

For: Re-enlistment in Regular CG
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BMC

Place Rockland, Me. Date 13 November, 1945

Personal Medical History Usual childhood diseases; no operations; denies V.D.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

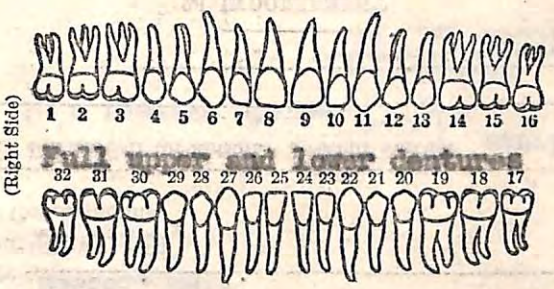
Eyes, eyelids, and reflexes Negative

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, "T".)



Gums Normal Temperature 98.6

Height 68 inches. Weight (stripped) 143 Lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 37½ Expiration 35½

Heart and blood vessels Negative

Blood pressure: Systolic 125 Diastolic 75

Pulse before exercise 80, after exercise 108, after 2 min. ____

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 ____ Sp. Gr. 1.022

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 11-13-45 Result ____

16—27070-1

REMARKS:

CERTIFICATE

~~We~~ I } certify that { ~~we~~ I } have personally made this physical examination and find that William P. PARMENTER

He is physically qualified for Reenlistment in REG-CG
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

P. A. Millington, R.A.S.
Surgeon, U.S. Public Health Service.

Paul A. Millington, RAS.

1st INDORSEMENT

27 November, 1948
(Date)

Place CG Group, Whitehead, Spruce Head, Me.
From: CO, CG Group, Whitehead, Maine
To: Commandant.

1. Forwarded for action. Present status: Active duty STE.

G. A. TARDIF, CBOSN, USCG
Commanding—Dist. Comdr.-Off. in Cha.

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,

REMARKS:

CERTIFICATE

~~We~~ I } certify that { ~~we~~ I } have personally made this physical examination and find that William P. Parmenter

He is physically qualified for Re-enlistment in Reg.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of CG
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

H. M. KIRTMAN
Surgeon, U.S. Public Health Service.
S. A. Surgeon, USPHS(R)
Section Medical Officer

1st INDORSEMENT

16 November, 1945
(Date)

Place Boston, Mass.
From: DCGO, 1ND
To: Commandant.

1. Forwarded for action. Present status: serving in a reserve status.

D.V. HARMER
Commanding—Dist. Comdr.-Off. in Cha.
Lt.(jg) USCG(WR)

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

21 November, 1945
(Date)

The findings of the certificate are ~~not~~ approved
For STE.

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

23 November, 1945
(Date)

From: Commandant.
To: DCGO, 1ND
1.
ENLISTMENT AUTHORIZED STE IN REG. CG

Insert this copy in health record.
By direction,

E. ZOOLE
Chief, Personnel Section
Chief, Enlisted Assignments Div.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B RECHECK

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William (Surname first) Service Number 553-607

Age: Years 35 Months ____ Color White.

For: Regular Reserve Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M. 2c.

Place Portland, Maine. Date 8/28/42

Personal Medical History common cold 1933 arthritis from
otherwise o. k.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? no Test used plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

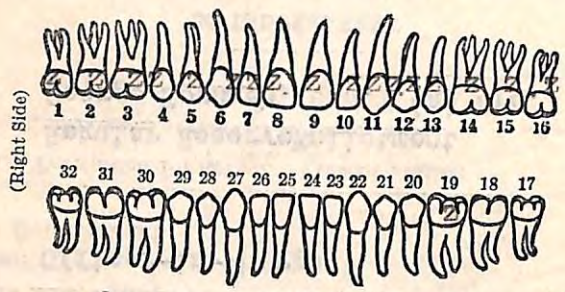
Eyes, eyelids, and reflexes o.k.

Ears: Right o.k. Left o.k.
(Condition of drum, discharge, etc.)

Head, face, and neck o.k.

Mouth, nose, and throat o.k.

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)



Gums o.k. Temperature 98.6

Height 67 inches. Weight (stripped) 140 Lbs. Obesity no

Skin o.k.

Lymph. glands o.k.

Chest: Inspiration o.k. Expiration o.k.

Heart and blood vessels o.k.

Blood pressure: Systolic 120 Diastolic 80

Pulse before exercise 65, after exercise 75, after 2 min. 68

Lungs o.k.

Abdomen and pelvis o.k.

Genito-urinary organs o.k.

Spine and extremities o.k.

Nervous and mental conditions o.k.

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia 0 Sp. Gr. 1016

Blood cells 0 Pus cells 0 Casts ____

Blood (if indicated) Hb 90% Reds 0 Whites 0

Wassermann or Kahn test: Date 8/19/42 Result neg

16—27070-1

PROTESTANT

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William P. Service Number 553-607
(Surname first)

Age: Years 38 Months 8 Color White

For: Re-enlistment in Regular CG
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BM1c

Place Rockland, Me. Date 13 November, 1945

Personal Medical History Usual childhood diseases; tonsilectomy; denies V.D.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

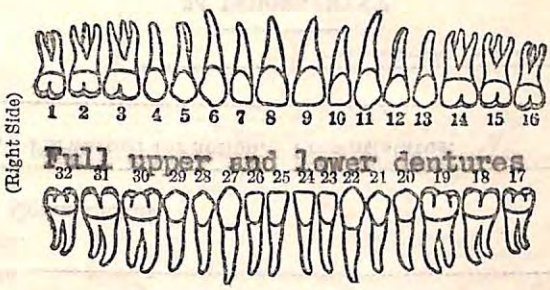
Eyes, eyelids, and reflexes Negative

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, "T".)



Gums Normal Temperature 98.6

Height 68 inches. Weight (stripped) 143 Lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 37½ Expiration 35½

Heart and blood vessels Negative

Blood pressure: Systolic 125 Diastolic 75

Pulse before exercise 80, after exercise 108, after 2 min. ____

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 ____ Sp. Gr. 1.022

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____% Reds ____ Whites ____

Wassermann or Kahn test: Date 11-13-45 Result ____

16—27070-1

REMARKS: ---

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that ---

He is physically qualified for Enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M. 2/c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for ---

on account of ---

Philip Gregory
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

2 September, 1942
(Date)

Place REC.SUB.STA.PORTLAND, MAINE

From: Officer-in-Charge

To: Commandant.

1. Forwarded for action. Present status:
Regular ReserveEnlistment

George Fornash, C.W.T.(a) Pro.
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. G ENT PRINTING OFFICE : 1942 16—27070-1

REMARKS: ---

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that William P. Parmenter

He is physically qualified for Re-enlistment in Reg.
(Enlistment, appointment, promotion) CG

He is physically qualified to perform the duties of ---
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for ---

on account of ---

H. M. KLEINMAN
Surgeon, U.S. Public Health Service.
S. A. Surgeon, USPHS(R)
Section Medical Officer

1st INDORSEMENT

(Date)

Place ---

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved ---

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. G ENT PRINTING OFFICE 16—27070-1

Form NCG-2525D

MEDICAL HISTORY

Page

Surname PARMENTER Service No. 108-157

Christian name-s William P.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. Marine Hospital, Portland, Maine

INPATIENT: 7-12-48 - 7-20-48

DIAG: y00-001 Observation for pain in left hip region, etiology unknown.
CC: Pain in left hip.

PAST HISTORY: Patient states that two days prior to admission he suddenly had pain in his left hip region. Pain came on at the time he was sitting in a chair relaxing. Patient states he has done no arduous or heavy duty and has not injured left hip in any way. No history of tuberculosis. Patient states that this pain is so severe he is unable to walk or stand on extremity.

PHYSICAL EXAM: Well developed, well nourished, white adult male in acute distress. Examination of left lower extremity reveals marked tenderness over greater trochanter, some tenseness of the tensor fascia lata. No measurable atrophy. No redness, swelling or edema. Patient is unable to flex hip and knee joint. External rotation is not painful.

LAB. EXAM: Corrected sed. rate 42 mm per hour. Blood Hinton negative.

TREAT: Routine care. Aspirin. Nembutal.

X-ray findings: Pelvis: Large film, including both hip joints, shows an indistinct ~~increase~~ increase in density which is consistent with a small calcium deposit, in the soft tissues adjacent to the superior surface of the greater trochanter.

DISCHARGE DATA: This patient was admitted 7-12-48 with a diagnosis of pain in the left hip region. This patient was examined thoroughly and the only significant finding was that he had marked tenderness

(con't)

16—25658-1

CAPTAIN OF THE PORT
NOV 21 1944
U.S. COAST GUARD

Form NCG-2525D

MEDICAL HISTORY

Page

Surname PARMENTER, Service No. 553-607

Christian name-s William P.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U. S. Marine Hospital, Portland, Maine
Admitted to hospital: 11-8-44
DIAGNOSIS: 11-8-44
1. 010-352 Carbon monoxide poisoning; observation for.
2. 2734-930 Myositis (muscles of back) due to unknown cause.
Incident of service.

CHIEF COMPLAINT: "Fainting spell".

PRESENT HISTORY: This 37 year old CG states that on day of admission he spent about 1/2 hour, alone, in the bilges of his ship where a generator with a leaky exhaust was in operation. First felt weak while shaving, so lay down, and in a few minutes began to feel very dizzy and faint. Managed to get out in the air alone, but was nauseated and vomited once. Denies ever having had a previous similar attack. No one else was in the ship with him, but it was the general opinion of the men on the ship that the leaky exhaust was sufficient to have caused CO poisoning

PHYSICAL EXAMINATION:
Essentially negative, except for:
Skin: Warm and moist. Mouth-complete false dentures.

LABORATORY FINDINGS:
1. Urine-mucus slight.
Sed. Rate 17mm/hr. Hematrocrit 43%.
Corrected Sed. Rate 12mm/hr.

TREATMENT AND PROGRESS:
Regular diet. Bed rest. External heat applied. Fully recovered from CO poisoning. Complaining of slight back pain, no other complaints.

DISCHARGE DATE: 11-16-44
Discharged to duty. Condition-recovered.
Prognosis: good. Disability-temporary.

16—25658-1

(con't)

Page _____

over the left greater trochanter. There was no redness, swelling. Patient had free range of motion of the hip joint and knee joint. There was no atrophy of the extremity noted. This tenderness was unexplainable on the basis of possible pathology. X-rays were taken and were interpreted as negative. During the patient's course in the hospital it was noted that he had an elevation of fever and an increase in his sedimentation rate. Patient was placed on bed status, along with symptomatic treatment. It was felt that this pain may possibly be on a psychogenic basis. Patient became asymptomatic and was able to walk freely. On examination of patient in a few days tenderness had subsided. There still remains no evidence of disease. His discharge is recommended. A Bence-Jones protein has been looked for in his urine which was not found. It is felt that this patient may be discharged but should return in three months time for recheck examination of his left femur. The possibility of tumor has been considered. However, there appears to be no bony change at this time, as demonstrated by X-ray. Patient has also been advised that if pain should recur, he should return to this institution immediately. Diagnosis: Observation for pain in left hip region, etiology unknown. It is worthy of note X-ray consultant sees a small calcium in soft tissues superior to the surface of the greater trochanter. It is still doubtful in my mind that this could be an etiologic factor in causing pain in this man's left hip region, however, It is possible patient had acute bursitis of his left hip.

E. M. LIPPMAN, S.A. SURG.

APPROVED:

E. M. FAGET, MEDICAL DIRECTOR
MEDICAL OFFICER IN CHARGE.

U. S. GOVERNMENT PRINTING OFFICE 16—2505S-1

Page _____

J. L. Palmer
PA Surgeon (R) USPHS

APPROVED:

Frank F. Thweatt Jr.
Senior Surgeon USPHS
Medical Officer in Charge

U. S. GOVERNMENT PRINTING OFFICE 16—2505S-1

CG Group Rockland, Maine.

Form NCG-2525D

MEDICAL HISTORY

Page 1

Surname PARMENTER Service No. 108-157

Christian name-s William P.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
USPHS Hospital Portland, Maine	April 1-1952

Diagnosis: Yoo-oo2 Examination Only

History: This pt was admitted four months prior to admission this time bec ause of rectal bleeding and hemorrhoid. On sigmoidoscope examination at that time a polyp was found at about 15cm which was biopsied and fulgurated. Pathological examination revealed that polyp was adeno matous polyp of the rectum-no evidence of malignancy. Pt. has done well since the time of discharge with only occasional blood on the toilet paper. Pt. had no symptoms. He returned for follow-up sig-moidoscope to recheck. his previous con-dition system review family and personal history was unchanged since last admission

Physical Exam : was ntirely within normal limits except for minimal external hemorrhoidal tag.

Hospital Course: Pt. was prepared for sigmoidoscopy and on 3-38-52 the same was done. No lesions were found at that time At about 15cm. there was a small scar which could have represenative the sight of the old fulguration. Pt. was therefore discharged fit for duty. but was advised to return again for a final check up in about three months.

R.M. BROADBENT
S.A. SURG. USPHS

16—25658-1

Re. Sta.

Form NCG-2525D

C & R-38108 Boot Bay Harbor

MEDICAL HISTORY

Page

Surname PARMENTER Service No. 553-603

Christian name-s William P.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
RECEIVING STATION BOSTON, MASS.	September 15, 194

Admitted in IP Rx this date.

DIAGNOSIS: #0331 - Common cold

ORIGIN: Incident of service. Is NOT due to own misconduct.

CHIEF COMPLAINT: "Cold and sore throat"

HISTORY: Two days ago pt. devel-oped non-productive cough that has become worse. Yesterday throat became sore and head cold developed. At present pt. feels weak, feverish, has slight headache Nasal passages congested. Probably resulted from sinus.

EXAMINATION: Reveals congestion of nasal mucous membranes. Pharynx inflamed.

IMPRESSION: Common cold.

TREATMENT AND PROGRESS: 9-15-42. Admitted to IP Rx. Bed rest c BRP. Force fluids. Saline gargle. PAC c cod. "stat" & 1-q-4h. TPR normal.

9-16-42. Mg SO_4 loz. "stat" Pt. improved. Temp-37.1 Pulse-55 Resp-16.

9-17-42. Pt. up as desired. Impro-ved. PAC tab., nasal spray, saline gargle. TPR normal.

9-18-42. PAC tab., nasal spray, saline gargle. Discharge to duty. Continue gargle. Improved. Parynx still inflamed. TPR normal.

DISPOSITION: Discharged to duty.

CONDITION ON DISPOSITION: Improved.

DAYS OFF DUTY: Three (3)

(Over)

Page

W. E. Sharpe, Jr.
P. A. Surgeon, USPHS
Medical Officer.

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

Form NCG-2525D

MEDICAL HISTORY

Page

Surname PARMENTER Service No. 553-607

Christian name-s William Pinkham

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Boothbay Harbor, Maine	11-10-51

Bleeding due to Epistaxis and intestinal hemorrhoids.

Stanley Gregory, M.D.

16—25658-1

CG Group
ockland, Maine

Form NCG-2525D

MEDICAL HISTORY

Surname PARAMENTER Service No. 108-157

Christian name-s William P.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
USPHS Hospital	1-5-52
Portland, Maine	

DIAGNOSIS: 666-886 Polyps of sigmoid Colon
~~666-641 Internal Hemorrhoids~~

HISTORY: Pt. Stated that he first noted bright rectal bleeding about six months ~~prior to admission. Since that time he had~~ minimal bleeding which had occured on f frequent occasions. ~~It has rarely exceed~~ ed a teaspoon or two in amount and it usually occurred on defaction but some ~~times followed heavy lifting without de~~ fecation. He has noticed small hemorrhoids which has prolapsed on a few occasion s. He has little pain and no pruritis ani. Bowels are regular. There are no ~~tarry stools and he hasmsuffered no~~ weight loss or malaise. Systems review family history were not remarkable. ~~PHYSICIAL EXAM: at this time were all~~ essentially negative, except for small external tabs which protruded only slight ly on straining. Sphincter was tight & Firm. Vital signs were normal. ~~Labaratory: Data: Were all with normal~~ limits: Barium enema revealed a normal filling colon with no evidence of any ~~organic disease.~~

HOSPITAL COURSE: On 12-4-51 a sigmoido scope was done anda pedunculated polyp was noted about the area of the sigmoid colon. This would measure about 6mms in ~~diameter. Pt. also has small to moderate~~ sized intestinal hemorrhoids No Bleeding areas were noted. Barium Enma was done 12-7-51 and this was not remarkable. On 12-10-51 a biopsy and fulguration of the ~~sigmoid polyp was done and postoperative~~ ly the pt. has done very well. At the

(over)

Time of discharge he was ambulant. Afeb rile and had no cimplaints. His bowels had moved normally. It is felt that this pt. can be discharged at this time incase the biopsy. is negative, he will be contacted and asked to return to the hsopit al immediately. If the biopsy is normal this if it doesnt show any malignant changes the pt. has been advised to return in abot two months at which time a re sigmoidoscopy will be done and a re-check of the perated area made. If pt. desires to have the internal hemorrhoids, which we feel are minimal at this time, removed then they will be operated on when he enter the hospital at that time. He was discharged fit for immediate duty.

R.M. BROADBENT
S.A. SURGEON USPHS

U. S. GOVERNMENT PRINTING OFFICE 16—25653-1

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)
PARMENTER, William Pinkham	108-157	BM1	5-1-43

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	Boothbay Harbor, Maine		25	MAR	07

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
CAUC.	MALE	Brown	Brown	67½"	165	X YES ☐ NO	MARRIED

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
HS4	General

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
RETIRED	COMDR., CG GROUP, ROCKLAND, MAINE

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
Title 14, United States Code, Section 355		1	NOV.	58

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
Officer in Charge, HERON NECK L/S	HONORABLE	

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
NOT AVAILABLE	NOT AVAILABLE			

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED

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:	6	21	DEC.	54

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)
	BM1	ROCKLAND, MAINE

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)	24. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS
Vinalhaven, Maine	a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD	03	10	11
	(2) OTHER SERVICE	18	01	06
	(3) TOTAL (Line (1) + line (2))	21	11	17
	b. TOTAL ACTIVE SERVICE	21	11	17
	c. FOREIGN AND/OR SEA SERVICE	- - -	- - -	- - -

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

Good Conduct Medal & Bars - 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 ☐ YES ☐ NO	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
	C-

AUTHENTICATION

32. REMARKS

NOT ENTITLED TO MOP SEE REVERSE FOR ACO'S ENDORSEMENT

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)	34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
Vinalhaven, Maine	William P Parmenter

35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
H. N. LITCHFIELD, CAPT., U.S.C.G.	H N Litchfield

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 OCT 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

SEPARATION DATA

CHARACTER OF SEPARATION: Honorable

DEPARTMENT: U.S. COAST GUARD

1. LAST NAME—FIRST NAME—MIDDLE NAME: PARMENTER, William Pinkham
2. SERVICE NUMBER: 108-157
3. GRADE—RATE—RANK AND DATE OF APPOINTMENT: BM1 5-1-43
4. COMPONENT AND BRANCH OR CLASS: USCG

5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: — RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER:
6. EFFECTIVE DATE OF SEPARATION: DAY 20 MONTH Dec YEAR 54
7. TYPE OF SEPARATION: Discharge

8. REASON AND AUTHORITY FOR SEPARATION: Expiration of Enlist. Art: 12-3-42 CG Regulations
9. PLACE OF SEPARATION: CG Group Rockland, Maine.

10. DATE OF BIRTH: DAY 29 MONTH March YEAR 87
11. PLACE OF BIRTH (*City and State*): Boothbay Harbor, Maine
12. DESCRIPTION: SEX Male | RACE Cauc | COLOR HAIR Brown | COLOR EYES Hazel | HEIGHT 5' 7" | WEIGHT 150

Selective Service Data

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

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

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY
18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 21 MONTH Dec YEAR 48 PLACE (*City and State*) Rockland, Maine.
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (*St., R.F.D., City, County and State*): Vinalhaven, Maine.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (CG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	12	01	06
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	06	00	00
23. OTHER SERVICE (*Act of 16 June 1942 as amended*) COMPLETED FOR PAY PURPOSES	00	00	00
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	18	01	06

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY — | MONTH — | YEAR — | AMOUNT —
26. FOREIGN AND/OR SEA SERVICE: YEARS — | MONTHS — | DAYS —

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Good Conduct Medal: National Defense Service Medal:

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Heron Neck Light Station
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 COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE	NONE	NONE	NONE

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver—premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM: — —
32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951: ☐ YES ☐ NO ☐ UNKNOWN
33. MONTH ALLOTMENT DISCONTINUED: — —
34. MONTH NEXT PREMIUM DUE: — —
35. TOTAL PAYMENT UPON SEPARATION: $899.25
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: $0.00
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: L. A. SEPPALA, CPCLK, USCG, ACO 1373

AUTHENTICATION

38. REMARKS (*Continue on reverse*): Recommended for Reenlistment
Reenlisted 21 December 1954 for (6) Six years
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
NAME, GRADE AND TITLE (*Typed*): [illegible]

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPLIED 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: ☒ YES ☐ NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (*Years successfully completed*): GRAMMAR | HIGH SCHOOL | COLLEGE | DEGREE (S) | MAJOR COURSE OR FIELD
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (*St., R.F.D., City, County and State*): Vinalhaven, Maine Box # A
48. SIGNATURE OF PERSON BEING SEPARATED: William P. Parmenter

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

DD, FORM 1 JUL 52 214 EDITION OF 1 JAN 50 IS OBSOLETE.

ARMY & AIR FORCE: IF INDIVIDUAL ENTERED ACTIVE MILITARY SERVICE FROM NAT'L GUARD OR AIR NAT'L GUARD, FORWARD TO ADJUTANT GENERAL OF STATE FROM WHICH ENTERED.
ARMY: IF INDIVIDUAL ENTERED FROM RESERVE, FORWARD TO CHIEF, MILITARY DISTRICT FROM WHICH ENTERED.
ALL OTHER: (EXCEPT AIR FORCE) AFFIX TO SERVICE RECORD BOOK.
AIR FORCE: TO HQ ARMY AREA IN WHICH SERVICEMAN'S HOME IS LOCATED.

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	21 December 1954
LOCATION (City and state)			PERIOD OF ENLISTMENT OR REENLISTMENT
Rockland, Maine.			Reenlisted for Six (6) 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
20 December 1954	Honorable	Expiration of Enlistment

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
06	00	00	18	01	06	None

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
UNK Got paid $50.00 for 3 years Allowance	None

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)

Entitled to 6 full months basic pay for Reenlisting for 6 (6) years.

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.
CG Group Rockland, Maine	L. A. SEPPALA, CPCLK, USCG
C. O. ORDER NO. / TYPED NAME, GRADE AND TITLE	SIGNATURE
178-65-85 / M.O. WRIGHT, CHBOSN, USCG, XCO	
NAME (Last, first, middle)	SERVICE NO. / RATE
PARMENTER, William Pinkham	

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-261738

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

COMDR., CG GROUP, ROCKLAND, MAINE (Ship or station) (Location) On 1 NOVEMBER 1958 (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 20 (Day) December (Month) 1960 (Year)

Reason _____ Type discharge certificate _____

Authority: Title 14, United States Code, Section 355

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG Group Rockland, Maine (Place) ON 21 Dec. 1954 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from CG Group, Rockland, Maine (Place) ON 21 Dec. 1954 (Date)

Home address at time of enlistment, induction, or order to active duty Vinalhaven, Maine

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of _____ (See travel instructions)

SIGNATURE _____

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ 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 checkage for _____ Days excess leave From _____ To _____

Completed 18 years service for pay purposes on 14 November 1954 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS

Placed on the inactive retired list of the United States Coast Guard 1 November 1958

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.
H. N. Litchfield H. N. LITCHFIELD	CHBOSN W-2 USCG: GRUCOM	085-59

DISBURSING DATA

Travel allowance credited, $ 00.00 Cash settlement for unused accrued leave 60 days $ 697.00

NAME OF A. C. O. 26650 J. E. GILES, CHSPCK,W-3

Computation: ISL(60 days) BP&L @ 290.00
ISL(60 days) ALLOW @ 1.95
TAX DEDUCTED $76.20

DUE AT DISCHARGE, $ 745.81

PERSONAL FUNDS, $ NA

GRATUITY CREDITED, $ NA

Ship or station
Commander, CG Group, Rockland, Maine

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PARMENTER	William	P.	108-157	BM1

Edition of 4-52 may be used

16—66654-2

INSTRUCTIONS

(1) DISPOSITION DATA—Enter X in the appropriate block or blocks. Enter reason, authority for transfer to reserve or release from active duty, and type of discharge certificate issued, as appropriate.

(2) ENLISTMENT DATA—Enter X in the appropriate block or blocks in case of personnel placed on active duty on date of enlistment or induction; enter place enlisted or inducted, date and place accepted for enlistment, and home address at time of enlistment or induction. In case of personnel ordered to active duty from an inactive status, enter only date and place from which ordered to active duty and home address at time so ordered.

(3) TRAVEL DATA—The individual must elect travel allowance in accordance with effective Travel Instructions. This election must be signed by the individual.

(4) MISCELLANEOUS DATA—Complete blocks and fill-ins as appropriate. Enter number of years' service on date of completion of last period for longevity or basic-pay purposes.

(5) DISBURSING DATA—To be completed on original and all copies when applicable. (NOTE.—Amount due at discharge plus personal funds subtracted from $25 equals gratuity, if any, to be credited.)

(6) The first time this page is used, all copies required will be numbered 1 in the block provided by the page number. Future pages will be numbered (all copies) 2, 3, 4, etc.

(7) The copies required, and disposition of copies and of service record, are as follows:

ACTIVE DUTY PERSONNEL	NUMBER OF COPIES REQUIRED	DISTRIBUTION OF COPIES			SERVICE RECORD TO
		SERVICE RECORD	COMMANDANT (PE)	ACO	
DISCHARGED, RETIRED, DECEASED	3	1		2	COMMANDANT (PE)
RETIRED BUT RETAINED ON ACTIVE DUTY	4	1	1	2	RETAINED AT UNIT
RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
TRANSFERRED TO RESERVE AND RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
INACTIVE DUTY PERSONNEL					
DISCHARGE, DECEASED	1	1			COMMANDANT (PE)

*DISTRICT COMMANDER OF THE COAST GUARD DISTRICT IN WHICH THE INDIVIDUAL WILL RESIDE.

(8) This page will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use, Chapter V, Section A.

U. S. GOVERNMENT PRINTING OFFICE 16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-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

CG GROUP ROCKLAND, MAINE (Ship or station) (Location) On 20 December 1954 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty Normal date of expiration of enlistment 20 (Day) December (Month) 1954 (Year)

Reason Expiration of Enlistment Type discharge certificate Honorable

Authority: Art: 12-3-32 (a)(1) CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at CG Group Rockland, Maine. (Place) ON 21 December 1948 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from CG Group Rockland, Maine. (Place) ON 21 December 1948 (Date)

Home address at time of enlistment, induction, or order to active duty Vinalhaven, Maine

TRAVEL DATA

I hereby elect travel allowance to Vinalhaven, Maine. (Location)

Place of HA (See travel instructions)

SIGNATURE William P Parmenter William P Parmenter

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 checkage for ____ Days excess leave From ____ To ____

Completed 18 years service for pay purposes on 14 November 1954 Payment of discharge gratuity [X] Is directed [ ] Is not directed

REMARKS

Recommended for Reenlistment
Reenlisted for 6 years the 21 December 1954

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.O. WRIGHT	CHBOSN, USCG, CO.	179-55-85

Travel allowance credited, $ 0.00 Cash settlement for unused accrued leave (60 days) $ 606.22 NAME OF A. C. O. L. A. SEPPALA, CPCLE, USCG, ACO

DISBURSING DATA

Computation: MA NOT APPLICABLE
60 days BP&L @ $244.61
60 days Allowance @ $1.95
REENL BONUS (1 X 30 days)(324 days) @ $244.61 $464.75
Income tax deducted $171.72

DUE AT DISCHARGE, $ 899.25
PERSONAL FUNDS, $ ////////
GRATUITY CREDITED, $ //////////

Ship or station CG Group Rockland, Maine.

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
PARMENTER WILLIAM PINKHAM	108-157	BM1

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

Edition of 4-52 may be used

16—66654-2

INSTRUCTIONS

(1) DISPOSITION DATA—Enter X in the appropriate block or blocks. Enter reason, authority for transfer to reserve or release from active duty, and type of discharge certificate issued, as appropriate.

(2) ENLISTMENT DATA—Enter X in the appropriate block or blocks in case of personnel placed on active duty on date of enlistment or induction; enter place enlisted or inducted, date and place accepted for enlistment, and home address at time of enlistment or induction. In case of personnel ordered to active duty from an inactive status, enter only date and place from which ordered to active duty and home address at time so ordered.

(3) TRAVEL DATA—The individual must elect travel allowance in accordance with effective Travel Instructions. This election must be signed by the individual.

(4) MISCELLANEOUS DATA—Complete blocks and fill-ins as appropriate. Enter number of years' service on date of completion of last period for longevity or basic-pay purposes.

(5) DISBURSING DATA—To be completed on original and all copies when applicable. (NOTE.—Amount due at discharge plus personal funds subtracted from $25 equals gratuity, if any, to be credited.)

(6) The first time this page is used, all copies required will be numbered 1 in the block provided by the page number. Future pages will be numbered (all copies) 2, 3, 4, etc.

(7) The copies required, and disposition of copies and of service record, are as follows:

ACTIVE DUTY PERSONNEL	NUMBER OF COPIES REQUIRED	DISTRIBUTION OF COPIES			SERVICE RECORD TO
		SERVICE RECORD	COMMANDANT (PE)	ACO	
DISCHARGED, RETIRED, DECEASED	3	1		2	COMMANDANT (PE)
RETIRED BUT RETAINED ON ACTIVE DUTY	4	1	1	2	RETAINED AT UNIT
RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
TRANSFERRED TO RESERVE AND RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
INACTIVE DUTY PERSONNEL					
DISCHARGE, DECEASED	1	1			COMMANDANT (PE)

*DISTRICT COMMANDER OF THE COAST GUARD DISTRICT IN WHICH THE INDIVIDUAL WILL RESIDE.

(8) This page will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use, Chapter V, Section A.

U. S. GOVERNMENT PRINTING OFFICE 16—66654-2

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

ADMINISTRATIVE REMARKS

SHIP OR STATION

Commander CG Group Rockland, Maine.

1-30-56 Article 137 UCMJ has been complied with this date.

1-30-56 Code of Conduct for members of the Armed Forces of the United States has been complied with this date.

M. O. WRIGHT

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.
PRMENTER	WILLIAM	PINKHAM	108-157

ADMINISTRATIVE REMARKS

16—80780-1

INSTRUCTIONS

This page shall be used for all miscellaneous entries which are not recorded elsewhere in the service record or where more detailed information may be required in clarification of entries on other pages. Each entry shall be made, dated, and signed as it occurs.

This page also serves as a record of transfer and receipt when there is a permanent change of station and in such cases those sections shall be completed as occurring. When an individual is received at ultimate destination in compliance with permanent change of station orders, complete the receipt portion and immediately forward the duplicate copy to Commandant (PE). The duplicate copy shall also be forwarded to Commandant (PE) in all cases when the page is otherwise filled with administrative entries. When the duplicate page has been forwarded to Commandant (PE), no further entries shall be made on the original thereof. The first page used shall be numbered 1 in the block provided beside the page number and subsequent pages numbered 2, 3, 4, etc.

The following types of administrative remarks to be entered on this page include only those which are most frequently encountered and shall not be construed as a complete listing. Other pertinent administrative remarks should be entered as occurring:

CLOTHING—Enter circumstances and estimated value of articles of clothing destroyed to prevent spread of disease or loss in marine disaster or fire. State whether reimbursed in cash or by issuance of clothing in kind.

COMMENDATIONS—Enter all special or meritorious conduct worthy of mention.

EXTENSION OF ENLISTMENT—Enter reason for extension when individuals agree to extend enlistment and reason for cancellation of extension.

FLIGHT ORDERS—Enter date of issuance, revocation, or suspension.

INJURY—Enter circumstances and nature of injuries incurred, including line of duty or misconduct status and accidents involving persons in the Coast Guard service whether or not injury incurred.

LANDING FORCE—Enter date and place sent ashore and date returned to vessel when sent ashore as part of landing force for protection of life, property, or for preservation of order.

MAIL CLERK DESIGNATION—Enter date and pertinent information concerning official designation as Coast Guard mail clerk or assistant Coast Guard mail clerk and date of revocation of such designation.

MEDALS—Enter date of receipt of all medals and awards. In case of good conduct medals and clasps enter period for which awarded.

NAME CHANGE—Enter authority for change of name, giving both old and new name in full after final approval received from Commandant (PE).

OFFENSES—Enter offenses committed for which punishment awarded did not result in S. C. M., Sp. C. M., *or* G. C. M., giving date of offenses, date of mast, and punishment awarded.

PRIZE MONEY—Enter amount of award and year or occasion for which awarded. Enter whether or not payment made.

REENLISTMENT—Upon immediate reenlistment enter information contained in the closed-out service record which might be useful during the new enlistment, such as date of current shore or sea assignment and date reported aboard present unit; commendations or medals received; transcript of performance of duty marks for such period immediately prior to discharge as will be required in the new enlistment for advancement or good conduct award purposes.

REENLISTMENT RECOMMENDATION—Enter recommendation regarding reenlistment. If not recommended for reenlistment, state reason. In all cases of personnel transferred for discharge, entry regarding reenlistment recommendation shall be made prior to transfer.

RETENTION—If person retained in service beyond normal date of expiration of enlistment, enter reason for retention.

SEA DUTY AND DUTY OUTSIDE CONTINENTAL LIMITS—Upon transfer enter number of months and days of sea duty or on duty outside the continental limits of the United States served at activity from which being transferred.

SPECIAL QUALIFICATION—Enter any special qualifications not entered on other pages of service record, such as sharp shooter, expert rifleman, gun captain, etc. (Show date and place at which qualified.)

ABSENTEES AND DESERTERS—Enter date declared and/or returned.

WAIVERS—Enter all waivers, including travel, transportation, service, etc.

TEMPORARY OR DETACHED DUTY—Enter date regarding detail to temporary or detached duty.

U. S. GOVERNMENT PRINTING OFFICE 16—66780-1

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

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*12-31-54	RQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND ME	M.O. WRIGHT, CHBOSN, CO.
*3-31-55	RQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND, ME	M. O. WRIGHT, CHBOSN, CO.
*6-30-55	EQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND, ME	M. O. WRIGHT, CHBOSN
*9-30-55	EQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND, ME	CHBOSN, USCG, CO.
*12-31-55	EQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND, ME	CHBOS N W-3 USCG CO.
*3-31-56	EQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND ME	CHBOSN W-3 USCG
*6-30-56	EQM	BM1	3.7	3.7	4.0	CG GROU ROCKLAND ME	CHBOSN W-3 USCG
8-23-56	DET CO.	BM1	3.7	3.7	4.0	CG GROUP ROCKIAND ME	CHBOSN W-3 USCG
*9-30-56	EQM	BM1	3.8	3.8	4.0	CG GROUP ROCKLAND ME	CHBOSN W-2 USCG
*12-31-56	EQM	BM1	3.8	3.8	4.0	CG GROUP ROCKLAND ME	CHBOSN W-2 USCG CO.
*3-31-57	EQM	BM1	3.8	3.8	4.0	CG GROUP ROCKLAND ME	CHBOSN W-2 USCG CO.
*6-30-57	EQM	BM1	3.8	3.8	4.0	CG GROUP ROCKLAND ME	CHBOSN W-2 USCG CO.
*9-30-57	EQM	BM1	3.6	3.6	4.0	CG GROUP ROCKI AND ME	CHBOSN W-2 USCG CO.
*1-31-58	EQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND ME.	CHBOSN W-2 USCG CO.
*4-30-58	EQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND ME	CHBOSN W-2 USCG CO.
*31 JUL 58	EQM	BM1	3.7	3.7	4.0	CG GROUP ROCKLAND ME	H.N.LITCHFIELD CHBOSN CO
31 JUL 58	FINAL AVG.	BM1	3.72	3.72	4.0	CG GROUP ROCKLAND ME	H.N.LITCHFIELD CHBOSN CO.
31 JUL 58	Qualifies for honorable discharge for period to and including this date						H.N.LITCHFIELD CHBOSN CO.

NAME (Last) PARMENTER (First) WILLIAM (Middle) P | SERVICE NO. 108-157

MARKS

16—66652-1

Instructions

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

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

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

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

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

LEAVE RECORD

DATE: 21 December 1954 Credit brought forward from previous record 00 DAYS

AUTHENTICATED BY M. O. WRIGHT, CHBOSN, 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
22 JAN 55	3 FEB 55	13	REEN			-13	ROCKLAND GRP	M. O. WRIGHT CHBOSN USCG
				ANCR 6-30-55	16	03	ROCKLAND GRP	M. O. WRIGHT, CHBOSN, CO.
				BBF 7-1-55		03	ROCKLAND GRP	CHBOSN, USCG, CO.
31 DEC 55	9 JAN 56	10	A			-07	ROCKLAND GRP	CHBOSN, USCG CO.
				ANCR 6-30-56	30	23	ROCKLAND GRP	CHBOSN W,3 USCG CO.
				BBF 7-1-56		23	ROCKLAND GRP	CHBOSN W-3 USCG CO.
16 JUN 57	26 JUN 57	10	A			13	ROCKLAND GRP	H. N. Litchfield CHBOSN W-2 USCG
				ANCR 6-30-57	30		ROCKLAND GRP	H. N. Litchfield CHBOSN W-2 USCG
				BBF 7-1-57		43	ROCKLAND GRP	H. N. Litchfield CHBOSN W-2 USCG
25 MAR 58	5 APR 58	12	A			31	GRP ROCKLAND	H. N. Litchfield CHBOSN W-2 USCG
				ANCR 6-30-58	30	60	GRP ROCKLAND	H. N. Litchfield CHBOSN W-2 USCG
				RETIRED 11-1-58	10	60	GRP ROCKLAND	H. N. Litchfield CHBOSN W-2 USCG

RECAPITULATION

Enlisted (6) years on 21 December 1954
Total time served: 3years 10 months, 11 days
Total leave credit: 116 days Leave taken: 56 days
Entitled to and Elects to receive cash settlement
for SIXTY (60) days unused leave

H. N. Litchfield

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
H. N. LITCHFIELD CHBOSN W-2 USCG					

COMONEGCD, Boston, Mass. Date 10/31/58
Paid this date and place for 60 days unused leave computed as follows: LSL(BP&L) @ $290.00 per mon.; LSL(ALLOW) @ $1.95 per day; in the total amount of $ 697.00.

J. E. GILES, CHSPCK, W-B, USCG, 26650
Authorized Certifying Officer

NAME (Last)	(First)	(Middle)	SERVICE NO.
PARMENTER,	WILLIAM	P.	108-157

LEAVE RECORD 16—66741-1 PAGE 5 1

INSTRUCTIONS

(1) To be kept current in service record in accordance with existing instructions. Forward to the Commandant(PE) with closed-out service record.

(2) LEAVE RECORD.—Enter dates, kind, and number of days leave taken upon return from leave or upon reporting to new duty station when leave has been taken enroute. The kinds of leave will be entered as follows:

A— Regular leave.
E— Emergency leave.
R— Reenlistment leave.
RT— Recruit leave.

(3) In the column headed "credited," entries shall be made only on 30 June of each year, and upon retirement, release from active duty, desertion, or separation. Credit for the previous fiscal year must always be entered prior to granting leave in current fiscal year.

(4) Prior to transfer the commanding officer shall enter and sign below the last entry "no leave taken at this command," or "no leave taken since date of last entry," and "that leave rations credited are not in excess of leave taken."

(5) TIME NOT SERVED.—Enter all periods of AWOL, SKMC, confinement awaiting trial by courts-martial which results in conviction, and confinement under sentence of a courts-martial. An asterisk will be placed before all AWOL and confinement under sentence entries to show periods during which leave does not accrue.

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

U. S. GOVERNMENT PRINTING OFFICE 16—66741-1

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
PARMENTER, William Pinkham	108-157	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*) — RELATIONSHIP (*If friend, so state*)

Frances Edwina Parmenter

ADDRESS (*Number, street, city, zone, and State*)

12 Giles Place, Boothbay Harbor, Maine

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*)	ADDRESS (*Number, street, city, zone, and State*)
Frances Edwina Parmenter	12 Giles Place, Boothbay Harbor, Maine

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
Perry (n) Parmenter	12 Giles Place, Boothbay Harbor, (*Continue on reverse side*)		X	X		14

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Glaude Lewis Parmenter	Atlantic Ave. Boothbay Harbor, Maine
9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Theresa May Parmenter	Atlantic Ave. Boothbay Harbor, Maine

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	RELATIONSHIP
Claude Lewis Parmenter	Father
ADDRESS (*Number, street, city, zone, and State*)	
Atlantic Ave. Boothbay Harbor, Maine.	

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Theresa May Parmenter	Mother
ADDRESS (*Number, street, city, zone, and State*)	
Atlantic Ave Boothbay Harbor, Maine.	

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 (*Continue on reverse side*)	POLICY NO.

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Frances Edwina Parmenter	Wife
ADDRESS (*Number, street, city, zone, and State*)	RECEIVE EACH MONTH
12 Giles Place, Boothbay Harbor, Maine.	100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Heron Neck L/S Vinalhaven, Maine.	12-12-54	William Pinkham Parmenter WILLIAM PINKHAM PARMENTER

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	CHECK ONE SINGLE	SEX M	SEX F	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS:

16—61480-1 U. S. GOVERNMENT PRINTING OFFICE: 1950—O-873269

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

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last) (First) (Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
108-157	PARMENTER, William Pinkham	BM1	HS4

5. PLACE OF BIRTH (City) (State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Boothbay Harbor, Maine	25	3	07	Protestant	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street) (City) (County) (State)
Married	Vinalhaven, Maine Box # A

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
21	12	54	[ ] FIRST ENLISTMENT [X] REENLISTMENT	Six (6) YRS.	UNK	[X] YES [ ] NO

16. ACCEPTED AT (City) (State)	17. ENLISTED AT (Unit) (City) (State)
Rockland Maine	CG Group Office Rockland Maine

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)

19. SELECTIVE SERVICE REGISTRATION NO.

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
21	12	48	U.S. COAST GUARD	20	12	54	Honorable	18 YRS. 01 MOS. 06 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO	
18 YRS. 01 MOS.				Retained on Board enlisting unit	[X] Active duty for [ ] Inactive duty

28. DESCRIPTION SS # 007-10-7964

SEX	RACE (See instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
Male	Caucasian	Brown	Hazel	5'7½"	150	Ruddy

29. MARKS AND SCARS

None

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

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Merritt C. Wright, CHBOSN 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 { 6 years from 21 December, 1954 / during minority until 20 December, 1960 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

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

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

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

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

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

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

Signature in own handwriting (surname to right) William P. Parmenter

Subscribed and sworn to before me this 21 day of December, A. D. 19 54 Citizenship substantiated and contract perfected.

Signature and Grade M.O. WRIGHT, CHBOSN, CG Official Title Commander, Group Rockland, Me

READ CAREFULLY

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

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

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

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

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

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

INSTRUCTIONS

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

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

All signatures shall be made in blue or black ink.

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

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

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

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

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

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

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

Auth: 3d Indorsement on
Form 2525B, 2 Dec. 1948

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

ENLISTMENT OF PARMENTER, William Pinkham (Full name, surname to left); 108-157 (Service number); $162.00 (Pay per month)

Accepted for enlistment at Vinalhaven, Maine; BM1 (Rating in which enlisted)

Enlisted at Heron Neck Light Station, Vinalhaven, Maine; 21 December, 1948 (Date of enlistment)

Transferred to

Occupation Coast Guardsman Citizenship * NB If naturalized, place and date of naturalization Certificate No.

Date of birth 25 March, 1907 Place of birth Boothbay Harbor, Maine

Home address (Street and number) Vinalhaven (Town) (County) Maine (State)

Married or single Married Name and address of next of kin or legal guardian Frances Parmenter (Wife) (Relationship) Vinalhaven, Maine (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / ~~Reserve~~ } 12 (Years) 1 (Months) 6 (Days)

First enlisted 3 March, 1927 (Date) at Rockland, Maine (Place) and was last discharged 20 December, 1948 (Date) from Heron Neck Light Station (Unit)

with Honorable (Character) discharge as BM1 (Rate) No.

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 8 months.

Height 5 feet 7½ inches. Weight 150 pounds.

Eyes Hazel Sex Male Hair Brown Complexion Ruddy 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 CBOSN G.A.TARDIF 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 years from 21 December, 1948 / 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, William Pinkham Parmenter, 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.

William Pinkham Parmenter

William Pinkham Parmenter
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 21st day of December, A. D. 1948

G. A. TARDIF
(Commanding officer, notary public, or other officer qualified to administer oaths)

CBOSN
(Title)

Citizenship substantiated and contract perfected.

G. A. TARDIF

CBOSN, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____
(Signature of man)

_____
(Signature of commanding officer)

16—8420-2

NAVCG-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG Group, Whitehead
Heron Neck Light Station, Vinalhaven, Maine
(Unit)

PARMENTER, William Pinkham — 20 December, 1948
(Name in full—surname to the left) (Date)

108-157 — Boatswain's Mate, first class
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1945	12	20			
Enlistment extended (for ____ years from)						
Date of discharge (Honorable) (Character of discharge)	1948	12	20			
Total time of last enlistment period				3	0	1

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	1

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.

G. A. TARDIF

Date 20 December, 1948 (Rank) CBOSN, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 21 December, 1948 — Heron Neck Light Station, Vinalhaven, Maine
(Unit and place)

I CERTIFY that the above-named man reenlisted in the REGULAR ESTABLISHMENT for
(Reenlisted or voluntarily extended his enlistment)

a period of six (6) years from this date.

Last paid Enlistment Allowance
12/20/45 $150.

G. A. TARDIF

(Rank) CBOSN, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Heron Neck Light Station (Unit) — Vinalhaven, Maine (Place)

21 December, 1948 (Date)

FROM: PARMENTER, William P. (108-157) BM1

CODED

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:

Frances Parmenter (Full name of wife; if not married, so state)	Vinalhaven, Maine (Address of wife)
Frederick Louis Parmenter (Full name of child; if none, so state)	Same as above (Address of child)
William Pinkham Parmenter, Jr. (Full name of child; if none, so state)	Same as above (Address of child)
Perry Parmenter (Full name of child; if none, so state)	Same as above (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:

Theresa Parmenter (Full name of relative)	Mother (Relationship)	Boothbay Harbor, Maine (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:

Claude Parmenter (Full name of relative)	Father (Relationship)	Boothbay Harbor, Maine (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

21st day of December, 1948

G. A. TARDIF
(Signature)

CBOSN, USCG
(Rank or title)

William P. Parmenter
William P. Parmenter
(Signature)

BM1
BM1
(Rank or rating)

16—25758-1

N. C. G.-2500C
Revised 1938

Service Record

PARMENTER
(Surname)

WILLIAM P. | 108-157 | NB
(Christian names) | (Service No.) | (Citizenship)

BM1c | 20 DECEMBER, 1945 | THREE
(Enlisted as) | (Date) | (Term of years)

DCGO, 1st NAVAL DISTRICT | BOSTON, MASSACHUSETTS
(Ship or station) | (Place)

16—9677-1

ISSUED HONORABLE DISCHARGE BUTTON 19 DECEMBER, 1945

NOT ELIGIBLE FOR
MUSTERING OUT PAY

INSTRUCTIONS

ARTICLE 3.—Marks to be assigned upon discharge, even though the period is less than one month.

ARTICLE 6.—In addition to recording the award of a good-conduct medal, honorable discharge button, or other medal or decoration, record should be made of special commendations by Headquarters or the performance of duty of an exceptionally excellent character.

ARTICLE 7.—Record should especially be made of special qualifications of an enlisted man not required in his rating, which will serve as a guide for advancement and the utilization of the man on special duty to best advantage.

ARTICLE 8.—Record details to duty drawing extra compensation, such as messmen, mail clerk, etc., and to special duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction in radio, etc. (Will include interunit transfer.)

ARTICLE 10.—It is most important that an accurate record be kept of all periods during which a man is not in a pay status, in order that Article 16 may be executed correctly. An accurate record shall be kept of all absences on account of:

(1) Absence without leave (including overleave and desertion).

(2) Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

(3) Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

Abbreviations may be used in the "Remarks" column to indicate nature of absence, as follows:

A. W. O. L.—Absence without leave (including overleave and desertion).

A. O. M. (absent, own misconduct).—Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

Conf.—Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

ARTICLE 13.—On desertion this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 14.—On retirement this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 16.—The entries under Article 10 will be considered when compiling Article 16.

ARTICLE 17.—This certificate will be executed on discharge or death.

No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

As far as possible, all entries on Service Record should be made on the typewriter.

U. S. GOVERNMENT PRINTING OFFICE 16—9677-1

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1932

SPECIAL TEMPORARY ENLISTMENT CONTRACT

HD 302040 (30 October, 1945)
Alcoast 146-45.

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 PARMENTER, William Pinkham (Full name, surname to left) as BMle, USCG (Rating)

U. S. Coast Guard ~~Cutter~~ Station DCGO, 1st Naval District, ... District, Boston, Massachusetts (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Boston, Massachusetts (Place)

1. I, William Pinkham Parmenter (Full name), this 20th day of December, 19 45, 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 Boothbay Harbor, Maine, on 25 March, 1907 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - Certificate number - - - - -

If intentions declared, place and date of declaration -

Occupation or trade Boatswain's Mate, USCG Home address 12 Giles Place, Boothbay Harbor, Maine

Full name and address of the following: Frances Parmenter, 12 Giles Place, Boothbay Harbor, Maine (Wife, if any)

Frederick Louis Parmenter 19 yrs; William Pinkham Parmenter, Jr. 17 yrs; Perry Parmenter 3 yrs.
(Children under 21 years of age. Specify ages of children)

Theresa Parmenter, Boothbay Harbor, Maine (Mother, if living) Widowed? No

(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 court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

Denies any
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have ..... (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 December, 1945, from ~~Cutter~~ Station DCGOINDBoston, Mass. (Strike out one) with Honorable (Kind of discharge) discharge, herewith submitted, serial No. B60300.

9. I agree to and with the United States of America, represented by F. N. MARTIN, Lieutenant (R) (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 F. N. MARTIN, Lieutenant (Name of enlisting officer), United States Coast Guard, Reserve does hereby covenant and agree to and with the said William Pinkham Parmenter (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.

2—3476 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By F. N. MARTIN, Lieutenant, 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.

F. N. Martin

F. N. MARTIN, Lieutenant, USCGR, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, William Pinkham Parmenter, 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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 20th day of December, A. D. 1945.

F. N. Martin

F. N. MARTIN, Lieutenant, USCGR
Records & Assignments Officer, 1ND
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 38 years 8 months. Height 5 feet 8 inches. Weight 143 pounds. Eyes Hazel

Hair Lt. Brown Complexion Ruddy Color White Married Yes

Distinguishing marks ANT: VSLUA - POST: 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 PARMENTER, William P. (Full name, surname to the left) 108-157 (Service Number)

11. DESERTION

Date ____, 19____ Unit ____ Place ____

12. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

13. RETIREMENT

Unit	Date	Cause	Authority	Signature

14. DISCHARGE

Date 20 December, 1948 Place Vinalhaven, Maine

Discharged by reason of expiration of enlistment

Kind of discharge Honorable Serial No. ____

Authority Article 589(1),CG Regulations and Personnel Circular No. 19-48.

Rating BM1 Monthly rate of pay $162.00

Furnished travel allowance at the rate of 5 cents per mile from BOSTON MASS.

to VINAL HAVEN ME and paid $ 6.01 in full to date of discharge by

MJSNOWDEN (Name of Disbursing Officer) with check No. 27,690

Address subsequent to discharge will be:

Vinalhaven, Maine

Has signified intention { to / ~~not to~~ } reenlist next day.

Creditable Coast Guard service during this enlistment 3 (Years) 0 (Months) 1 (Days)

Completed TWELVE years' net service for pay purposes on 14 November, 1948

Total time lost and deducted for pay purposes thereafter to date of discharge 0 (Years) 0 (Months) 0 (Days)

20 December, 1948 (Date)

Certified correct upon termination of service.

G. A. TARDIF, CBOSM, USCG
Commanding Officer.

16—0676-2

NCG 2500-C
(Revised June 1942)

RECORD OF PARMENTER, William P. (Full name, surname to the left) 108-157 (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
DCGO,1ND	12-20-45	Credit on reenlistment	30	30		Bydir
CG GROUP, Rockland.	7/27	8/12	15	15		CO

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
DCGO,1ND		NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.			Bydir.
Group, SW Hbr,Me		No deductible time while attached to this unit.			Lt.
Group,Whitehead,Maine		No deductible time while attached to this unit.			CBOSN,CO

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

16—9676-2

Group, Whitehead
Spruce Head, Maine

8 December, 1948
File: CG-73

From: Commanding Officer, CG Group, Whitehead, Maine
To: Commandant (PE)

Subj: PARMENTER, William P. (108-157) BM1; Physical Examination Record, Form 2525B, dated 19 November, 1948; additional information

Ref: (a) Personnel Circular No. 20-48, Paragraph 26(a).

1. It is requested that the following data be inserted in Indorsement 1 of Form 2525B, dated 19 Nov. 1948 which was forwarded 27 November, 1948 in connection with discharge and reenlistment of subject named man:

Proficiency in rating	3.46
Conduct	4.0

2. PARMENTER'S enlistment expires on 20 December, 1948.

G. A. TARDIF

PARMENTER, William P.	108-157	BM1
Group, Whitehead, Maine	Heron Neck Light Station	Vinalhaven, Maine
01-055	01-061	8 October, 1948

1200/8 detached from Whitehead Light Station. Temporary duty assignment made permanent at Heron Neck Light Station.

30 CCGD1/L(pmp-73-701)10/6/48. G. A. TARDIF, CBOSN

PARMENTER William P. 108-157 BM1

Group, Whitehead,Me 01-055 Spruce Head, Me 21 September, 1948

Heron Neck Light Station 01-061

0900 this date, rptd fm Whitehead Light Station for TD.

30

VO/CO Grp.

G. A. TARDIF

CBOSN

PARMENTER William P. 108-157 BM1

Group, Whitehead, Me 01-055 Spruce Head, Me 21 September, 1948

Whitehead Light Station 01-067

0800 this date, TR to Heron Neck Light Station for TD.

30

VO/CO Grp.

G. A. TARDIF

CBOSN

Whitehead Light Station Spruce Head, Maine 16 August, 1948

PARMENTER, William P. (108-157)RM1 CO,Group, Whitehead

12 20 August, 1948 0 10 12/20/48

To visit family
12 Giles Place, Boothbay Harbor, Maine

William P. Parmenter

Group, Whitehead, Maine 16 August, 1948
64

xx

G. A. TARDIF, CBOSN
xxxxxxxxxxxxxxxxxx

Group, Whitehead, Maine 20 August, 1948

1200
0900, 2 September, 1948 Whitehead Light Station

G. A. TARDIF, CBOSN
xxxxxxxxxxxxxxxxxx

PARMENTER William P 108-157 BM1

Group, Whitehead, Me. 01-055 Spruce Head, Me. 24 July, 1948.

Whitehead Light Station. 01-067

2130 this date, reported from USMH, Portland, Me. Dental treatment.

30

Com. Cir. 31-47.

Merrill C. Minzy, BMC(L).

By Direction.

PARKINTER, William P. 108-157 BMlc

Group, SW Hbr, Me. Whitehead L/B Station Spruce Head, Maine

01-055 26 January 1945

1200, 23 January, 1945 - Dptd on ten (10) days ann Reg lv.

29-D C.O. 31-47 J. M. JOSEPH, Lieut. USCG

SERVICE RECORD COPY

PARMENTER, William P. 108-157 BMlc

CG Group, Rockland, Maine Whitehead Light Station Sprucehead, Me.

01-067 13 August, 1947

0900
13 August, 1947 Rptd fm twenty (20) days annual leave for resumption of regular duties

30-D Comdt. Cir. 3-47

G. A. TARDIF, Lt. (jg) USCG
Acting

SERVICE RECORD COPY

PARMENTER, William P.	108-157	BMlc
GROUP, Rockland, Maine	Whitehead Light Station	Sprucehead, Maine
01-049	01-067	31 July, 1947

1330, 23 July, 1947 - departed on twenty (20) days annual leave.

SERVICE RECORD COPY

J. M. JOSEPH, Lieut., USCG

30-D Comdt. Cir. 3-47

No 10

PARMENTER, William P. 108-157 BM1c

CG GROUP 01-049 ROCKLAND, MAINE 5February, 1947

Whitehead Light Station 01-067

0830, this date, reported fm (12) days leave fo absence. NOT AOL

17
Comdt. Cir 33-46

G. A. TARDIF
By direction

No. 75

PARMENTER, William . P. 108-157 BMlc

CG GROUP 01-049 Rockland, Me. 29 January, 1947

Whitehead Lt. STa. (01-067)

1000/23 - Departed this unit on twelve (12) days annual authorized leave of absence

17

Art 1936(3) RegCG.

G. A. TARDIF
By direction

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 19.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1c, USCG
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	Whitehead Light Station	Rockland, Me.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
01-053	01-062	12 August, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1030 - 12 August, 1946 Reported this unit from 15 days reenlistment leave.

DUTY CODE NO. 06-D
AUTH: Art. 504 P.I. J. M. JOSEPH, Lieutenant, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45) **FOR SUBMISSION TO COMMANDER FIRST COAST GUARD DISTRICT ONLY**

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	PhM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
ROCKLAND GROUP	White Head Light Station	Spruce Head, Maine.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
01-062		6 May, 1946

TIME
DATE — REPORTED FROM:
FOR

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

1130, this date, reported this unit from three (3) days compensatory leave.

DUTY CODE NO. 30 — AUTH: PB 5-46

Alton T. Brown
(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

FOR SUBMISSION TO DCGO, ND ONLY

PARMENTER, William P. 108-157 BM1c

ROCKLAND GROUP White Head Light Station Spruce Head, Maine

01-062 11 February, 1946

1130 10th February, 1946 the above named man reported this unit from (3) day compensatory Leave.

30 PB 107-44 H. I. Bartlett

Acting

UNITED STATES COAST GUARD
Washington 25, D. C.

Address reply to
THE COMMANDANT (PE-E)
Refer to file: CG-73-783

23 January, 1947

From: Commandant (PE-PR)

To: CG Group, Rockland, Maine

Subj: William P. Parmenter (553-607)

The following information is furnished in accordance with your request for the purpose of helping you complete your "Claim for Settlement for Unused Leave":

Date enlisted	8 Sept. 1942
Date assigned active duty	8 Sept. 1942
Date discharged	19 December, 1945
Place discharged	Boston, Mass.

Records show that during the above period of service you were:

Absent without leave for	0 days
Absent over leave for	0 days
Confined as result of Court-Martial for	0 days
On authorized leave for a total of	42 days

(If you had more than 48 months active service, the additional information needed to complete your claim is given on the reverse of this letter)

By direction of the Commandant.

Very truly yours,

M. K. HUTCHINSON
Chief Pay Clerk, USCG
Enlisted Personnel Division

A5068
3-13

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

PARMENTER, William P. (Name—Surname to left) | BM1c (Rank or rating 31 Aug. 1946) | 208-257 (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 78 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) | Frances Parmenter (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.

William P. Parmenter, BM1c
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at CG Dept., Rockland, Maine this 5th day of February, 1947

(SEAL)

J.M. JOSEPH, Lt., 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.

J. M. JOSEPH Lt., USCG — (Signature of Commanding Officer)

Depot, Rockland, Me. — (Unit)

5. (Following to be completed by the authorized certifying officer having custody of claimant's pay records:)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(Monthly pay (base and longevity))	(Officer monthly rental allowance)	(Officer daily subsistence allowance)

(Signature of authorized certifying officer)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF PARMENTER, William P. 108-157
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
DCGO, 1ND	12-20-45	[illegible] Bydir	[illegible] Lyceum [illegible] Me	12-20-45	[illegible] CBOSN
Group, SW Hbr, Me.	6-30-48	Jos Joseph Lt.	Grp, Whitehead, Me	7/1/48	G A Tardif CBOSN
Group, Whitehead, Me	12-20-48	HD expiration of enlistment. G. A. TARDIF, CBOSN			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Group, SW Hbr, Me.	CR fm BM1c to BM1 ALCOAST 19-48	4-2-48	Jos Joseph Lieut. USCG.

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9876-2

RECORD OF PARMENTER, William P. (Full name, surname to the left) 108-157 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature
DCGO, 1ND	12-20-45	Attained score of 53 on GCT	O. R. Hammer Bydir

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-20-45	BM1c.	3.4	3.5	3.1	3.2	4.0	O. R. Hammer By direction.
12-31-45	BM1c	3.4	3.5	3.1	3.2	4.0	Chas. W. Beam Chm.
3/31/46	BM1c	3.4	3.5	3.1	3.2	4.0	Wm. H. Brown Chm.
6-30-46	BM1c	3.4	3.5	3.1	3.2	4.0	G. A. Tardiff XO, ByDir
9-30-46	BM1c	3.4	3.5	3.1	3.2	4.0	G. A. Tardiff XO, ByDir
12/31/46	BM1c	3.4	3.5	3.1	3.2	4.0	G. A. Tardiff XO, Bydir
3/31/47	BM1c	3.5	3.5	3.2	3.5	4.0	G. A. Tardiff XO, Bydir Rkld.
6/30/47	BM1c	3.5	3.5	3.2	3.5	4.0	John Joseph Lt., Rockland Group
9/30/47	BM1c	3.5	3.5	3.2	3.5	4.0	Group, Rockland, Me. G. A. Tardiff ChBos'n ByDir
12/31/47	BM1c	3.5	3.5	3.2	3.5	4.0	Group SW Nrbr Me. John Joseph Lt CO
3/31/48	BM1c	3.5	3.5	3.2	3.5	4.0	Group, SW Hbr, Me John Joseph Lt.CO
6/30/48	BM1	3.5	3.4	3.5	3.4	4.0	Group, SW Hbr, Me. John Joseph Lt.CO
9/30/48	BM1	3.5	3.5	3.5	3.5	4.0	Grp. Whitehead, Me G. A. Tardiff CBOSN, CO
12/20/48	BM1	3.5	3.5	3.5	3.5	4.0	Grp. Whitehead, Me G. A. Tardiff CBOSN, CO
AVERAGE	X X X X	3.46	3.5	3.2	3.36	4.0	Grp. Whitehead, Me G. A. Tardiff CBOSN, CO

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
DCGO, 1ND	12-20-45	Transcribed fm previous dervice record: Entitled to Wear World War II Victory Medal and CG Good Conduct Medal Ribbon. Issued HD Button. O. R. Hammer Bydir
	10-15-48	Issued American Campaign Medal and World War II Victory Medal. G. A. Tardiff, CBOSN, CO

16—9676-2

RECORD OF PARMENTER, William P. (Full name, surname to left)

108-157 (Service Number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO'S SIGNATURE
REASON	DATE	NO DAYS	FROM	TO	REASON	NO DAYS	ADV. LV.	NO. DAYS	FROM	TO	REASON	NO DAYS	
I.C.	9/1/46	66						60					XO bydir
I.C.	1/1/47	~~70~~						~~70~~					XO, By dir
			1/23/47	2/5/47	LV	12		~~48~~					XO, By dir
ANCR	6/30/47	25						60					Lt.
BBF	7/1/47	60											Lt.
			7/23/47	8-13-47	REG	20		~~40~~					Lt(jg)Act
			1/23/48	2-3-48	REGAN	10		~~30~~					Lieut
ANCR	6-30-48	30						60					LT.
BBF	7-1-48	60						~~60~~					CHBOSN
			8-20-48	9-2-48	(ACC)	12		48					CBOSN
DIS	12/20/48	15						63					CBOSN
TOTAL	12/20/48	60	Cash compensation. PAID -$441.00 for 60 DYS LV-SUBS-QTRS by MJSNOWDEN.										CBOSN

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)

DCCO, 1st Naval District, Boston, Massachusetts
(Unit)

PARRITTER, William Pinkham
(Name in full—surname to the left)

19 December, 1945
(Date)

553-607
(Service number)

Boatswain's Mate, first class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1942	9	2
Enlistment extended (for ____ years from)	-	-	-
Date of discharge (Honorable) (Character of discharge)	1945	12	19
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
3	3	18

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)

Creditable time served during last enlistment period	3	3	18

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.

D. V. Hanner

D. V. HANNER

Date 19 December, 1945

(Rank) Lieutenant (jg)(USR)

By direction, Commanding officer., U. S. C. G.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 December, 1945

DCCO, 1st Naval District, Boston, Massachusetts
(Unit and place)

I CERTIFY that the above-named man reenlisted in the regular CG, STD for
(Reenlisted or voluntarily extended his enlistment)

a period of three (3) years from this date.

Reenlisted former regular CG Service Number (208-157).

D. V. Hanner

D. V. HANNER

(Rank) Lieutenant (jg)(USR), U. S. C. G.

By direction, Commanding officer. DCCO, 1ND

U. S. GOVERNMENT PRINTING OFFICE 16—20903-1

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

DCGO, 1st Naval District (Unit) — Boston, Massachusetts (Place)

20 December, 1945 (Date)

FROM: PARMENTER, William P. (106-157) BM1c, USCG

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:

Frances Parmenter (Full name of wife; if not married, so state)	12 Giles Place, Boothbay Harbor, Maine (Address of wife)
Frederick Louis Parmenter (Full name of child; if none, so state)	Same as above (Address of child)
William Pinkham Parmenter Jr. (Full name of child; if none, so state)	Same as above (Address of child)
Perry Parmenter (Full name of child; if none, so state)	Same as above (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:

Theresa Parmenter (Full name of relative)	Mother (Relationship)	Boothbay Harbor, Maine (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:

Claude Parmenter (Full name of relative)	Father (Relationship)	Boothbay Harbor, Maine (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 December, 19 45

D. V. HANNER
(Signature)

Lieutenant (jg) USCG(WR)
(Rank or title)

William P. Parmenter
William P. Parmenter

Boatswain's Mate, first class
(Rank or rating)

16—25758-1

No.20

PARMENTER, William P. 108-157 WMic

ROCKLAND GROUP White Head Light Station Spruce Head, Maine

20 December, 1945

01-069

1030
12/20/45

DCGO,IND
Assignment to duty, having reenlisted in the regular CG,STR.

30

DCGOIND/L 12-20-45 (pra-73-531)

Subject man assigned former CG number 108-157, thereby cancelling CG reserve Service number 553-607.

Alton F. Brown

PARMENTER, William P. 553-607 BMlc.

DCGO,1ND Boston, Massachusetts 19 December, 1945

Completed - - - 5 years 9 months 17 Days as of 12/20/32 (certified copy of state-
Enlisted, Res, Ind. - - - - - - - - - - - - - - - 9/2/42 ment attached)
AWL, AOL - None
Sick,Misconduct - - - - - - - - - - - - - - - - - None
NPDI - None
Completed - - - - 6 years 0 months 0 days - - 11/14/42
AWL, AOL - None
Sick, Misconduct - - - - - - - - - - - - - - - - None
NPDI - None
Completed - - 9 years 0 months 0 days - - - - 11/14/45
Discharged - - - - - - - - - - - - - - - - - - - 12/19/45
Reenlisted, STE, 3 years - - - - - - - - - - - 12/20/45
(Now serving)

PB 59-42

D. V. HAMMER,
By direction, DCGOlND

HEADQUARTERS
POST INDEX
SERVICE RECORD

PARMENTER, William P. 108-157 BMlc, USCG

DCGO, 1st Naval District Boston, Mass.

(01-001) 20 December, 1945

1130
20 Dec., 1945 CG Operating Base, Rockland, Maine for duty, having reenlisted in regular CG, STE.

DCGO1ND/L 12-20-45 (pra-73-531).

20 December, 1945, reenlisted in regular CG, STE for a period of three years.
Reenlisted in rating of BMlc (Permanent) in accordance with Alcoast 146-45.
Entitled to reenlistment allowance of $150.00 in accordance with F&S Circular #172-45.
Subject man assigned former CG service number 108-157, thereby cancelling CG Reserve service number 553-607.

18D HQ Ind-3 on form 2525B D. V. HARMER,
dated 11-13-45 By direction.
PB 82-45

: CG Operating Base, Rockland, Maine.
File.

HEADQUARTERS
POST INDEX
SERVICE RECORD

PARMENTER, William P. 553-607 BM1c

DCGO, 1st Naval District Boston, Mass.

(01-001) 19 December, 1945

0830
19 Dec., 1945 CG Operating Base, Rockland, Maine for duty in connection with discharge and reenlistment.

18D CGOB Rockland/ltr. 12-18-45 (783-531)

19 December, 1945, issued Honorable Discharge by reason of convenience of the Government to enable reenlistment in regular CG, STE.
Issued Honorable Discharge Certificate No. B60300
Issued Honorable Discharge Button
Entitled to mileage
Entitled to MOP
PAFE: PORTLAND, MAINE
POD: BOSTON, MASSACHUSETTS
Total CG Service(this enlistment) 3 yrs 3 mos. 18 dys.

Home address subsequent to discharge:
12 Giles Place,
Boothbay Harbor, Maine

18D PB 82-45
Art. 141 P&SI

D. V. HANMER
By direction.

CC: CG Operating Base,
Rockland, Maine
File.

Form 2500 B
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1932

SPECIAL TEMPORARY ENLISTMENT CONTRACT

HD 302040 (30 October, 1945)
Alcoast 146-45.

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."

CODED NO. 12

PEACE 32

DEC 29 1945

ENLISTMENT [a] of PARMENTER, William Pinkham as BMlc, USCG
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station DCGO, 1st Naval District, District, Boston, Massachusetts
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Boston, Massachusetts
(Place)

1. I, William Pinkham Parmenter (Full name), this 20th day of December, 19 45, 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 Boothbay Harbor, Maine, on 25 March, 1907 Citizenship [b] NB

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - Certificate number - - - - -

If intentions declared, place and date of declaration -

Occupation or trade Boatswain's Mate, USCG Home address 12 Giles Place, Boothbay Harbor, Maine

Full name and address of the following: Frances Parmenter, 12 Giles Place, Boothbay Harbor, Maine (Wife, if any)
Frederick Louis Parmenter 19 yrs; William Pinkham Parmenter, Jr. 17 yrs; Perry Parmenter
(Children under 21 years of age. Specify ages of children)
3 yrs.

Theresa Parmenter, Boothbay Harbor, Maine Widowed? No
(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 court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

Denies any
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have ..... (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 December, 19 45, from Cutter Station DCGO1ND Boston, Mass. (Strike out one)
with Honorable discharge, herewith submitted, serial No. B60300
(Kind of discharge)

9. I agree to and with the United States of America, represented by F. N. MARTIN, Lieutenant (R), United States Coast Guard, in manner and form following, that is to say: (Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by F. N. MARTIN, Lieutenant, United States Coast Guard, (Name of enlisting officer) does hereby covenant and agree to and with the said William Pinkham Parmenter who has hereunto signed his (Name of person enlisting) Reserve

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—3476 U. S. GOVERNMENT PRINTING OFFICE

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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

F. N. Martin
By F. N. MARTIN, Lieutenant, 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.

F. N. Martin
F. N. MARTIN,
Lieutenant, USCGR, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, William Pinkham Parmenter, 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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 20th day of December, A. D. 1945

F. N. Martin
F. N. MARTIN, Lieutenant, USCGR
Records & Assignments Officer, IND
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 38 years 8 months. Height 5 feet 8 inches. Weight 143 pounds. Eyes Hazel

Hair Lt. Brown Complexion Ruddy Color White Married Yes

Distinguishing marks ANT: VSLUA - POST: 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.

35 LEV-E
DEC 3 0 1945
NO. 11 CODED

UNITED STATES NAVY GENERAL CLASSIFICATION TEST

NAVPERS 16501

Given in accordance with PR-82-45

Co. No. [ ]

FORM NO. ____

G. C. T. SCORE 57 (23)

LAST NAME: Bannister FIRST NAME: William MIDDLE NAME: Buckhorn

AGE: 38 LAST GRADE COMPLETED: High School (10B-157)

B M 1/c

COMPLETION

SAMPLES

A 1 2 3 4 5
B 1 2 3 4 5
C 1 2 3 4 5
D 1 2 3 4 5
E 1 2 3 4 5

BEGIN TEST HERE

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OPPOSITES

SAMPLES

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H 1 2 3 4 5
I 1 2 3 4 5
J 1 2 3 4 5

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ANALOGIES

SAMPLES

K 1 2 3 4 5
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BEGIN TEST HERE

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N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CODED NO. 17.

DCGO, 1st Naval District (Unit) — Boston, Massachusetts (Place)

20 December, 1945 (Date)

FROM: PARMENTER, William P. (108-157) BM1c, USCG

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:

Frances Parmenter (Full name of wife; if not married, so state)	12 Giles Place, Boothbay Harbor, Maine (Address of wife)
Frederick Louis Parmenter (Full name of child; if none, so state)	Same as above (Address of child)
William Pinkham Parmenter Jr. (Full name of child; if none, so state)	Same as above (Address of child)
Perry Parmenter (Full name of child; if none, so state)	Same as above (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:

Theresa Parmenter (Full name of relative)	Mother (Relationship)	Boothbay Harbor, Maine (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:

Claude Parmenter (Full name of relative)	Father (Relationship)	Boothbay Harbor, Maine (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 December, 1945

D. V. HANMER
(Signature)

Lieutenant (jg) USCG(WR)
(Rank or title)

William P Parmenter
William P. Parmenter (Signature)

Boatswain's Mate, first class
(Rank or rating)

16—25758-1

N. C. G.-2500 C
Revised 1938

C D A - 38108 - Boothbay Harbor Me

PEA-E
32

108-157

2 yr

CODED
NO. 17

Service Record

PARMENTER
(Surname)

WILLIAM PINKHAM (553-607) NB
(Christian names) (Service No.) (Citizenship)

B.M. 2c., USCGR. 2 SEPTEMBER, 1942 THREE (3)
(Enlisted as) (Date) (Term of years)

RECRUITING SUB-STATION, PORTLAND, MAINE.
(Ship or station) (Place)

16—9677-1

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓑ NAME (PRINT CLEARLY): Portmouter (LAST) Wm. (FIRST) Pinkham (MIDDLE)

B.M 2/c
553-603
SERVICE NUMBER

FT.	IN.	LBS.	RACE
5	7	140	W

(2) HOME ADDRESS: 12 Bike Place, Boothbay Harbor, Me.

(3) BIRTHPLACE: Boothbay Harbor Me.
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 25 March, 1907
HOW LONG IN U. S.: YEARS

(5) CITIZEN L-6 ✓ NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)-Ⓣ MARITAL STATUS: M (7)-Ⓣ NUMBER OF DEPENDENTS: 2

(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	✓				
HIGH SCHOOL	3	✓		Boothbay Harbor-General		1925
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS: 12

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23)			FRENCH (L-24)			GERMAN (L-25)			OTHER LANGUAGES (L-26)					
None	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: 1NS DATE: Sept 2, 1942

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
	✓			

(15)-Ⓑ (16)-Ⓑ (17)-Ⓑ

	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE
GRADE —SCORE	NONE TO BE TAKEN		

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1.
2.
3.

(18)-Ⓣ MAIN OCCUPATION: Cook, Mess — YEARS AT IT: 8 — WKLY. WAGE: $38
D. O. T. CODE: 2-26.61
JUST WHAT DID YOU DO? PREPARED MEALS FOR GUESTS, CREW etc. BOUGHT FOOD.

LAST DATE OF EMPLOYMENT: ANG. 1942
EMPLOYER: HOWARD Reed (FIRM NAME)
ADDRESS OF EMPLOYER: BOOTHBAY HARBOR, ME
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?

(24) RATING

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)
U.S.C.G.	5	QM 3/c	'32				

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:

AT PRESENT IS SKIPPER OF PATROL BOAT.
HAS HAD 20 MONTHS SEA DUTY.

(23) NEXT OF KIN

NAME MRS. FRANCES PARMENTER
ADDRESS 12 GILES PL.
CITY BOOTH BAY HARBOR STATE MAINE

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
1/29/42	PORTLAND ME.	CM 3c	RELIEVED
2/5/42	REC. STA BOSTON	CM 3c	FT. TR.
10/9/42	BOOTHBAY HBR	BM 3/c	
5/1/43	BOOTHBAY HBR	BM 1/c	ADVANCED

(25)

DATE OF INTERVIEW 16 JUNE 1943 UNIT BOOTHBAY HBR

SIGNATURES

INTERVIEWER Clifford H. Holden SP 1/c

ENLISTED PERSON Wilbur P. Parmenter BM 2/c

N. C. G. FORM NO. 2719
JANUARY 1943

IMPORTANT — UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

MCBEE KEYSORT U. S. PAT. NO. 2,213,607

HEADQUARTERS
POST INDEX
SERVICE RECORD

PARMENTER, William P. 108-157 BMlc, USCG

DCGO, 1st Naval District Boston, Mass.

(01-001) 20 December, 1945

1130
20 Dec., 1945 CG Operating Base, Rockland, Maine for duty, having reenlisted in regular CG, STE.

DCGO1ND/L 12-20-45 (pra-73-531).

20 December, 1945, reenlisted in regular CG, STE for a period of three years.
Reenlisted in rating of BMlc (Permanent) in accordance with Alcoast 146-45.
Entitled to reenlistment allowance of $150.00 in accordance with F&S Circular #172-45.
Subject man assigned former CG service number 108-157, thereby cancelling CG Reserve service number 553-607.

1CD
C: CG Operating Base, Rockland, Maine.
File.

HQ Ind-3 on form 2525B dated 11-13-45
PB 82-45

D. V. HAMMER,
By direction.

PEA-E
32

HEADQUARTERS
POST INDEX
SERVICE RECORD

PARMENTER, William P. 553-607 BMlc

DCGO, 1st Naval District Boston, Mass.

(01-001) 19 December, 1945

0830
19 Dec., 1945 CG Operating Base, Rockland, Maine for duty in connection with discharge and reenlistment.

180 CGOB Rockland/ltr. 12-18-45 (783-531)

19 December, 1945, issued Honorable Discharge by reason of convenience of the Government to enable reenlistment in regular CG, STE.
Issued Honorable Discharge Certificate No. B60300
Issued Honorable Discharge Button
Entitled to mileage Home address subsequent to discharge:
Entitled to MOP 12 Giles Place,
PAFE: PORTLAND, MAINE Boothbay Harbor, Maine
POD: BOSTON, MASSACHUSETTS
Total CG Service(this enlistment) 3 yrs 3 mos. 18 dys.

180 PB 82-45
Art. 141 P&SI

D. V. HARMER
By direction.

CC: CG Operating Base,
Rockland, Maine
File.

PEA-E
32

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)

DCGO, 1st Naval District, Boston, Massachusetts
(Unit)

PARKHURST, William Pinkham
(Name in full—surname to the left)

19 December, 1945
(Date)

553-607
(Service number)

Boatswain's Mate, first class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1942	9	2
Enlistment extended (for ____ years from)	-	-	-
Date of discharge (Honorable) (Character of discharge)	1945	12	19

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	3	3	18

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)

Creditable time served during last enlistment period	3	3	18

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.

D. V. Hammer

D. V. HANMER
Lieutenant (jg)(WR)
By direction, [illegible]
Commanding officer.

Date 19 December, 1945

(Rank) _____, U. S. C. G.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 December, 1945

DCGO, 1st Naval District, Boston, Massachusetts
(Unit and place)

I CERTIFY that the above-named man reenlisted in the regular CG, STE for
(Reenlisted or voluntarily extended his enlistment)

a period of three (3) years from this date.

Reassigned former regular CG Service Number (108-157).

D. V. Hammer

D. V. HANMER
Lieutenant (jg)(WR)
By direction, [illegible]
Commanding officer.

(Rank) _____, U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

To: THE COMMANDANT (PMM)

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT DCGO, 1ND ADDRESS Boston, Mass. DATE 19 December, 1945

PARMENTER, William P.	553-607	BM1c.
(SURNAME, FIRST NAME, INITIAL)	(SERVICE NUMBER)	(RATING)

has completed a continuous period of three (3) years active duty on 1 September, 1945 with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and the above named person has been authorized to wear appropriate (ribbon) (~~star~~) in lieu of actual award at this time.

D. V. HANMER
By direction

CC: Service record.

PARMENTER, William P. 553-607 BMlc.

DCGO,IND Boston, Massachusetts 19 December, 1945

Completed - - - 5 years 9 months 17 Days as of 12/20/32 (certified copy of statement attached)
Enlisted, Res, Ind. - - - - - - - - - - - - - - - - 9/2/42
AWL, AOL - None
Sick,Misconduct - - - - - - - - - - - - - - - - - - None
NPDI - None
Completed - - - - 6 years 0 months 0 days - - 11/14/42
AWL, AOL - None
Sick, Misconduct - - - - - - - - - - - - - - - - - None
NPDI - None
Completed - - 9 years 0 months 0 days - - - - 11/14/45
Discharged - 12/19/45
Reenlisted, STE, 3 years - - - - - - - - - - - 12/20/45
(Now serving)

PB 59-42

D. V. HAMMER,
By direction, DCGOlND

H/D 011530 (August, 1[illegible]
DCGOIND, BOSTON, MASS.

N. C. G. 2500
(Rev. Dec. 1941)

ENLISTMENT CONTRACT

United States { XXXXXXXXXXXX
Coast Guard Reserve

Enlistment of PARMENTER, William Pinkham (Full name, surname to left); 553-607 (Service number); $96.00 (Pay per month)

Accepted for enlistment at PORTLAND, MAINE.; B.M. 2c. USCGR. (Rating in which enlisted)

Enlisted at RECRUITING SUB-STATION., PORTLAND. MAINE.; 2 September, 1942. (Date)

Transferred to DCGO FIRST NAVAL DISTRICT., BOSTON, MASS.

Occupation COOK, Citizenship* NB If naturalized, place and date of naturalization NONE Certificate No. NONE

Date of birth 25 MARCH., 1907 Place of birth BOOTHBAY HARBOR, MAINE.

Home address 12 GILES PLACE, BOOTHBAY HARBOR, MAINE. (Street and number) (Town) (County) (State)

Married or Single MARRIED. Name and address of next of kin or legal guardian FRANCES PARMENTER - WIFE - 12 GILES PLACE, BOOTHBAY HARBOR, MAINE. (Relationship) (Address)

(Coast Guard (Regulars)

Continuous Service Certificate A27645 (Number) Previous service (Reserve 5 (Yrs) 9 (Mos) 15 (Days)

First enlisted 4 March, 1927 (Date) at Section Base Sixteen, Rockland, Maine (Place) and was last discharged 5 March, 1932 (Date) from U.S.S. PERSEUS, GLOUCESTER, MASS. (Unit)

with HONORABLE (Character) discharge as QUARTERMASTER, THIRD CLASS (Rate) No. (108-157)

Previous Navy service NONE (Years) (Mos) (Days) Previous Marine Corps service NONE (Yrs) (Mos) (Days)

Previous Army service NONE (Years) (Mos) (Days) Age 35 Years 5 Months

Height 5 feet 7 inches. Weight 140 pounds.

Eyes Hazel Sex Male Hair Lt. Brown Complexion Ruddy Color White.

Personal characteristics, marks, etc. ANT: VSLUA POST: NONE.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with GEORGE FORNASH., C.W.T., (a)(Pro.) 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.

*Citizenship - Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Phillippine Islands; "NPR" for native of Puerto Rico.

Second: I oblige and subject myself to serve { THREE (3) yrs. from 2 September, 1942. / during minority, i.e. until _____, 19__ }

unless sooner discharged by proper authority.

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 six 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 six 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, WILLIAM PINKHAM PARMENTER, 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,

William Pinkham Parmenter

William Pinkham Parmenter

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 2 nd. day of September, A. D. 1942.

A. F. Jones

(Commanding officer, notary public, or other officer qualified to administer oaths)

A.F. JONES., Lieut. US.C.G.

(Title)

Citizenship substantiated and contract perfected.

George Farnash

GEORGE FORNASH., C.W.T., (a)(Pro.)

_____, U. S. C. G., Enlisting Officer.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised July 1941)

SERVICE RECORD

Sheet 1

RECORD OF PARMENTER, William Pinkham (Full name, surname to the left) 553-607 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
REC.SUB.STA.PORT.ME.	9/2/42	[illegible]	Receiving Station, Boston	9-2-42	[illegible]
Receiving Station, Boston	10-9-42	[illegible]	BOOTHBAY HBR.ST	10-9-42	[illegible]
CG PATROL BASE BOOTHBAY HARBOR, MAINE	2-4-44	[illegible]	CGB-So.Portland, Me.	2-4-44	[illegible] Lt.
CGBks-So.Portland	3-31-44	[illegible]	COTP-Portland	4-1-44	[illegible]
COTP, Portland, Me.	12-1-44	[illegible]	CG Gro.Portsmouth	12/1/44	[illegible]
Boon Island L/S	10-8-45	[illegible]	CG GROUP, ROCKLAND, ME.	10-9-45	
CG GROUP, ROCKLAND	12/18/45	[illegible]	DCGO,1ND	12-19-45	[illegible] Bydir
DCGO,1ND	12-19-45	[illegible] Bydir	Discharged for convenience of Government to enable reenlistment in regular CG, STE. HEADQUARTERS	/	

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
ACOTP,Boothbay Har	Me. B.M. 1c(R)	6-17-43	[illegible]
		/	

16—9676-1

RECORD OF PARMENTER, William Pinkham (Full name, surname to the left) 553-607 (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
		3.4					4.0	
9-30-42	B.M.2c	(LESS THAN ONE MONTH)					4.0	D C Davis
10-9-42	B.M.2c	(LESS THAN ONE MONTH)					4.0	D C Davis
12/31/42	B.M.2c	3.2	3.0	3.0	3.5		4.0	N.H. Hamilton Spec
3-31-43	B.M.2c	3.2	3.3	3.5	3.8		4.0	N. H. Hamilton
6-30-43	BM1c.	3.5	3.5	3.2	3.2		4.0	M. E. Evans
9-30-43	BM1c.	3.6	3.5	3.2	3.5		4.0	G. J. Callahan
12-31-43	BM1c	3.7	3.6	3.3	3.7		4.0	R.S. Meyerding
2-4-44	B.M.1c	3.7	3.6	3.3	3.7		4.0	D.C. Wheeler
3-31-44	B.M.1c	3.3	3.4	3.0	3.1	CGB-So. Portland, Me.	4.0	
6-30-44	B.M.1c	3.3	3.4	3.0	3.1	COTP, Portland, Me.	4.0	
9-30-44	B.M.1c	3.4	3.5	3.1	3.2	COTP, Portland, Me.	4.0	
12-1-44	B.M.1c	3.4	3.5	3.1	3.2	COTP, Portland, Me.	4.0	
12/31/44	BM1c	3.4	3.5	3.1	3.2	Boon Island Light Sta	4.0	L. E. Andrews
3/31/45	BM1c	3.4	3.5	3.1	3.2	Boon Island Light Sta	4.0	L E Andrews
6/30/45	BM1c	3.4	3.5	3.1	3.2	Boon Island Light S	4.0	L. E. Andrews
9-30-45	BM1cR	3.4	3.5	3.1	3.2	Boon Island Light S	4.0	L E Andrews
10-8-45	BM1cR	3.4	3.5	3.1	3.2	Boon Island Light S	4.0	
12/18/45	BM1c(R)	3.4	3.5	3.1	3.2	CG GROUP, ROCKLAND,	4.0	
12-19-45	BM1c(R)	3.4	3.5	3.1	3.2	DCGO, 1ND	4.0	D V Hannum Bydir
Average	x x x x x	3.4				x x x x x x x x x x x	4.0	D V Hannum Bydir

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

APPLICATION FOR ALLOTMENT

FROM COMPENSATION OF— [redacted], William P.

PAYABLE TO—

Name: Treasurer of the United States
Address: Washington, D. C.

First payment: Month February, 1944
Last payment: Month December, 1944

MONTHLY ALLOTMENT IN THE AMOUNT OF—
Eighteen and 75/100 (Words) ($ 18.75 (Figures)) Dollars.

Number of months Eleven of Dec (Words) (Figures)

Reason for allotment: Purchase of War Bonds under Installment Plan.

I hereby request and authorize allotment, chargeable to my pay as above. William P. Parmenter
William P. Parmenter
Rank or rating S.2c, U. S. C. G.
22 January, 1944

APPROVED: Allotment granted.
P. V. HAMMER
Commanding 14th. (jg)
D. C. G. O. 1st Naval District.

Witnessed and registered ....., 194....

Pay Officer.

RECORD OF PAYMENTS

MONTH	YEAR 1942	1943	1944	REMARKS
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

NCG 2528-B
DO NOT FOLD—MAIL FLAT

16—31604-1

(OVER)

Nav. S. and A. Form 550

MUSTERING OUT PAYMENT

IN ACCORDANCE WITH ALNAV 390

COMMANDING OFFICER'S CERTIFICATE

I CERTIFY THAT PARMENTER, (Surname) William P. (First Name, Initial) 553-607 (File or Service No.) BM1c (Rank or Rating & Branch of Serv.)

IS BEING DISCHARGED OR RELEASED FROM ACTIVE DUTY 12-19-45 (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 not (Enter (does)(does not)) show service outside continental limits of U.S. or in Alaska.

D. V. Hammer
D. V. HAMMER, Lieutenant (jg) USCG(WR)
Name and Signature of Officer Authorized to Sign in accordance with Art. 2025(2)NR

DCGO, 1ND Boston, Massachusetts
Activity from which Discharged

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——

Have you served outside the continental limits of U.S. or in Alaska? No (Enter Yes or No)

William P Parmenter
William P. Parmenter
Signature of Applicant

ADDRESS TO WHICH CHECKS ARE TO BE MAILED:

17 Giles Place (Number, Street)

Boothbay Harbor (City) (Zone) Maine (State)

Paid lump Sum MOP($200) xxxxxxxxx

DISBURSING OFFICER'S PAYMENT DATA

844-46 11,608

Paid $100.00 on P.V. ____ Check No. ____ Dated DEC 20 1945

Janice M Beggin Deputy
D. D. MURPHY, SDA 55076 DCGOUND
Type Name and Symbol No. of Disbursing Officer Making Initial Payment

MUSTERING OUT PAYMENTS DIVISION DATA

Boston Section
Date 1-2-46
Initial

FBR-P

INSTRUCTIONS ON REVERSE

Delivery of War Bonds to addresses outside the continental United States or to ships is temporarily suspended

It is requested that, beginning February, 1946, monthly deductions of $18.75 be made so that United States War Bonds of $ 25.00 denomination may be issued in the name of— :Deduction of $18.75 to be made on the 5th.

William P. Parmenter
(First name, in full) (Middle name or initial, if any) (Last name)

You may use your home address on the face of a War Bond or "% U. S. Coast Guard, Washington, D. C."

18 Giles Place, Boothbay Harbor, Maine
(State your address)

You may name either a coowner or a beneficiary, *but not both:*

Coowner: Mr. / ~~Mrs.~~ / ~~Miss~~ Pamela Parmenter
(Given name, in full) (Middle name or initial) (Last name)

Address 18 Giles Place, Boothbay Harbor, Maine

Beneficiary: Mr. / Mrs. / Miss .....
(Given name, in full) (Middle name or initial) (Last name)

Address .....

Either coowner may redeem the bonds without the signature of the other. The beneficiary may redeem bonds only if surviving the owner. War Bonds may not be reissued during the lives of the persons named in order to change the registration; however, bonds registered in one name alone may be reissued to add the name of a beneficiary.

Do you want your bonds held without charge in safekeeping? If so, indicate where:

..... Hold at Treasury Department. ..... Hold at Federal Reserve Bank of .....

Mail bonds to me at 18 Giles Place, Boothbay Harbor, Maine
(Not to be filled in if bonds are to be held for safekeeping)

Signature of purchaser William P. Parmenter
(Name)

Mole 1/c (Rank or rating)

ACRV, Boothbay Harbor, Maine (Station)

U. S. GOVERNMENT PRINTING OFFICE 16—31604-1

INSTRUCTIONS

1. Enter 'Less than 60 days' or '60 days or more' as appropriate.

2. Navy and Coast Guard Personnel

Prepare in quadruplicate and forward to disbursing officer for payment. After payment, the disbursing officer will complete form, and endorse payment on discharge certificate, if available, otherwise on original orders for release from active duty. Such payments will be expended daily on one public voucher (Std. Form 1034 and 1035) for Navy personnel and one public voucher for Coast Guard personnel, listing thereon the name, file or service number and amount. The original of this form together with one copy of the public voucher will be forwarded daily to the Navy Department, Bureau of Supplies and Accounts, Field Branch (Mustering-out Payments Division) Cleveland 15, Ohio. The duplicate of this form will be attached to original public voucher. The triplicate copy will be forwarded to Bureau of Naval Personnel or Coast Guard Headquarters as appropriate. The quadruplicate will be retained in the disbursing officer's files.

RECORD OF PARMENTER, William Pinkham 553-607
(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
Receiving Station, Boston			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			D. C. Dana
CG PATROL BASE BOOTHBAY HARBOR, MAINE			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			For Superintendent
CGB-So. Portland, Me.			No deductible time while at this unit			A. Golden
COTP, Portland, Me.			NO DEDUCTIBLE TIME WHILE AT THIS UNIT.			Wm. H. Gulliver
Boon Island L/S			NO DEDUCTIBLE TIME WHILE AT THIS UNIT			Clyde Lawyer
CG Group, Rockland			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			[illegible] Bydir
DCGO, 1ND			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			D. V. Hanmer

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

CODED NO. 17

12. ON DISCHARGE

Date 19 December, 19 45 Place DCGO, 1ND Boston, Mass. Serial No. B60300

Kind of discharge Honorable Authority for PB 82-45 and amendmentsthereto.

Discharged on account of convenience of Govt. to enable reenlistment in regular CG, STE.

Is ____ recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE D. V. HANMER
By direction, DCGO, 1ND

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9876

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF PARMENTER, William Pinkham (Full name, surname to the left) 553-607 (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
DCGO, 1ND	12-19-45	Entitled to World War II Victory Medal Ribbon. Entitled to CG Good Conduct Medal Ribbon for period of service from 2 September, 1942 to 1 September, 1945.	By dir
		Receipt of Honorable Discharge Button is hereby acknowledged.	
			William P. Parmenter

16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF PARMENTER, William Pinkham (Full name, surname to the left) 553-607 (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:

3 (Years) 3 (Months) 18 ✓ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $131.10

The within-named man has been furnished travel allowance amounting to $5.60 ✓

at the rate of .05 cents per mile from Boston, Mass. to Portland, Maine and paid $6.77 in full to date of discharge. Name of pay officer D. D. MURPHY, Lt. Comdr., USCG

ENTITLED TO MOP

Address subsequent to discharge will be:

12 Giles Place Street,

Boothbay Harbor City, Maine State.

HAS SIGNIFIED INTENTION {To / ~~Not~~} REENLIST NEXT DAY.

Certified to be correct upon termination of service 19 December, 19 45

D. V. HANMER
By direction, Commander, 1ND — *Officer in Charge.*

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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. PE-783.

BOSTON DISTRICT RECEIVED OCT 1 1942 U.S. COAST GUARD

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 18 September, 1942.

Receiving station

From: Commandant.
To: District Coast Guard Officer, First Naval District.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 18 September, 1942 of PARMENTER, William Pinkham (553-607) B.M.2c., U.S.C.G.R.

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—
3-4-27	3-4-30 H D	None	3-0-1	None		None	
3-5-30	3-4-31 H D	None	1-0-0	None		None	
3-5-31	3-4-32 H D	None	1-0-1	None		None	
			5-0-2				
3-5-32	12-20-32 Spec.Ord. Own request	None	9-16	None		None	
9-2-42 (Reserve) Now serving		None		None		None	

	Yr.	Mo.	Days
Coast Guard service			
Navy service			
Total			
Completed years			

E. J. ROLAND,
By direction.

U. S GOVERNMENT PRINTING OFFICE 16—23559-2

PARMENTER William P. 553-607 B.M.1c USCGR

CG Grp Portsmouth 01-129 York Beach, Maine 30 Sep't, 1945

Boon Island Light Station

1630, 17 September, returned this unit BOON ISLAND LIGHT STATION from temporary duty at Isles of Shoals Light Station.

30

VO CO CG Grp Portsmouth

Sylvester E. Andrews

Officer-in-Charge

FOR SUBMISSION TO THE DCGO1ND ONLY

PARMENTER William P. 553-607 B.M.1c USCGR

CG Grp Portsmouth 01-134 Portsmouth, N.H. 30 Sep't, 1945

Isles of Shoals Light Station

1300, 17 September, departed this unit ISLES OF SHOALS LIGHT STATION for Boon Island Light Station having completed temporary duty this date.

30

VO CO CG Grp Portsmouth

Sylvester E. Andrews

Officer-in-Charge

FOR SUBMISSION TO THE DCGO1ND ONLY

UNITED STATES COAST GUARD

Isles of Shoals Light Station
Portsmouth, N.H.
Refer to file; ~~75~~ 73

1 September, 1945

To: DCGO, First Naval District.

Via: CO, Portsmouth Harbor Lifeboat Station.
SCGO, Gloucester, Mass.

Subj: Parmenter, William P., (553-607) BM1c; enlistment in Regular Coast Guard.

1. I wish to apply for enlistment in regular Coast Guard. Having served six years in the regular, prior to 1942 and completing three years in the Coast Guard Reserve, 3 Sept. 1945. My present station being, White Island Light Station, Isles of Shoals.

William P. Parmenter

Ind-1
CG Group Portsmouth
11 September, 1945

Forwarded.

Sylvester E. Andrews,
Officer-in-Charge

PARMENTER William P. 553-607 B.M.1c USCGR

CG Grp Portsmouth 01-134 Portsmouth, N.H. 19 August, 1945

Isles of Shoals Light/Sta

1600, 17 August, reported this unit ISLES OF SHOALS LIGHT STATION from Boon Island Light Station for assignment to temporary duty.

30

VO CO CG Grp Portsmouth

Clyde Sawyer, BM1c

Acting Commanding Officer

FOR SUBMISSION TO THE DCGOIND ONLY

PARMENTER William P. 553-607 B.M.1c USCGR

CG Grp Portsmouth 01-129 York Harbor, Me. 19 August, 1945

Boon Island Light Station

1300, 17 August, departed this unit BOON ISLAND LIGHT STATION for Isles of Shoals Light Station for assignment to temporary duty.

30

VO CO CG Grp Portsmouth

Clyde Sawyer, BM1c

Acting Commanding Officer

FOR SUBMISSION TO THE DCGO1ND ONLY

PARMENTER William P. 553-607 B.M.1c USCGR

CG Grp Portsmouth 01-129 York Harbor, Me. 19 August, 1945

Boon Island Light Station

1130, 17 August, reported this unit BOON ISLAND LIGHT STATION from SIX (6) days authorized Annual Leave.

30

Art 5043 P.I.

Clyde Sawyer, BM1c

Acting Commanding Officer

PARMENTER William P. 553-607 B.M.1c USCGR

CG Grp Portsmouth 01-129 York Harbor, Me. 9 August, 1945

Boon Island Light Station

1000, this date, departed this unit BOON ISLAND LIGHT STATION on SIX (6) days authorized Annual Leave.

30

Art 501 P.I.

Sylvester E. Andrews

Commanding Officer

FOR SUBMISSION TO THE DCGO1ND ONLY

PARMENTER William P. 553-607 B.M.1c USCGR

CG Group Portsmouth 01-129
Boon Island Light Station York Beach, Maine 10 July, 1945

0730, 17 June, departed this unit BOON ISLAND LIGHT STATION for temporary duty at C. G. Rifle Range, Camp Curtis Guild, Wakefield, Mass.

1630, 24 June, reported this unit BOON ISLAND LIGHT STATION from temporary duty at C.G. Rifle Range, Camp Curtis Guild, Wakefield, Mass.

SUBSISTENCE ALLOWANCE $1.20 PER DAY TEMPORARILY TERMINATED FOR THE ABOVE PERIOD

30
SOGO/L 12 gx June pra-701-783

Clyde Sawyer, BM 1c

Acting Commanding Officer

99

PARMENTER William P. 553-607 B.M.1c USCGR

CG Group Portsmouth 01-129
Boon Island Light Station York Beach, Maine 27 June, 1945

0730, 17 June, departed this unit BOON ISLAND LIGHT STATION for temporary duty at C.G. Rifle Range, Camp Curtis Guild, Wakefield, Mass.

1630, 24 June, reported this unitXXXX BOON ISLAND LIGHT STATION from temporary duty at C.G. Rifle Range, Camp Curtis Guild, Wakefield, Mass.

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SCGO/L 12 pra-701-783

Sylvester E. Andrews

Commanding Officer

FOR SUBMISSION TO THE DCGO1ND ONLY

2599 #184

PARMENTER, William P. (553-607) B.M.1c.(R)

CG RIFLE RANGE
CAMP CURTIS GUILD 01-158 Wakefield, Mass. 17 June, 1945

1100, this date: Rptd this unit fm CG GROUP, Portsmouth, N.H., for assign. to TD in conn. with small arms trng.

1100, 24 June, 1945: Dptd; TD terminated.

44mD

SCGO, Gloucester, Mass.,
1/ 12 June, 1945
(701-783)

J. K. ACKERMAN, Lieut. USCGR

Commanding Officer.

reb

SERVICE RECORD COPY

Ports per

PARMENTER, William P. 553-607 B.M.1c (R)

CG Group Portsmouth ~~01-128~~ 01-128
Cape Neddick Light Station Kittery Point, Maine 20 March, 1945

0800 - 17 March, 1945 reported this unit for temporary duty from Boon Island Light Station

1130 - 19 March, 1945 departed this unit for Boon Island Light Station, temporary duty being completed.

30

VO/ CO CG Group Portsmouth 3/16/45

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 BM1c (R)

CG Group Portsmouth 01-129
Boon Island Light Station Kittery Point, Maine 20 March, 1945

1530-16 March, 1945 reported this unit from Absence on account of Sickness. Out paitent treatment at Portland Marine Hospital.

DIAGNOSIS: Dental treatment

0800-17 March, 1945 Atd at Cape Neddick Light Station

1400 - 19 March, 1945 reported this unit from temporary duty at Cape Neddick Light Station. Temporary duty being completed.

30

Art: 3002 (1) Reg.
VO/ CO CG Group Portsmouth - 3/16/45

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 BM1c (R)

CG GroupPortsmouth 01-129
Boon Island Light Station Kittery Point, Maine 9 March, 1945

1100 - 4 March, 1945 Absent on account of sickness at Portland Marine Hospital Portland, Maine.

30

Art: 3002(1) Reg.

Sylvester E. Andrews

Commanding Officer

PARMENTER William D. 553-607 B.M.1c USCGR

CG Group Portsmouth 01-129
Boon Island Light Station Kittery Point, Maine 5 March, 1945

Effective 24 February, 1945 - cash subsistence allowance of $1.20 per day is authorized until such time as messing facilities are available at government expense.

30

DCGO/L 2 March, 1945 pra-783

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 B.M.1c USCGR

CG Group Portsmouth 01-129
Boon Island Light Station Kittery Point, Maine 24 February, 1945

1430 - this date, reported this unit from temporary duty at Cape Cod Light Station in connection with light station keeper training.

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DCGO/L 1/23/45 pra-783-531
Order No. 30639
CG Group Ports/L 1/28/45 CG-783-531

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 EM1c USCGR

CG Group Portsmouth 01-129
Boon Island Light Station Kittery Point, Maine 28 January, 1945

0800 - this date, transfered on temporary duty to Graves Light Station, Hull, Mass., for assignment to training for light station keeper.

SUBSISTENCE ALLOWANCE OF 1.20 PER DAY IS HEREBY TERMINATED.

35 30

DCGO/L 1/23/45 pra-783-531
Order No 30639
CG Group Portsmouth/L 1/28/45 CG-783-531

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. (553-607) B.M.1c USCGR

CG Group Portsmouth 01-129
Boone Island Light Station Kittery Point, Maine 1 December, 1944

1500 - this date, reported from COTP, Portland, Maine, for assignment to duty as First Assistant Keeper.

ENTITLED TO SUBSISTANCE ALLOWANCE OF $1.20 PER DAY

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DCGO/L 12/27/44 pra-783-531
COTP,Portland/L 12/1/44 783-531
Order No. 29381
DCGO/L 9-16-44 pra-701

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 EM1c (R)

CG Group Portsmouth 01-129
Boon Island Light Station Kittery Point, Maine 20 March, 1945

1530-16 March, 1945 reported this unit from Absence on account of Sickness. Out paitent treatment at Portland Marine Hospital,

DIAGNOSIS: Dental treatment

0800-17 March, 1945 Atd at Cape Neddick Light Station

1400 - 19 March, 1945 reported this unit from temporary duty at Cape Neddick Light Station. Temporary duty being completed.

30

Art: 3002 (1) Reg.
VO/ CO CG Group Portsmouth - 3/16/45

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 B.M.1c (R)

CG Group Portsmouth 01-[illegible]
Cape Neddick Light Station Kittery Point, Maine 20 March, 1945

0800 - 17 March, 1945 reported this unit for temporary duty at Boon Island Light Station

1130 - 19 March, 1945 departed this unit for Boon Island Light Station, temporary duty being completed.

30

VO/ CO CG Group Portsmouth 3/16/45

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 B.M.1c USCGR

CG Group Portsmouth 01-129
Boon Island Light Station Kittery Point, Maine 24 February, 1945

1430 - this date, reported this unit from temporary duty at Cape Cod Light Station in connection with light station keeper training.

30

DCGO/L 1/23/45 pra-783-531
Order No. 30639
CG Group Ports/L 1/28/45 CG-783-531

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. 553-607 BM1c USCGR

CG Group Portsmouth 01-129
Boon Island Light Station Kittery Point, Maine 28 January, 1945

0800 - this date, transfered on temporary duty to Graves Light Station, Hull, Mass., for assignment to training for light station keeper.

SUBSISTENCE ALLOWANCE OF 1.20 PER DAY IS HEREBY TERMINATED.

30

DCGO/L 1/23/45 pra-783-531
Order No 30639
CG Group Portsmouth/L 1/28/45 CG-783-531

Sylvester E. Andrews

Commanding Officer

PARMENTER, William P. (553-607) B.M.1c USCGR

CG Group Portsmouth 01-129
Boone Island Light Station Kittery Point, Maine 1 December, 1944

1500 - this date, reported from COTP, Portland, Maine, for assignment to duty as First Assistant Keeper.

ENTITLED TO SUBSISTANCE ALLOWANCE OF $1.20 PER DAY

30

DCGO/L 12/27/44 pra-783-531
COTP,Portland/L 12/1/44 783-531
Order No. 29381
DCGO/L 9-16-44 pra-701

Sylvester E. Andrews

Commanding Officer

2599

SERVICE RECORD

COPY

PARMENTER, William P. 553-607 B.M.1c(R)

COTP 01-104 Portland, Maine 1 December, 1944.

1330, 1 December, 1944. Transferred from this unit to COAST GUARD GROUP, Portsmouth, New Hampshire for assignment to duty at Boon Island Light Station.

06 D

DCGOIND/L 11-27-44, file pra-783-531, # 29381.

Wm. H. CLIFFORD, III, Lieut. (R)

Bydirection.

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

ASSISTANT CAPTAIN OF THE PORT (Unit) — BOOTHBAY HARBOR, MAINE (Place)

1 OCTOBER, 1943 (Date)

FROM: PARMENTER, WILLIAM PINKHAM (553-607) B.M.1c.(R)

TO: COMMANDANT (via SCGO, PORTLAND, MAINE)

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:

FRANCES PARMENTER (Full name of wife; if not married, so state)	12 GILES PLACE BOOTHBAY HARBOR, MAINE (Address of wife)
FREDERICK LOUIS PARMENTER — 19 yrs (Full name of child; if none, so state)	~~SAME AS ABOVE~~ " (Address of child)
WILLIAM PINKHAM PARMENTER JR. — 17 yrs (Full name of child: if none, so state)	SAME AS ABOVE (Address of child)
PERRY PARMENTER — 3 4/12 mos (Full name of child; if none, so state)	SAME AS ABOVE (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:

THERSEA PARMENTER (Full name of relative)	MOTHER (Relationship)	BOOTHBAY HARBOR, MAINE (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:

CLAUDE PARMENTER (Full name of relative)	FATHER (Relationship)	BOOTHBAY HARBOR, MAINE (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 29th day of September, 1943

J. J. CALLAHAN (Signature)

LIEUT. (j.g.) USCGR (Rank or title)

WILLIAM P. PARMENTER (Signature)

B.M.1c USCGR (Rank or rating)

16—25753-1

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RESERVE

I, . . Frances Edwina Parmenter . . . . . wife of . . . . . William Parmenter . . . . . certify that I am fully aware of the fact that my husband is enlisting in the Coast Guard Reserve as Boat Swains Mate 2/c . . , to serve for a period of three (3) years and that his rate of pay will be Ninety-six.(96) . . . . . dollars per month.

I further certify that he is enlisting with my consent and knowledge and that I can foresee no reason for him or myself to seek his discharge prior to the expiration of his enlistment by reason of the fact that he cannot support himself and family on Service pay,

Frances Edwina Parmenter
(Signed)
Frances Edwina Parmenter

Address:- Boothbay Harbor, Maine

Personally appeared before me Frances Edwina Parmenter a resident of Boothbay Harbor, in the County of Lincoln and State of Maine, who is well known to me as a credible person, and made oath to the foregoing statement, that it is correct and true, signed the same in my presence this 19th day of August 1942.

Nicholas B. Beale
(Signature of Notary Public or Officer Administering Oath.).

7830

U. S. COAST GUARD
RECRUITING SUB-STATION
477 CONGRESS ST.
ARCADE-CHAPMAN BLDG.
PORTLAND, MAINE.

2 September, 1942

From: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.
To: District Coast Guard Officer, First Naval District.

Subject: PARMENTER, William Pinkham : assignment of enlistment rating.

Reference: (a) Headquarter's circular letter 21 January, 1942.

1. It is requested that the subject named man be interviewed and examined for enlistment rating and his qualification therefor indicated on first indorsement hereof.

George Fornash
GEORGE FORNASH.,C.W.T.

7830 1st. Indorsement First Naval District
Portland, Maine.

From: District Coast Guard Officer, First Naval District.
To: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.

1. Returned. Subject named man has been examined and is hereby certified to be qualified for enlistment rating of B.M. 2c

/s/ F. W. BROWN
COMMANDER, USCG.

ASSISTANT CAPTAIN OF THE PORT — BOOTHBAY HARBOR, MAINE

PARMENTER, WILLIAM PINKHAM (553-607) B.M.2c.,USCGR.

SCGO, PORTLAND, MAINE

FRANCES PARMENTER		12 GILES PLACE, BOOTHBAY HARBOR, MAINE
FREDERICK LOUIS PARMENTER		SAME ADDRESS
WILLIAM PINKHAM PARMENTER JR.		SAME ADDRESS
PERRY PARMENTER		SAME ADDRESS
THERESA PARMENTER	MOTHER POTENTIAL	BOOTHBAY HARBOR, MAINE
CLAUDE PARMENTER	FATHER POTENTIAL	BOOTHBAY HARBOR, MAINE

WILLIAM PINKHAM PARMENTER

B.M."C., USCGR

E. N. MUNVES

ENSIGN, USCGR

N.C.G.-2529
(Rev.9-2-41)

UNITED STATES COAST GUARD
DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING SUB-STATION., (Unit) — PORTLAND, MAINE. (Place)

2 September, 1942 (Date)

From: PARMENTER, William Pinkham (553-607) B.M. 2/c., USCGR.
To: COMMANDANT, (Via, Officer-in-Charge.)

1. In the enent 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.

FRANCES PARMENTER — 12 GILES PLACE, BOOTHBAY HARBOR, MAINE
(Full name of wife, if not married, so state) (Address of Wife)

FREDERICK LOUIS PARMENTER — SAME ADDRESS
(Full name of child, if none, so state) (Address of Child)

WILLIAM PINKHAM PARMENTER JR. — SAME ADDRESS.
(Full name of child, if none, so state) (Address of Child)

PERRY PARMENTER — SAME ADDRESS.
(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 dependant relative:

THERESA PARMENTER — MOTHER — BOOTHBAY HARBOR, MAINE
(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 dependant relative before payment is made, I then designate as my beneficiary under said act the following dependant relative:

CLAUDE PARMENTER — FATHER — BOOTHBAY HARBOR, MAINE
(Full name of relative) (Relationship) (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 2 nd day of September 19 42 :

A. F. JONES
(Signature)
Lieut., USCG
(Title)

William Pinkham Parmenter
(Signature)
WILLIAM PINKHAM PARMENTER

B.M. 2/c., USCGR.
(Rating)

A F F I D A V I T

I, PARMENTER, William Pinkham, U.S. COAST GUARD RESERVE, being first duly sworn, upon oath depose and say that I am not drawing, a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, nor have I a claim pending therefor.

William Pinkham Parmenter
WILLIAM PINKHAM PARMENTER
(Signature of Applicant)

Subscribed and sworn to before me this 2 nd day of September 19 42.

A F Jones
A. F. JONES
(Signature of Administering Officer)

Lieut. U.S.C.G.
(Title)

NCG 2681

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrent officer, and enlisted man upon original entry in the Coast Guard.

PARMENTER, William Pinkham (NAME) 553-607 (SERVEIC NUMBER) B.M. 2/c, USCGR. (RANK, RATING, OR GRADE

EDUCATION:

(a) Grammar School: 8 Grad. 8 th
(Numbers of years attended, graduated) (Grade)

(b) High School: 4 Grad. 12 th
(Number of years attended, grade completed or graduated.)

(c) Other: NONE
(Number of years attended, grade attained, special studies)

persued or completed and degrees received, of any.)

EXPERIENCE:

Indicate in the parenthesis after each of the following, the number of years served at each, including up to present date:

Aviation	( )	Aviation Machanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (Gereral)	( )	Engineer (Steam)	( )
Engineer (disel)	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitters	( )	Secretary	( )
Sign Painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone lineman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (Electric)	( )

Special ability as interperter in foreign languages below.

NONE

Set forth briefly, yet clearly, below any previous experiences or training not covered above, Also set forth such remarks as will indicate more fully the experience you have in trades which you have followed as well as such marks you desire to make regarding education and courses pursued.

Former Q. M. 3/c in U.S.C.G.

Use reversed side of this form when necessary.

William Pinkham Parmenter

WILLIAM PINKHAM PARMENTER

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

G. STATION
RECEIVED
JUL 21 1943
BOOTHBAY HARBOR, ME.

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: William; Middle: Pinkham; Last name: Parmenter

2. HOME ADDRESS: Number: 12 Giles Place; Street or rural route; County, city, town, or post office: Boothbay Harbor; State: Maine

3. I WAS BORN AT — City, town, or post office: Boothbay Harbor; State: Maine; Day of month: 25th; Month: March; Year: 1907; Age nearest birthday: 36

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: September, 1943

5. PRESENT ORGANIZATION — Rank, grade, or rating: B.M.1c(R) USCG; Organization, regiment, station, ship, etc.: ACOTP Boothbay Hbr. Me.

6. SERIAL NUMBER: 553-607

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No.

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $ 10,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ _____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL: Frances Edwina Parmenter	Wife	10,000	12 Giles Place, Boothbay Harbor, Maine
CONTINGENT:			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Frances Edwina Parmenter (Full name) 12 Giles Place Boothbay Harbor, Maine (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of September, 19___, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ 7.70 on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 7.70	$	$	$	$

SIGNED AT Boothbay Harbor, Maine ON THE 21 DAY OF July 19 43

WITNESSED BY: Robert L. Leary Y2c

INFORMATION AS TO SERVICE CERTIFIED BY: W. H. Hamilton
Boatswain, USCGR
(Rank and organization. See reverse side, paragraph 4.)

(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—30586-1

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE
FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	$0. 63	25	$0. 67	35	$0. 76	45	$0. 99	55	$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than 6 months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of $5.51 for each $1,000 of insurance.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each $1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;
(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;
(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;
(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above, and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

U. S. GOVERNMENT PRINTING OFFICE O 16—30580-1

From compensation of—

PARMENTER, William P. (553-607) B.M.1c

PAYABLE TO—

Name Treasurer of the United States

Street and number

Post office Washington State D. C.

First payment: Month September, 1943

I hereby request and authorize allotment, chargeable to my pay, as above.

William P. Parmenter

Rank or rating B.M.1c, U. S. C. G. R

21 July, 1943

Approved, allotment granted.

N. H. Hamilton

Commanding

Commander, District.

Witnessed and registered, 19

Pay officer,

16—12642-1

N. C. G.-2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

(OVER) DO NOT FOLD—MAIL FLAT

APPLICATION FOR ALLOTMENT

USCGR Boothbay Harbor, Maine

Monthly allotment in the amount of—

Seven Dollars & Seventy Cents ($ 7.70) Dollars.
(Words) (Figures)

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment National Service Life Ins.

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

NCG 2528-A
Form approved by Comptroller General, U. S.
July 26, 1926
Revised May 10, 1940

ALLOTMENT STOPPAGE

(Do not fold—Mail flat)

Stop allotment after payment for DECEMBER, 1943 Amount, $ 115.00,

for which checkage has been made from compensation of PARMENTER, William P. (553-607) B.M.1c (R)
(Name)

Payable to Frances E. Parmenter

Allotter's signature William P Parmenter
William P. Parmenter

Rank or rating B.M.1c, *U. S. C. G. R.*

STOPPAGE APPROVED:

P. H. MURLIN, Lieut. (j.g.) USCG

Commanding, USCGR, Boothbay Hbr. Me., *or*

Commander, *District.*

Stoppage registered this day of, 19

Reason for stoppage:

Family Allowance forms forwarded

Pay Officer.

(SEE INSTRUCTIONS ON BACK)

16—12689-1

INSTRUCTIONS

1. Submit, in duplicate, to Headquarters, Coast Guard, Washington, D. C.

2. If no payment for current month is to be made, notice must reach Headquarters not later than the 15th day of that month. If this form is not mailed in ample time to reach Headquarters by that date, stoppage shall be made by dispatch, submission of this form to follow AT ONCE.

3. Stoppage requests will be promptly acknowledged. If acknowledgment is not received before end of month concerned, wire Headquarters and submit a second request, in duplicate, bearing same date as original, and marked "Copy."

4. Reason for stoppage will be stated in each case, whether requested by allotter, or by order of commanding officer. In case of stoppage by order of commanding officer it is not imperative that the allotter sign.

5. When it is desired to increase or decrease the amount of allotment, submit stoppage of existing allotment, and register a new allotment on Form 2528.

16—12689 U. S. GOVERNMENT PRINTING OFFICE

NOTICE

THIS ALLOTMENT APPLICATION REMAINS IN FORCE AFTER REGISTRATION BY PAY OFFICER UNTIL SUCH TIME AS AN ACKNOWLEDGMENT OF STOPPAGE FORM IS ACTUALLY RECEIVED FROM HEADQUARTERS 16—12642

(Put time stamp impressions below)

(Address changes)

RESERVED FOR USE OF HEADQUARTERS

(Plate impressions)

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2506-C
25,000—Ed. August 1925

E.P.
12/30/32

U. S. COAST GUARD
REC'D DEC 27 1932
ANS'D

Service Record

PARMENTER (108-157)
(Surname)

William Pinkham — NB
(Christian names) (Citizenship)

Q.M.3c. — 5 March, 1932 — TWO
(Enlisted as) (Date) (Term of years)

Section Base Seven — Gloucester, Mass. (PAFE)
(Ship or station) (Place)

2—13678

RECD
1932 DEC -27- PM 3:11
U.S. COAST GUARD
PHILADELPHIA, PENNSYLVANIA
HEADQUARTERS

DEC 30 1932

NOTICE TO OFFICER ADMINISTERING OATH

PART 2

Instructions.—Enlisted men of the Navy will complete items 1, 2, 3, and 4; the officer administering oath will detach and send Part 2 of the form to the disbursing officer carrying the pay accounts of the applicant; the disbursing officer will endorse to the Bureau of Supplies and Accounts.

Enlisted men of the Coast Guard will complete items 1, 2, 3, and 4; the officer administering the oath will send Parts 1 and 2 to disbursing officer carrying the pay accounts of the applicant; the disbursing officer will endorse to the Commandant, Coast Guard.

Enlisted men of the Marine Corps will *not* execute this part of the form.

1. PARMENTER (Last name) William (First) Pinkham (Middle) (553-607) (Service number) B.M.1c (Rating)

Ship or Station ACOTP Boothbay Harbor, Maine Date 10 November, 1943

2. I have this date made application for payment of the family allowances provided in the Servicemen's Dependents Allowance Act of 1942 to my dependents as indicated by "x" entered below:

CLASS A [X] Date of marriage 6 July, 1926

Includes lawful wife; former wife divorced who has not remarried and to whom alimony has been decreed and is still payable; child, meaning legitimate child, child legally adopted, stepchild, and illegitimate child where man has been judicially ordered or decreed to support or judicially decreed to be putative father or has acknowledged under oath in writing to be father of such child.

CLASS B [ ] First month for which payments to Class B dependents shall be made _____

Includes father, mother, grandfather, grandmother, stepfather, stepmother, father or mother through adoption; persons who for period of 1 year prior to your entry into service stood in *loco parentis* to you; brother, sister, including those of half blood, stepbrothers, stepsisters, and brother and sister through adoption; grandchild to whom you stood in *loco parentis* for a period of 1 year prior to your entry into service.

3. Were you in active service on June 1, 1942? No (Answer yes or no)

4. If not, give date of enlistment or reporting for active duty 2 September (Whichever is the later), 19 42

From: DISBURSING OFFICER _____ Date _____

*To:** _____

References: Alnavs 145, 159, 165, 169, 177, 192, and 196.

I have this date noted in the applicant's pay account (_____) (Pay number) a monthly family allowance checkage of $22, $27 (Strike out one) effective with month of _____, 194__

_____
(Signature of disbursing officer)

* If applicant is an enlisted man of the Navy, address to: FIELD BRANCH, BUREAU OF SUPPLIES AND ACCOUNTS (FAMILY ALLOWANCE DIVISION), NAVY DEPARTMENT, CLEVELAND, OHIO.

If applicant is an enlisted man of the Coast Guard, address to: THE COMMANDANT, HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, D. C.

GENERAL INSTRUCTIONS

1. Read carefully the substance of Servicemen's Dependents Allowance Act of 1942 as printed on page 4 of this application.
2. All enlisted men will complete Part 1 and enlisted men of the Navy and Coast Guard will complete items 1, 2, 3, and 4 on Part 2. Use typewriter where possible, or print clearly.
   (*a*) Give complete and specific information for each dependent. If additional space is required to list dependents, enter on separate sheet and attach securely to Part 1 of this application.
   (*b*) Indicate under II and III of Part 1 to whom check or checks are to be sent. When check is to be sent to some person other than the dependent named, this should be indicated clearly and if more than one dependent's Family Allowance is to be sent to another individual, the names of the dependents should be listed with the name of the person to whom the allowances are to be sent.
3. Completed applications will be submitted to the Commanding Officer, or officer designated to receive applications.
4. Commanding officers will designate officers to administer oaths and such officers will be responsible for the submission of Part 1 of application to the Bureau of Naval Personnel; Commandant, U. S. Coast Guard; or Commandant, Marine Corps, as applicable.
5. The officers administering oaths will insure the completion of Part 2 by applicants who are enlisted men of the Navy or Coast Guard and will forward Part 2 in the case of Navy applicants, and Parts 1 and 2 in the case of Coast Guard applicants, to Disbursing Officer carrying the man's pay account.

16—29368-2

The Servicemen's Dependents Allowance Act of 19__ provides in substance, as follows:

The dependent or dependents of any enlisted man of the fourth, fifth, sixth, or seventh grades in the Army of the United States, the United States Navy, the Marine Corps, or the Coast Guard, including any and all retired and reserve components of such services, are entitled to receive a monthly family allowance for any period during which such enlisted man is in the active military or naval service of the United States on or after June 1, 1942.

The monthly family allowance shall consist of the Government's contribution to such allowance and the reduction in or charge to the pay of such enlisted man.

The dependents of any such enlisted man shall be divided into two classes to be known as "Class A" and "Class B" dependents. The Class A dependents shall include any person who is the wife, the child, or the former wife divorced of any such enlisted man. The Class B dependents shall include any person who is the parent, grandchild, brother, or sister of such enlisted man and who is dependent upon such enlisted man for a substantial portion of his support.

A monthly family allowance shall be granted and paid by the United States to the Class A dependent or dependents upon written application by such enlisted man or made by or on behalf of such dependent or dependents. A monthly family allowance shall be granted and paid by the United States to the Class B dependent or dependents upon written application by such enlisted man, or upon written application by or on behalf of such dependent or dependents in any case in which the Secretary of the department concerned finds that it is impracticable for such enlisted man to request the payment of such allowance. The payment of a monthly family allowance to any Class B dependent or dependents shall be terminated upon the receipt by the department concerned of a written request by such enlisted man that such allowance be terminated.

The amount of the Government's contribution to the family allowance shall be the aggregate of the amount of the Government's contribution to the Class A dependent or dependents and the amount of the Government's contribution to the Class B dependent or dependents.

The amount of the Government's contribution to the Class A dependent or dependents shall be at a monthly rate of—

(1) $28, if such enlisted man has a wife but no child;

(2) $40, if such enlisted man has a wife and one child, and an additional $10 for each additional child;

(3) $20, if such enlisted man has no wife, but has one child;

(4) $30, if such enlisted man has no wife, but has two children, and an additional $10 for each additional child; and

(5) $20, in addition to the amounts, if any, payable under clauses (1), (2), (3), or (4) of this subsection, if such enlisted man has a former wife divorced.

The amount of the Government's contribution to the Class B dependent or dependents shall be at a monthly rate of—

(1) $15, if such enlisted man has only one parent who is a Class B dependent, and an additional $5 for each grandchild, brother, or sister which such enlisted man has who is a Class B dependent, but not more than $50 in the aggregate;

(2) $25, if such enlisted man has two parents who are Class B dependents, and an additional $5 for each grandchild, brother, or sister which such enlisted man has who is a Class B dependent, but not more than $50 in the aggregate; and

(3) $5, if such enlisted man has no parent who is a Class B dependent, for each grandchild, brother, or sister which such enlisted man has who is a Class B dependent, but not more than $50 in the aggregate.

For any month for which a monthly family allowance is paid to the dependent or dependents of any enlisted man the monthly pay of such enlisted man shall be charged with the amount of $22, and shall be charged with an additional amount of $5 if the dependents to whom such allowance is payable include both Class A and Class B dependents. The amount by which the pay of any enlisted man is so charged shall constitute part of the monthly family allowance payable to his dependent or dependents.

In any case in which the family allowance is payable to more than one dependent of any such enlisted man, the amount by which the pay of such enlisted man is charged shall be apportioned among and paid for the benefit of such dependents in the following proportions:

(1) If such dependents are all Class A dependents or are all Class B dependents, such amount shall be apportioned among such dependents in the same ratio in which they share the total Government contribution payable to them.

(2) If one or more of such dependents are Class A dependents and one or more of such dependents are Class B dependents, $22 of such amount shall be apportioned among such Class A dependents in the same ratio in which they share the total Government contribution payable to such Class A dependents and $5 of such amount shall be apportioned among such Class B dependents in the same ratio in which they share the total Government contribution payable to such Class B dependents.

In any case in which a family allowance is granted to a wife or a child living separate and apart from the enlisted man under a court order or a written agreement, or to a former wife divorced, the amount of the family allowance payable to such wife, child, or former wife divorced shall not exceed the amount fixed in the court order or decree or in the written agreement as the amount to be paid to such wife, child, or former wife divorced. In any case in which the application of the provisions of the preceding sentence results in a reduction in a family allowance which would otherwise be payable under this title, the amount by which the pay of the enlisted man is charged and the amount of the Government contribution to such family allowance may each be reduced in accordance with such regulations as may be prescribed by the Secretary of the Navy.

Any monthly family allowance shall be paid for the period beginning with the day on which application therefor is filed or the day on which the dependent or dependents first become entitled thereto, whichever is later, and ending with the day on which the disbursing officer paying the allowance receives notice of a change in status of the enlisted man concerned which terminated the right of his dependent or dependents to receive such allowance, or notice of the discharge from or death in the service of such enlisted man: *Provided*, That in the case of any dependent of an enlisted man in active service on the date of enactment of this Act, if application is filed for a monthly family allowance within 6 months after such date of enactment or within such longer period as may be prescribed in special cases by the Secretary of the Navy, the period for which such family allowance shall be paid shall begin with the date on which such dependent first becomes entitled thereto: *Provided further*, That the Secretary of War and the Secretary of the Navy may, by regulations prescribed by them jointly, fix the dates of commencement and termination of any such family allowance on any dates not more than 1 month before or 1 month after the dates above prescribed. Such regulations shall in no event provide for the payment of such allowances for any period prior to June 1, 1942.

Any family allowance to which any dependent or dependents is entitled shall be paid on behalf of such dependent or dependents to any person who may be designated by such enlisted man unless the Secretary of the Navy determines that the person so designated is not an appropriate payee. In any case in which the Secretary of the Navy determines that the person so designated is not an appropriate payee or in any case in which the enlisted man has not designated a payee, such allowance shall be paid on behalf of such dependent or dependents to such person as may be designated in regulations prescribed by the Secretary of the Navy.

The monthly family allowances payable under the provisions of this law shall not be assignable; shall not be subject to the claims of creditors of any person to whom or on behalf of whom they are paid; and shall not be liable to attachment, levy, or seizure by or under any legal or equitable process whatever.

Whoever shall obtain or receive any money, check, or family allowance without being entitled thereto and with intent to defraud, shall be punished by a fine of not more than $2,000, or by imprisonment for not more than 1 year, or both.

Whoever in any claim for family allowance or in any document required makes any statement of a material fact, knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than $5,000, or by imprisonment for not more than 2 years, or both.

Any person who has been entitled to payment of a family allowance and whose entitlement to payment of such allowance has ceased shall, if he thereafter accepts payment of such allowance with the intent to defraud, be punished by a fine of not more than $2,000, or by imprisonment for not more than 1 year, or both.

No part of any amount paid pursuant to the provisions of this title shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with any family allowance payable under this title, and the same shall be unlawful, any contract to the contrary notwithstanding. Any person violating this section shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined in any sum not less than $100 nor more than $1,000.

As used in the law—

(*a*) The term "wife" means a lawful wife.

(*b*) The term "former wife divorced" means a former wife divorced who has not remarried and to whom alimony has been decreed and is still payable.

(*c*) The term "child" includes—

(1) a legitimate child;

(2) a child legally adopted;

(3) a stepchild, if a member of the man's household, including a stepchild who continues as a member of the man's household after death of the mother or termination of the marriage; and

(4) an illegitimate child, but only if the man has been judicially ordered or decreed to contribute to such child's support; has been judicially decreed to be the putative father of such child; or has acknowledged under oath in writing that he is the father of such child.

(*d*) The term "grandchild" means a child as above defined of a child as above defined, and is limited to persons to whom the enlisted man has stood in loco parentis for a period of not less than 1 year prior to his enlistment or induction.

(*e*) The term "parent" includes father and mother, grandfather and grandmother, stepfather and stepmother, father and mother through adoption, either of the person in the service or of the spouse, and persons who, for a period of not less than 1 year prior to the man's enlistment or induction, stood in loco parentis to the man concerned: *Provided*, That not more than two within those named therein may be designated to receive an allowance, and in the absence of a designation by the enlisted man preference shall be given to the parent, or parents not exceeding two, who actually exercised parental relationship at the time of or most nearly prior to the date of the enlisted man's entrance into active service: *Provided further*, That if such parent or parents be not dependent or waive an allowance, preference may be extended to others within the class who at a more remote time actually supported the enlisted man prior to entrance into service.

(*f*) The terms "brother" and "sister" include brothers and sisters of the half blood as well as those of the whole blood, stepbrothers and stepsisters, and brothers and sisters through adoption.

(*g*) The terms "child," "grandchild," "brother," and "sister" are limited to unmarried persons either (1) under 18 years of age, or (2) of any age if incapable of self-support by reason of mental or physical defect.

(*h*) The terms "pay" and "base pay" means base pay and longevity pay only.

(*i*) The terms "man" and "enlisted man" mean any enlisted individual of the fourth, fifth, sixth, or seventh grade but does not include any member of the Limited Service Marine Corps Reserve, the Philippine Army, the Philippine Scouts, the insular force of the Navy, the Samoan native guard or band of the Navy, or the Samoan reserve force of the Marine Corps.

(Page 4)

16—29368-2 U. S. GOVERNMENT PRINTING OFFICE

BNP 668
(Revised September 1942)

NAVY DEPARTMENT

PART 1

APPLICATION FOR FAMILY ALLOWANCES

Mail to:

- ☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)
- x ☐ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
- ☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 10 November, 1943

I. I, PARMENTER (Last name) William (First name) Pinkham (Middle name) B.M.1c (Rating) USCGR (Organization)

ACOTP Boothbay Hbr. Me. (Ship or station) (553-607) (Service or serial number) 2 September, 1942 (Date of enlistment) 2 September, 1942 (Date of reporting for active duty)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. PARMENTER (Last name) Frances (First name) Edwina (Middle name) Wife (Relationship) (Month, day, year of birth if minor)
   12 Giles Place (Number and street or R. F. D.) Boothbay Harbor (City or post office) Maine (State)
2. PARMENTER (Last name) Frederick (First name) Louis (Middle name) Son (Relationship) 29 November, 1926 (Month, day, year of birth if minor)
   SAME AS ABOVE (Number and street or R. F. D.) (City or post office) (State)
3. PARMENTER (Last name) William (First name) Pinkham Jr. (Middle name) Son (Relationship) 29 November, 1928 (Month, day, year of birth if minor)
   SAME AS ABOVE (Number and street or R. F. D.) (City or post office) (State)
4. PARMENTER (Last name) Perry (First name) (Middle name) Son (Relationship) 19 January, 1942 (Month, day, year of birth if minor)
   SAME AS ABOVE (Number and street or R. F. D.) (City or post office) (State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

Frances E. Parmenter (Name) 12 Giles Place (Number and street or R. F. D.) Boothbay Harbor, Maine (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

DATE and place of marriage to present wife 6 July, 1926

DATE and place of marriage to divorced wife

Amount of monthly alimony or support payment decreed by court order or provided under written agreement for former wife divorced, or for wife and/or child living separate and apart, $
(Court order *must* be provided by applicant or payee before application can be adjudicated)

DATE when alimony or support payment ceases

DATE and place of divorce

Name and designate any child included above who is legally adopted or acknowledged as illegitimate

16—20368-2

III. CLASS B **PART 1**

Consists of only the following relatives to whom you contribute a **SUBSTANTIAL** portion of their support (father, mother, natural or adoptive; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person standing in loco parentis to you; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren—dependents in last group over 18 years of age must be incapable of self-support by reason of mental or physical defect as shown by a *doctor's certificate*).

Give following information as to each Class B dependent claimed:

1. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

2. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

3. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

4. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

5. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____
(Including income of the dependent's spouse, if living together)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

First month for which payments to Class B dependents shall be made _____

State any other facts pertinent to this claim or in explanation thereof _____

_____

Subscribed and sworn to before me, this 10th day of November, 19 43

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

William P. Parmenter
(Signature)

F. W. MEURLING
(Signature)

Commanding Officer
(Title)

16—29368-2

H/D 011530 (August, 1942.)
DCGOIND, BOSTON, MASS.

N. C. G. 2500
(Rev. Dec. 1941)

ENLISTMENT CONTRACT

United States { XXXXXXXXXXXX / Coast Guard Reserve

CODED

NOTED COUNTED

Enlistment of PARMENTER, William Pinkham (Full name, surname to left); 553-607 (Service number); $96.00 (Pay per month)

Accepted for enlistment at PORTLAND, MAINE.; B.M. 2c. USCGR. (Rating in which enlisted)

Enlisted at RECRUITING SUB-STATION., PORTLAND. MAINE.; 2 September, 1942. (Date)

Transferred to DCGO FIRST NAVAL DISTRICT., BOSTON, MASS.

Occupation COOK, Citizenship* NB If naturalized, place and date of naturalization NONE Certificate No. NONE

Date of birth 25 MARCH., 1907 Place of birth BOOTHBAY HARBOR, MAINE.

Home address 12 GILES PLACE, BOOTHBAY HARBOR, MAINE. (Street and number) (Town) (County) (State)

Married or Single MARRIED. Name and address of next of kin or legal guardian FRANCES PARMENTER - WIFE - 12 GILES PLACE, BOOTHBAY HARBOR, MAINE. (Relationship) (Address)

Continuous Service Certificate A27645 (Number) Previous service (Coast Guard (Regulars) Reserve 5 (Yrs) 9 (Mos) 15 (Days)

First enlisted 4 March, 1927 (Date) at Section Base Sixteen, Rockland, Maine. (Place) was last discharged 5 March, 1932 (Date) from U.S.S. PERSEUS, GLOUCESTER, MASS. (Unit)

with HONORABLE (Character) discharge as QUARTERMASTER, THIRD CLASS (Rate) No. (108-157)

Previous Navy service NONE (Years) (Mos) (Days) Previous Marine Corps service NONE (Yrs) (Mos) (Days)

Previous Army service NONE (Years) (Mos) (Days) Age 35 Years 5 Months

Height 5 feet 7 inches. Weight 140 pounds.

Eyes Hazel Sex Male Hair Lt. Brown Complexion Ruddy Color White.

Personal characteristics, marks, etc. ANT: VSLUA POST: NONE.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with GEORGE FORNASH., C.W.T., (a)(Pro.) 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.

*Citizenship - Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Phillippine Islands; "NPR" for native of Puerto Rico.

Second: I oblige and sub[illegible] myself to serve { THREE (3) yrs. from 2 September, 1942. / during minority til _____, 1___

unless sooner discharged by proper authority.

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 six 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 [illegible]st Guard Reserve, I may be ordered to active duty in time of war or when in the opinion of [illegible] President a National emergency exists, and that I may be required to perform active [illegible]ty throughout the war or until the National emergency ceases to exist and for six months th[illegible]eafter.

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, WILLIAM PINKHAM PARMENTER, 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.

William Pinkham Parmenter

William Pinkham Parmenter

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 2 nd. day of September, A. D. 1942.

A F Jones

(Commanding officer, notary public, or other officer qualified to administer oaths)

A.F. JONES., Lieut. US.C.G.

(Title)

Citizenship substantiated and contract perfected.

George Fornash

GEORGE FORNASH., C.W.T., (a)(Pro.)

_____, U. S. C. G., Enlisting Officer.

Form NCG–2520
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

PRINT "APPRENTICE SEAMAN" ON THE LINE BELOW

Position desired BOATSWAIN MATE 2CLASS

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

PORTLAND MAINE
(Place)

AUGUST 28, 1942
(Date)

PRINT INFORMATION BELOW

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 35 years 5 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 WILLIAM PINKHAM PARMENTER

Date of birth MARCH 25 1907

Place of birth BOOTHBAY HARBOR MAINE Citizenship NB

Home address 12 GILES PL. BOOTHBAY HARBOR ME TELEPHONE NUMBER

Are you married? YES Number and relationship of persons dependent on you for support? FOUR
INDICATE ABSOLUTE DEPENDENCY ONLY

Are you prepared to support your dependents on service pay? YES

Are your parents living? YES Are your parents dependent on you for support? NO
FATHER'S NAME AND ADDRESS IF LIVING

Name and address of next of kin CLEUDE PARMENTER BOOTHBAY HARBOR ME

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—
RICE BROS	EAST BOOTHBAY ME	BOAT YARD	1941 MARCH 1ST	1942 APRIL	SHIPFITTER
PHILLIP GLATFELTER	SPRING GROVE PA	PAPER MFR.	JUNE	DEC 1940	COOK

Do you drink intoxicating liquors? If so, to what extent? OCCASIONAL GLASS OF BEER

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)

16—25718-1

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

GRAMMAR SCHOOL	HIGH SCHOOL	COLLEGE
1 2 3 4 5 6 7 8 G	1 2 3 4 G	1 2 3 4 G

NAME	ADDRESS	CITY - STATE	DATES ATT'D.
NINE YEARS GRAMMAR	School ST BOOTHBAY HARBOR	MAINE	1922
FOUR YEARS HIGH SCHOOL	SCHOOL ST	BOOTHBAY HARBOR MAINE	1922-1925

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? YES

If so, state which U.S. COAST GUARD

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? YES

When did you apply? 17th March Where? BOOTHBAY HARBOR MAINE

Were you accepted or rejected? ACCEPTED 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) William Pinkham Parmenter

Accepted or rejected ACCEPTED Cause of rejection

Date 2 September, 1942

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.

DO NOT GIVE RELATIVES AS REFERENCES: George Fornash

PERSONAL REFERENCES: GEORGE FORNASH, C.W.T., (a) Pro. U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 16—25718-1

NAMES	STREET & NUMBER	CITY - STATE
1.		
2.		
3.		

STATE YOUR HEIGHT (WITHOUT SHOES) 5'7" STATE YOUR WEIGHT (WITHOUT CLOTHING) 140 LBS. COLOR white WERE YOU EVER REJECTED FOR ENLISTMENT IN THE ARMY OR MARINE CORPS? NO IF SO WHY? —

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RESERVE

I, . . . Frances Edwina Parmenter . . . . . wife of . . . . . William Parmenter . . . . . certify that I am fully aware of the fact that my husband is enlisting in the Coast Guard Reserve as Boat Swains Mate 2/c . , to serve for a period of three (3) years and that his rate of pay will be . Ninety-six (96). . . . . dollars per month.

I further certify that he is enlisting with my consent and knowledge and that I can foresee no reason for him or myself to seek his discharge prior to the expiration of his enlistment by reason of the fact that he cannot support himself and family on Service pay,

Frances Edwina Parmenter
(Signed)
Frances Edwina Parmenter

Address:- Boothbay Harbor, Maine

Personally appeared before me Frances Edwina Parmenter a resident of Boothbay Harbor, in the County of Lincoln and State of Maine, who is well known to me as a credible person, and made oath to the foregoing statement, that it is correct and true, signed the same in my presence this 19th day of August 1942.

Wesley D. Blake
(Signature of Notary Public or Officer Administering Oath.).

Form NCG-2678
June 1938

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION Portland, Maine.
(Place)

28 August, 1942.
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: REGISTRAR. (Name) (Address)

The man whose name appears below states he was (employed)—(taught) by you at

Boothbay Harbor High School School St. Boothbay Harbor, Maine.
(Firm)—(School) (Place)

High School Graduate.
(as)—(in grade)

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.

George Fornash
GEORGE FORNASH., C.W.T.,(a)(Pro.)
Recruiting Officer.

(Name of applicant) WILLIAM PINKHAM PARMENTER.
(Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (employ)—(charge)? No, but I know him by reputation (Yes—No) When? _____, 19____, to _____, 19____ Where? _____ As _____

What was his (weekly wage)—(scholastic record)? Good

Why did he (leave)—(quit)? Graduated from High School, 1925

How do you rate his—	CHECK ONE *Good*	*Average*	*Poor*
Trustworthiness?	X		
General intelligence?	X		
Ability?	X		
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 Not to my knowledge

What was his reputation and standing when in your (employ)—(charge)? He is well thought of here.

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars Not to my knowledge

The above statement and answers are in my own handwriting (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.

H. D. Clifford Supt. of Schools
(Signature of reference)

August 29, 1942, 19____
(Date)

Boothbay Harbor, Maine
(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—9746-1

7830

U. S. COAST GUARD
RECRUITING SUB-STATION
477 CONGRESS ST.
ARCADE-CHAPMAN BLDG.
PORTLAND, MAINE.

2 September, 1942

From: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.
To: District Coast Guard Officer, First Naval District.

Subject: PARMENTER, William Pinkham : assignment of enlistment rating.

Reference: (a) Headquarter's circular letter 21 January, 1942.

1. It is requested that the subject named man be interviewed and examined for enlistment rating and his qualification therefor indicated on first indorsement hereof.

George Fornash
GEORGE FORNASH., C.W.T.

7830 1st. Indorsement First Naval District
Portland, Maine.

From: District Coast Guard Officer, First Naval District.
To: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.

1. Returned. Subject named man has been examined and is hereby certified to be qualified for enlistment rating of B.M. 2c

/s/ F. W. BROWN
COMMANDER, USCG.

A F F I D A V I T

I, PARMENTER, William Pinkham, U.S. COAST GUARD RESERVE, being first duly sworn, upon oath depose and say that I am not drawing, a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, nor have I a claim pending therefor.

William Pinkham Parmenter

WILLIAM PINKHAM PARMENTER
(Signature of Applicant)

Subscribed and sworn to before me this 2 nd day of September 19 42.

A. F. JONES
(Signature of Administering Officer)

Lieut. U.S.C.G.
(Title)

UNITED STATES COAST GUARD.
Recruiting Sub-Station.
Portland, Maine.
2 September, 1942

Local Draft Board No. 1.

Boothbay Harbor, Maine

Dear Sirs:

Please be advised that William Pinkham Parmenter
12 Giles Place, Boothbay Harbor, Maine. has enlisted in the U.S. COAST GUARD RESERVE this date for three (3) years.

Very truly yours,

George Fornash

GEORGE FORNASH,
C.W.T., (a) (Pro.)

N.C.G.-2529
(Rev.9-2-41)

2.7.

UNITED STATES COAST GUARD
DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING SUB-STATION., (Unit) PORTLAND, MAINE. (Place)

2 September, 1942 (Date)

From: PARMENTER, William Pinkham (553-607) B.M. 2/c., USCGR.
To: COMMANDANT, (Via, Officer-in-Charge.)

1. In the enent 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.

FRANCES PARMENTER (Full name of wife, if not married, so state) — 12 GILES PLACE, BOOTHBAY HARBOR, MAINE (Address of Wife)

FREDERICK LOUIS PARMENTER (Full name of child, if none, so state) — SAME ADDRESS (Address of Child)

WILLIAM PINKHAM PARMENTER JR. (Full name of child, if none, so state) — SAME ADDRESS. (Address of Child)

PERRY PARMENTER (Full name of child, if none, so state) — SAME ADDRESS. (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 dependant relative:

THERESA PARMENTER (Full name of relative) — MOTHER (Relationship) — BOOTHBAY HARBOR, MAINE (Address of Relative)

POTENTIAL (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependant relative before payment is made, I then designate as my beneficiary under said act the following dependant relative:

CLAUDE PARMENTER (Full name of relative) — FATHER (Relationship) — BOOTHBAY HARBOR, MAINE (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 2 nd day of September 19 42 :

A. F. JONES
(Signature)
Lieut., USCG
(Title)

William Pinkham Parmenter
(Signature)
WILLIAM PINKHAM PARMENTER

B.M. 2/c., USCGR.
(Rating)

Form 2500B
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 PARMENTER, William Pinkham (108-157) as Q.M.3c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ ~~Station~~ Section Base Seven, District, Gloucester, Mass.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Gloucester, Mass.
(Place)

1. I, William Pinkham Parmenter, this 5th day of March, 19 32, 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 Boothbay Harbor, Maine, on 25 March, 1907 Citizenship[b] NB

If naturalized, place and date of naturalization — Certificate number —

If intentions declared, place and date of declaration —

Occupation or trade Mariner Home address 94 Mt. Pleasant Ave., Gloucester, Mass.

Full name and address of the following: Frances E. Parmenter, 94 Mt. Pleasant Ave., Gloucester, Mass.
(Wife, if any)

Frederick L. Parmenter (5 yrs) 94 Mt. Pleasant Ave., Gloucester, Mass.
(Children under 16 years of age. Specify ages of children)

William P. Parmenter, Jr. (3 yrs) 94 Mt. Pleasant Ave., Gloucester, Mass.

Theresa Parmenter, Boothbay Harbor, Maine Widowed? No
(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 —
(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 4 March, 19 32, from ~~Cutter~~ ~~Station~~ Section Base Seven
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A-37645
(Kind of discharge)

9. I agree to and with the United States of America, represented by G. W. Parker, 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 TWO 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 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 TWO 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 G. W. Parker, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the said William Pinkham Parmenter, 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—3478

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.

William Pinkham Parmenter

William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By S.W. Parker Boatswain, U.S.C.G.
(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.

S.W. Parker

Boatswain, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, William Pinkham Parmenter (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.

William Pinkham Parmenter

William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 5th day of March, A. D. 19 32.

F. W. Brown

F. W. Brown, Lieut.Comdr., U.S.C.G.,
Commander, Section Base Seven.
(Comdg. officer, officer in charge of a unit, or notary public)

HWN:

12. DESCRIPTIVE LIST

Age 24 years 11 months. Height 5 feet 7 inches. Weight 126 pounds. Eyes Blue

Hair Brown Complexion Light 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—3476 U. S. GOVERNMENT PRINTING OFFICE 1930

12 Giles Place
Boothbay Harbor
Maine

0515

1430 dad 2nd 4

Parmenter

Parmenter, "illiam BM 2/c

553 607

REQUEST TO HOLD FAMILY ALLOWANCE CHECK

EM			SERVICE NO.
PARMENTER, William P			108-157
AUTH.	SS	DISCON.	HOLD CHECKS TO
	1,536,028		APO
DNLE.	DIV.		DEATH OF PAYEE

☐ NOT LAWFUL WIFE ☐ 2 WIVES ☐ DESERTED ☐ ACCOUNTING

☐ RECOVERY OF O. P. ☐ WAIVES RIGHT

☐ CUSTODY OF CHILD ☒ CHILD ATTAINED 18 YEARS (William)

MISCELLANEOUS

DATE	CLOSED
3-20-47	3-28-47

NAVCG-9933 (12-44) UNITED STATES COAST GUARD 16-42705—1 GPO





Parmenter

Form 2515-A
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised April 1940)

IDENTIFICATION RECORD

(On reenlistment of a man in the Coast Guard this blank to be filled out and forwarded immediately to Coast Guard Headquarters.)

Name PARMENTER, William P.

Service No. 553-607- New No. 108-157

Rate Boatswain's Mate, first class

Reenlisted 20 December, 1945

At DCGO, 1ND Boston, Massachusetts

Date last discharged 19 December, 1945

William P Parmenter

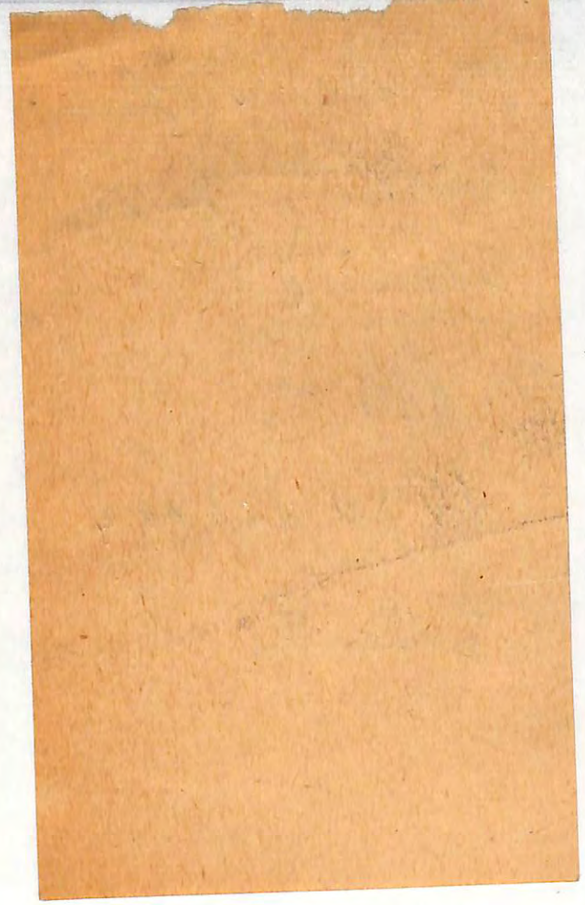
Signature William P. Parmenter

Tip of finger this end

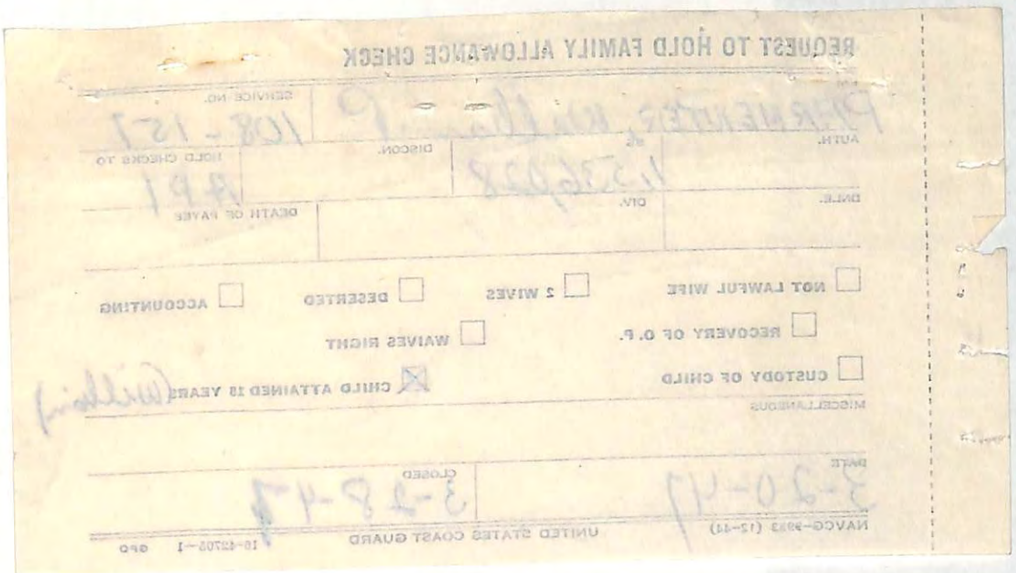


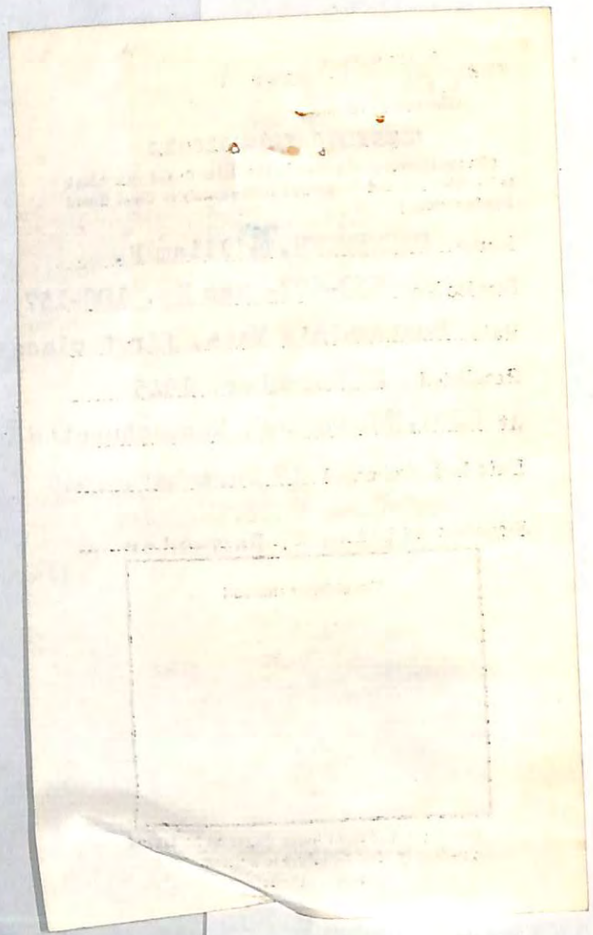
Rolled print of right index finger to be taken immediately after signature is written.

GPO 16—1598









William Pinkham Parmenter (108-157) QM3c
Age: 24.
Height: 67 inches.
Weight: 126 lbs.
Eyes: Blue.
Hair: Brown.
Born: 3/25/07

William Pinkham
PARMENTER (108-157)
Q.M.3c.
Age: 24 yrs.
Height: 67 inches.
Weight: 126 lbs.
Eyes: Blue.
Hair: Brown.
Born: 3/25/07

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ____ Nature of waiver ____

Authority ____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

1931 (Date last vaccinated against smallpox)

1931 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Section Base Seven	4-20-32	PERSEUS (Receiving Unit)	4-20-32
Receiving Unit APR 25 1932		Chief Inspector, Hull Construction, Bath, Maine, for PERSEUS. ✓	4/26-32
Office, C.I.H.C. Bath, Me	4-27-32	PERSEUS	4-27-32 ✓

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF PARMENTER, William Pinkham, (108-157)

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good conduct medal HEALTH	Vessel or station	Signature of commanding officer or officer in charge of a unit
3-31-32	Less than one month.					Section Base Seven	
4-20-32	Less than one month.					Section Base Seven	
APR 25 1932	Less than a Month					Receiving Unit	
Apr. 27-32	Less than a month				4.0	Office C.H.C.	Hmoore
30 June, 1932	3.0	4.0	4.0	3.0	4.0	PERSEUS	H.C.Moore
30 SEP 1932	3.0	4.0	4.0	3.0	4.0	U. S. S. PERSEUS, C. G.	Hmoore
20 Dec. 1932	3.0	4.0	4.0	3.0	4.0	PERSEUS	Hmoore
Averages	3.0	4.0	4.0	3.0	4.0	PERSEUS	Hmoore H.C.Moore, Lt

* See Circular Letter 83, August 29, 1928

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____

(Date and place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

7. 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

8. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13878

Form 2600-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Section Base Seven	3-5-32		50	Oscar Tinio
Section Base Seven	4-15-32	4	46	Oscar Tinio
USS Perseus, Lt	8-4-32	15	31	Hmoore Lieut
USS Perseus, LD	11-3-32	15	16	Hmoore Lieut

2—13678

RECORD OF PARMENTER, William Pinkham (108-157(
(Full name, surname to the left)

12. 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, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 20 December, 1932 Place Staten Island, N.Y. Serial No. ---
Kind of discharge Special Order of Headqtrs Authority for HL7 December 1932 (33-701)
Discharged on account of AT OWN REQUEST
Is NOT recommended for reenlistment. Rating best qualified to fill QM3c
(If "not," so state)

15. ON DESERTION

, 193 — —
(Date) (Unit) (Place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

0 (Yrs.) 9 (Mos.) ~~15~~ 16 E.P. (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 20 December, 1932

H.C. Moore
H. C. Moore, Lieutenant
Commanding Officer—District Commander.

CERTIFICATE OF MEDICAL EXAMINER

U. S. P. H. S. Relief Station

Pier 17

Napoleon, N. Y.

I certify that on this 19th day of December, 1932, I have examined Wm. P. Parmenter, 3, U. S. Coast Guard, and find:

(a) That he is physically sound for discharge. Noted: —

(b) ~~That he is not physically sound for discharge by reason of the following defects:~~

(1) (Incurred after enlistment

(2) Teeth — partial plate — upper.)

(3)

(4)

In my opinion, defects numbered ---- were incurred as incident to service.

In my opinion, defects numbered X were incurred as not incident to service.

Medical Officer in Charge.

RECOMMENDATION OF MEDICAL EXAMINER

(If any)

I recommend as follows:

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

X

Medical Officer in Charge.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

Pier 17, Staten Is. N.Y.

19 December 1932

19 ---, 19---

Upon discharge, this date, I certify that I am suffering from the following defect(s):

(The word "none" to be used, if no defects stated)

None

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

William P. Parmenter

(Signature)

Q. M. 3c, U. S. Coast Guard.

(Rate)

(8)

2—13678

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base Seven (Unit.) Gloucester, Mass., (Place.)

5 March, 1932. (Date.)

FROM: Willian Pinkham Parmenter (108-157) Q.M.3c.

TO: COMMANDANT (via Commander, Section Base Seven)

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:

Frances E. Parmenter (Full name of wife; if not married, so state.)	94 Mt. Pleasant Ave., Gloucester, Mass. (Address of wife.)
Frederick L. Parmenter (5 yrs) (Full name of child; if none, so state.)	94 Mt. Pleasant Ave., Gloucester, Mass. (Address of child.)
William P. Parmenter, Jr.(3 yrs) (Full name of child; if none, so state.)	94 Mt. Pleasant Ave., Gloucester, Mass. (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:

Theresa Parmenter (Full name of relative.)	Mother (Relationship.)	Boothbay Harbor, Maine. (Address of relative.)

Contributions.
(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.)

WITNESSED BY: G. W. Parker

G. W. Parker,

Rank, Boatswain, U.S.C.G.

SIGNED: William Pinkham Parmenter

William Pinkham Parmenter,

Rank or rating, Q.M.3c.

2—10348

U. S. GOVERNMENT PRINTING OFFICE: 1930

TOD

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR– 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS 1931 MAR -26- AM 8:59 WASHINGTON 24 March, 1931.

U. S. COAST GUARD
RECEIVED
MAR 27 1931
SECTION BASE SEVEN

EASTERN DIVISION
COMMUNICATIONS

From: Commandant.
To: Commander, SECTION BASE SEVEN (via Eastern Division).

Subject: PARMENTER, William Pinkham (108-157)QM 3cStatement of service of.

Inclosure:

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

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
3-4-27	3-4-30 H D	None		None		None	
3-5-30	3-4-31 H D	None		None		None	
3-5-31	Now serving 3-24-31	None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	4	0	21
Navy service			
Other service			
Total	4	0	21

Completed 4 years service on 3 March, 1931.

F. C. BILLARD

C. H. JONES
Ass't Chief, Personnel Section.

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

2—15507 U. S. GOVERNMENT PRINTING OFFICE: 1930

EASTERN DIVISION-73. 1st Indorsement. Boston, Mass., 26 March, 1931.

From: Commander, Eastern Division.
To: Commander, Section Base 7.

1. Forwarded.

W. H. MUNTER,

J. A. ALGER,
Chief of Staff.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Non-performance or Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
3-4-27	3-4-30 H D	None		None		None	
3-5-30	3-4-31 H D	None		None		None	
3-5-31	Now serving 3-24-31	None		None		None	

Total C. G. service.. 4 Yrs. 0 Mos. 21 Days

Navy service.....

Other service.....

Total..... 4 0 21

Completed 4 years service on 3 March, 1931.

F. C. BILLARD

C. H. JONES
Ass't Chief, Personnel Section.

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

R C'D MAR 9 1932
ANS'D

713
3-14-32

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 PARMENTER, William Pinkham (108-157) as Q.M.3c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ ~~Station~~ Section Base Seven, ... District, Gloucester, Mass.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Gloucester, Mass.
(Place)

1. I, William Pinkham Parmenter, this 5th day of March, 1932, 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 Boothbay Harbor, Maine, on 25 March, 1907 Citizenship[b] NB

If naturalized, place and date of naturalization -- Certificate number --

If intentions declared, place and date of declaration --

Occupation or trade Mariner Home address 94 Mt. Pleasant Ave., Gloucester, Mass.

Full name and address of the following: Frances E. Parmenter, 94 Mt. Pleasant Ave., Gloucester, Mass.
(Wife, if any)

Frederick L. Parmenter (5 yrs) 94 Mt. Pleasant Ave., Gloucester, Mass.
(Children under 16 years of age. Specify ages of children)

William P. Parmenter, Jr. (3 yrs) 94 Mt. Pleasant Ave., Gloucester, Mass.

Theresa Parmenter, Boothbay Harbor, Maine Widowed? No
(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 -- (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 4 March, 1932, from ~~Cutter~~ ~~Station~~ Section Base Seven
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A-27645
(Kind of discharge)

9. I agree to and with the United States of America, represented by G. W. Parker, 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 TWO 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 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 TWO 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 G. W. Parker, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the said William Pinkham Parmenter 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

MAR 11 1932

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

3/11/32

William Pinkham Parmenter

William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By L. W. Parker Boatswain, U.S.C.G.
(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.

L. W. Parker

Boatswain, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, William Pinkham Parmenter, 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.

William Pinkham Parmenter

William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 5th day of March A. D. 19 32.

F. W. Brown

F. W. Brown, Lieut.Comdr., U.S.C.G.,
Commander, Section Base Seven.
(Comdg. officer, officer in charge of a unit, or notary public)

HWN:

12. DESCRIPTIVE LIST

Age 24 years 11 months. Height 5 feet 7 inches. Weight 126 pounds. Eyes Blue

Hair Brown Complexion Light 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.

Eastern Division,
Boston, Mass. MAR 8 1932
Forwarded.

Chief of Staff.

2—3476 U. S. GOVERNMENT PRINTING OFFICE 1929

MEH

73-701

Parmenter

1 March, 1932.

From: Commandant.
To : Commander, Section Base Seven, Gloucester, Mass. (via Commander, Eastern Division).

Subject: PARMENTER, William P. (108-157) QM 3c; discharge and reenlistment.

Reference: (a) Your letter, 24 February, 1932 (73-701).

1. Replying to reference (a), you are authorized to discharge subject man upon expiration of his current enlistment and reenlist him the day following discharge in the special temporary establishment. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

L. SPENCER,
Assistant Chief, Personnel Section.

From compensation of— APPLICATION FOR ALLOTMENT

ACOTP Boothbay Hbr. Maine

Parmenter, William P (293-607) B.M.1c

PAYABLE TO—

Monthly allotment in the amount of—

One hundred & fifteen (Words) ($115.00 (Figures)) Dollars.

If payable to a bank, business institution, or individual, for credit of*—

Name _____

Reason for allotment Support of family

Name Frances Edwina Parmenter

Street and number 12 Giles Place

Post office Boothbay Harbor *State* Maine

First payment: Month September, 19 43

I hereby request and authorize allotment, chargeable to my pay, as above.

William P Parmenter B M 1/c

William P. Parmenter

Rank or rating B.M.1c, U. S. C. G.

August, 19 43

Approved, allotment granted. H H Hamilton

C. H. Hamilton

Commanding ACOTP Boothbay Hbr. Me.

Commander, _____ *District.*

Witnessed and registered _____, 19____

_____

Pay officer, _____

16—12642-1

N. C. G.-2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

(OVER) DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

* Allotter or member immediate family

NCG 2528-A
Form approved by Comptroller General, U. S.
July 26, 1926
Revised May 10, 1940

ALLOTMENT STOPPAGE

File in personal folder

(Do not fold—Mail flat)

Stop allotment after payment for month of DECEMBER, _____, 1943 Amount, $ 115.00 _____,

for which checkage has been made from compensation of William P. Parmenter (Name)

Payable to Frances Edwina Parmenter

Allotter's signature William P Parmenter

William P. Parmenter

Rank or rating B. M. 1c(R), *U. S. C. G.*

STOPPAGE APPROVED:

F. W. MEURLING

Commanding, Lieut. (j.g.), *or*

Commander, _____ *District.*

Stoppage registered this _____ day of _____, 19____

Reason for stoppage: Made out new family allowance.

_____, *Pay Officer.*

(SEE INSTRUCTIONS ON BACK)

16—12689-1

NOTICE

THIS ALLOTMENT APPLICATION REMAINS IN FORCE AFTER REGISTRATION BY PAY OFFICER UNTIL SUCH TIME AS AN ACKNOWLEDGMENT OF STOPPAGE FORM IS ACTUALLY RECEIVED FROM HEADQUARTERS

16—12642

RESERVED FOR USE OF HEADQUARTERS

(Plate impressions)

(Address changes)

(Put time stamp impressions below)

INSTRUCTIONS

1. Submit, in duplicate, to Headquarters, Coast Guard, Washington, D. C.

2. If no payment for current month is to be made, notice must reach Headquarters not later than the 15th day of that month. If this form is not mailed in ample time to reach Headquarters by that date, stoppage shall be made by dispatch, submission of this form to follow AT ONCE.

3. Stoppage requests will be promptly acknowledged. If acknowledgment is not received before end of month concerned, wire Headquarters and submit a second request, in duplicate, bearing same date as original, and marked "Copy."

4. Reason for stoppage will be stated in each case, whether requested by allotter, or by order of commanding officer. In case of stoppage by order of commanding officer it is not imperative that the allotter sign.

5. When it is desired to increase or decrease the amount of allotment, submit stoppage of existing allotment, and register a new allotment on Form 2528.

16—12689 U. S. GOVERNMENT PRINTING OFFICE

Form R–1 (For old records only)

COPY OF AN OLD RECORD OF A BIRTH

Place of Birth Boothbay Harbor Me
Street Atlantic Ave No.
Child's Name William P. Parmenter
Date of Birth March 25–1907
Sex Male Color W
Living or Stillborn L
No. of Child, 1st, 2nd, etc. 1st
Father's Name Claude Parmenter
" Color W Age
" Birthplace Bristol Maine
" Residence Boothbay Harbor
Father's Occupation Mining Engineer
Mother's Maiden Name Thera Dunham
Color W Age
Mother's Residence Boothbay Harbor Me
" Birthplace " "
" Occupation Housewife
Source of Record Book 3 births Pg. 38
Boothbay Harbor Maine

State of Maine

I hereby certify that the above is a true copy of the birth recorded in Book 3 births
Boothbay Harbor Me
Signature G W Greenleaf
T. C. Boothbay Harbor Me

Form NCG-2679
(Rev. 11-1-39)

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Portland, Maine.
(Place)

28 August, 1942.
(Date)

To Chief of Police, Boothbay Harbor, Maine.

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard.

William Pindham, Parmenter — 12 Giles Pl . Boothbayharbor, Maine.
(Name of applicant)

35 yrs. 5 mo.	5' 7"	Eyes-Hazel 140	Hair- Brown, Lt. White.
(Age)	(Height)	(Weight)	(Color)

It is requested that you fill in the following from the records of your office:

Has the above-named man, from the records of your office, been in: (1) Reform school? No

(2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married ~~or single~~? Yes

George Fornash
GEORGE FORNASH., C.W.T, (a)(Pro.)
Recruiting Officer.

Aug 29 1942
(Date)

To Recruiting Officer, ----------

The above information is submitted from the records of this office.

C. P. Greenleaf
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747-1

DO NOT FOLD THIS FOR

Classification No. .....

RIGHT HAND

16—9747

1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

LEFT HAND

Plain impression of the fou fingers taken simultaneously and of the thumb



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500-C
25,000—Ed. August 1925

U. S. COAST GUARD
R C'D MAR 9 1932
ANS'D

FB3,
3-14-32

Service Record

PARMENTER (108-157)
(Surname)

William Pinkham — NB
(Christian names) — (Citizenship)

Q.M.3c. — 5 March, 1931 — ONE
(Enlisted as) — (Date) — (Term of years)

Section Base SEVEN — Gloucester, Massachusetts
(Ship or station) — (Place)

2—13678

U.S. COAST GUARD
PAY & ALLOWANCES OFFICE
HEADQUARTERS
1932 MAR -10- AM 10:11

Eastern Division,
Boston, Mass. MAR 8 1932
Forwarded.
Chief of Staff.

RECD
MAR 11 1932

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

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."

[1] RE- **ENLISTMENT** of PARMENTER, William Pinkham (108-157) as Q.M.3c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter Station~~ Section Base SEVEN, ~~ ~~ District, Gloucester, Mass. (PAFE).
(Draw line through designation not applying) (Place where enlistment is made)

1. I, William Pinkham Parmenter, this 5th day of March, 1931, 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 Boothbay Harbor, Me., on 25 March, 1907 Citizenship [2] NB

If naturalized, place and date of naturalization - Certificate number - - - - - -

If intentions declared, place and date of declaration -

Occupation or trade Q.M.3c. - U.S.C.G. Home address 94 Mt. Pleasant Ave., Gloucester, Mass.

Full name and address of the following: Frances E. Parmenter, 94 Mt. Pleasant Ave., Gloucester, Mass.
(Wife, if any)

Frederick L. Parmenter, (4 years), 94 Mt. Pleasant Ave., Gloucester, Mass.
(Children under 18 years of age)

William P. Parmenter, Jr. (2 years), 94 Mt. Pleasant Ave., Gloucester, Mass.

Theresa Parmenter, Boothbay Harbor, Maine Widowed? No
(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 have ~~ ~~ had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not" so state)

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.

5. I do not 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.

6. I was last discharged from the U. S. Coast Guard on 4 March, 1931, from ~~Cutter Station~~ Section Base SEVEN.
(Strike out one)

with HONORABLE discharge, herewith submitted, serial No. A-21883.
(Kind of discharge)

7. I agree to and with the United States of America, represented by Oscar Vinje, United States
(Name of enlisting officer)

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 ONE 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 unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE 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 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 Oscar Vinje, United States Coast Guard,
(Name of enlisting officer)

does hereby covenant and agree to and with the William Pinkham Parmenter, who has hereunto signed his name, that
(Name of person enlisting)

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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Oscar Vinje, Chief Boatswain
(Signature and rank of enlisting officer)

8. 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.

Oscar Vinje
Chief Boatswain, U. S. C. G., *Enlisting Officer.*

GET

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

I, William Pinkham Parmenter (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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 5th day of March A. D. 1931.

E. A. Coffin, Commander, U.S.C.G.,
Commanding Section Base SEVEN,
Gloucester, Massachusetts.
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (a) or (b) in accordance with his findings, but not both)

Age 23 years 11 months. Height 5 feet 7 inches. Weight 126 pounds. Eyes blue

Hair brown Complexion light Color white Married yes Distinguishing marks none

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(a) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

(Rank of examining medical officer)

(b) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

GOVERNMENT PRINTING OFFICE 2—8476

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)

(Full name, surname to the left)

1. WAIVERS

(To permit enlistment)

Date 5 March, 1931 Nature of waiver Physical

Authority HL 26 February, 1931 (73-701).

2. VACCINATION AND INOCULATION

(To be filled out upon enlistment, but any subsequent change shall be noted)

8/22/27 (Date last vaccinated against smallpox)

9/12/27 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
		Section Base SEVEN	3/5/31

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	~~HEALTH~~ ~~EXCEPTIONAL~~ ~~GOOD~~ good conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
March 31, 1931	3.6	4.0	4.0	3.0	~~Yes~~ 4.0	Section Base Seven	C. O. Baker
30 June, 1931	3.6	4.0	4.0	3.0	~~Yes~~ 4.0	Section Base Seven	O. M. Brown
30 Sept. 1931	3.7	4.0	4.0	3.0	~~Yes~~ 4.0	Section Base Seven	O. M. Brown
31 Dec.1931	3.7	4.0	4.0	3.0	4.0	Section Base Seven	O. M. Brown
4 March 1932	3.7	4.0	4.0	3.0	3.95	Section Base Seven	O. M. Brown
Averages	3.65	4.0	4.0	3.0	3.99	Section Base Seven	O. M. Brown

* See Circular Letter 83, August 29, 1928

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____
(Date and place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

7. 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

8. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
Section Base SEVEN	3/4/50	Issued Honorable Discharge Button.

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Section Base SEVEN	6/1/30	Use of small arms: qualified Marksman.	Oscar Foose
Section Base Seven	6/1/31	Use of small arms; qualified Marksman.	H.W. Pate

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13878

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
			10 re 30 an	Oscar Innes
Section Base SEVEN	3/5/31		30	J.W. Parker
Section Base Seven	11/6/31	10	CANCELLED	J.W. Parker
Section Base Seven	3/4/32			

2—13678

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

12. 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, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 4 March, 193 2 Place Gloucester, Mass. Serial No. A-27645

Kind of discharge Honorable Authority for Article 4272 (a), Regulations & H/L 571752 (73-701).

Discharged on account of Expiration of full term of enlistment.

Is -- recommended for reenlistment. Rating best qualified to fill Q.M.2c.
(If "not," so state)

15. ON DESERTION

, 193 (Date) (Unit) (Place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

RECORD OF PARMENTER, William Pinkham (108-157)
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

-5- -0- -1-
(Yrs.) (Mos.) (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 4 March, 1932.

F. W. Brown, Lieut.Comdr., U.S.C.G.
Commanding Officer—District Commander

2—13678

CERTIFICATE OF MEDICAL EXAMINER

U. S. P. H. S. Relief Station

_____

_____, 19____

I certify that on this _____ day of _____, 19____, I have examined _____

_____, _____, U. S. Coast Guard, and find:

(*a*) That he is physically sound for discharge.

(*b*) That he is not physically sound for discharge by reason of the following defects:

(1) _____

(2) _____

(3) _____

(4) _____

In my opinion, defects numbered _____ were incurred as incident to service.

In my opinion, defects numbered _____ were incurred as not incident to service.

_____

Medical Officer in Charge.

RECOMMENDATION OF MEDICAL EXAMINER

(If any)

I recommend as follows:

_____

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

Medical Officer in Charge.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

_____

_____

_____, 19____

Upon discharge, this date, I certify that I am suffering from the following defect(s):

(The word "none" to be used, if no defects stated)

_____

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

(Signature)

_____, *U. S. Coast Guard.*

(Rate)

2—13678

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500-C
25,000—Ed. August 1925

U. S. COAST GUARD
REC'D MAR 7 1931 B
ANS.

Service Record

MAR 6 1931

PARMENTER (108-157)
(Surname)

William Pinkham
(Christian names)

NB
(Citizenship)

Q.M.3c.
(Enlisted as)

March 5, 1930
(Date)

ONE
(Term of years)

Section Base SEVEN
(Ship or station)

Gloucester, Massachusetts
(Place)

2—13678

Boston, Mass, MAR 6 1931

Forwarded.

Acting
Commander Eastern Division

MAR 16 1931

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

SPECIAL TEMPORARY ENLISTMENT CONTRACT

U. S. COAST GUARD REC'D MAR 7 1931 ANS.

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."

[1] RE- **ENLISTMENT** of PARMENTER, William Pinkham (108-157) as Q.M.3c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter Station~~ Section Base SEVEN, ~~ ~~ District, Gloucester, Mass. (PAFE).
(Draw line through designation not applying) (Place where enlistment is made)

1. I, William Pinkham Parmenter, this 5th day of March, 1931, 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 Boothbay Harbor, Me., on 25 March, 1907 Citizenship [2] NB
If naturalized, place and date of naturalization - - -

9. OATH OF ALLEGIANCE

I, William Pinkham Parmenter (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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 5th day of March A. D. 1931.

E. A. Coffin
E. A. Coffin, Commander, U.S.C.G.,
Commanding Section Base SEVEN,
Gloucester, Massachusetts.
(Comdg. officer, officer in charge of a unit, or notary public)

3/14/31

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 23 years 11 months. Height 5 feet 7 inches. Weight 126 pounds. Eyes blue
Hair brown Complexion light Color white Married no Distinguishing marks none

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard +

Boston, Mass, MAR 6 1931
Forwarded.
Acting
Commander Eastern Division

(Rank of examining medical officer)

GOVERNMENT PRINTING OFFICE 2—3476

9. OATH OF ALLEGIANCE

I, William Pinkham Parmenter (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.

William Pinkham Parmenter

William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 5th day of March, A. D. 1930.

E. A. Coffin, Commander, U.S.C.G.
Commanding Section Base Seven,
Gloucester, Massachusetts
(Comdg. officer, officer in charge of a unit, or notary public)

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10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (a) or (b) in accordance with his findings, but not both)

Age 22 years 11 months. Height 5 feet 7 inches. Weight 126 pounds. Eyes blue

Hair brown Complexion light Color white Married no Distinguishing marks none

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(a) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

Asst Surgeon

P. M. S. & T. M.S.
(Rank of examining medical officer)

(b) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

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."

[1]Re **ENLISTMENT** of PARMENTER, William Pinkham (Full name, surname to left) as Q.M.3c (Rating)

U. S. Coast Guard Cutter Station Section Base SEVEN, District Gloucester, Mass. (PAFE) (Place where enlistment is made)

(Draw line through designation not applying)

1. I, William Pinkham Parmenter (Full name), this 5th day of March, 1930 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 Boothbay Harbor, Me., on March 25th, 1907 Citizenship [2] NB

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation or trade Q.M.3c - U.S.C.G. Home address 19 Calder St., Gloucester, Mass.

Full name and address of the following: Frances E. Parmenter, 19 Calder St., Gloucester, Mass. (Wife, if any)

Frederick L. Parmenter, (3 yrs.), 19 Calder St., Gloucester, Mass. (Children under 18 years of age)

William P. Parmenter, Jr. (1 yrs.), 19 Calder St., Gloucester, Mass.

Theresa Parmenter, Boothbay Harbor, Maine Widowed? No (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 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)

5. I do not 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.

6. I was last discharged from the U. S. Coast Guard on March 4th, 1930, from ~~Cutter~~ Station Section Base 7, with HONORABLE discharge, herewith submitted, serial No. A-14436 (Kind of discharge) (Strike out one)

7. I agree to and with the United States of America, represented by Oscar Vinje (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 ONE 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 unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE 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 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 Oscar Vinje (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the William Pinkham Parmenter (Name of person enlisting), who has hereunto signed his 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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Oscar Vinje, Chief Boatswain
(Signature and rank of enlisting officer)

8. 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.

GET/

Oscar Vinje
Chief Boatswain, U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—8478

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date March 5th, 1930 Nature of waiver Physical

Authority HL 28 February, 1930 (73-701).

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

8/22/27 (Date last vaccinated against smallpox)

9/12/27 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
		Section Base Seven	3/5/30

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date March 5th, 1930 Nature of waiver Physical

Authority HL 28 February, 1930 (73-701).

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

8/22/27 (Date last vaccinated against smallpox)

9/12/27 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
		Section Base Seven	3/5/30

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
Section Base Seven	3/4/30	Issued Honorable Discharge Button

2—13578

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Superintendent
Section Base Seven	6/15/29	Use of small arms; qualified Marksman.	Oscar Sinye
Section Base Seven	6/1/30	Use of small arms; qualified Marksman.	Oscar Sinye

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Superintendent
	From—	To—		

2—13678

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Section Base Seven	3/5/30		10 re 30 an	Oscar Hinje
Section Base Seven	8/14/30	10	30	Oscar Hinje
Section Base SEVEN	3/4/31		(CANCELLED)	Oscar Hinje

WITHOUT PAY

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 4 March, 1931, 192 Place Base SEVEN, Gloucester, Mass. Serial No. A-21883

Kind of discharge HONORABLE Authority for Article 428 (a), Regulations.

Discharged on account of Expiration of full term of enlistment.

Is ---
(If "not," so state.) recommended for reenlistment. Rating best qualified to fill Q.M.3c.

15. ON DESERTION

, 192
(Date) (Unit) (Place)

2—13678

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

16. ON RETIREMENT

(Date), 192 (Cause) (Authority)

17. ON DEATH

(Date), 192 (Place) (Cause) (Place of burial)

or disposition of remains) (Disposition of effects)

Was death incident to service?

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs. Mos. Days.
Headquarters letter Discharge	3/4/30 (Date)	3 0 1
Discharged Section Base SEVEN	3/4/31 (Date)	
Re Enlisted Section Base SEVEN	3/5/30 (Date)	
(2) Total service, current enlistment	Yrs. Mos. Days 1 - 0 - 0	
	Yrs. Mos. days.	
A. W. O. L.		
Sick misconduct		
N. P. D. I.		
A. L. W. P.		
Other absence for which no pay accrued		
(3) Total deductions		
(4) Net service, current enlistment (basis for enlistment allowance)	1 - 0 - 0 (2–3)	1 - 0 - 0
Total service to date of discharge (basis for longevity)		4 - 0 - 1 (1+4)

RECORD OF PARMENTER, William Pinkham
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Superintendent.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 4 March, 1931, 192

E. A. Coffin

Commanding Officer—District Superintendent.

GOVERNMENT PRINTING OFFICE 2—13678

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

SPECIAL TEMPORARY ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D MAR 8 1930 By
ANS.

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."

[1]Re- **ENLISTMENT** of PARMENTER, William Pinkham (Full name, surname to left) as Q.M.3c (Rating)

U. S. Coast Guard Cutter Station Section Base SEVEN, ——— District, Gloucester, Mass. (PAFE)
(Draw line through designation not applying) (Place where enlistment is made)

1. I, William Pinkham Parmenter (Full name), this 5th day of March, 1930 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 Boothbay Harbor, Me., on March 25th, 1907 Citizenship [2] NB
If naturalized, place and date of naturalization ——— Certificate number ———
If intentions declared, place and date of declaration ———
Occupation or trade Q.M.3c - U.S.C.G. Home address 19 Calder St., Gloucester, Mass.
Full name and address of the following: Frances E. Parmenter, 19 Calder St., Gloucester, Mass. (Wife, if any)
Frederick L. Parmenter, (3 yrs.), 19 Calder St., Gloucester, Mass. (Children under 18 years of age)
William P. Parmenter, Jr. (1 yrs.), 19 Calder St., Gloucester, Mass.
Theresa Parmenter, Boothbay Harbor, Maine (Mother, if living) Widowed? No
——— (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 have —— (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.

5. I do not 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.

6. I was last discharged from the U. S. Coast Guard on March 4th, 1930, from ~~Cutter~~ Station Section Base 7. (Strike out one)
with HONORABLE (Kind of discharge) discharge, herewith submitted, serial No. A-14436.

7. I agree to and with the United States of America, represented by Oscar Vinje (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 ONE 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 unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE 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 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 Oscar Vinje (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the William Pinkham Parmenter (Name of person enlisting), who has hereunto signed his 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.

William Pinkham Parmenter
William Pinkham Parmenter (Signature of enlisted person)

UNITED STATES OF AMERICA,

By Oscar Vinje, Chief Boatswain (Signature and rank of enlisting officer)

8. 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.

Oscar Vinje
Chief Boatswain, U. S. C. G., Enlisting Officer.

POSTED
MAR 11 1930

GET/

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

I, William Pinkham Parmenter, 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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 5th day of March, A. D. 1930.

E. A. Coffin, Commander, U.S.C.G.
Commanding Section Base Seven,
Gloucester, Massachusetts
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

X

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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (a) or (b) in accordance with his findings, but not both)

/

Age 22 years 11 months. Height 5 feet 7 inches. Weight 126 pounds. Eyes blue

Hair brown Complexion light Color white Married S Distinguishing marks none

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(a) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

T. W. Mallett
A. Asst. Surg. U.S.
(Rank of examining medical officer)

(b) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

Boston, Mass. MAR 7 - 1930

Forwarded.

W. J. Chantler
Commander Eastern Division
By direction

COAST GUARD RECEIVED MAR - 8 1930 PAY ALLOTMENT

GOVERNMENT PRINTING OFFICE 2—3476

WPM

73-701

Parmenter

28 February, 1930

From: Commandant.
To : Commander, Section Base Seven, Gloucester, Mass., (Via Commander, Eastern Division).

Subject: PARMENTER, William P., QMSc - discharge; reenlistment.

References: (a) Your letter 24 February, 1930 (73).

1. Replying to reference (a), you are authorized to discharge subject named man and reenlist him the day following in a special temporary enlistment. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

GEO. E. WILCOX
Chief, Personnel Section.

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500-C
25,000—Ed. August 1925

U. S. COAST GUARD
REC'D MAR 8 1930 By
ANS.

Service Record



PARMENTER
(Surname)

WILLIAM PINKHAM
(Christian names)

NATIVE BORN
(Citizenship)

Seaman, first class
(Enlisted as)

March 4th, 1927
(Date)

THREE YEARS
(Term of years)

SECTION BASE SIXTEEN
(Ship or station)

ROCKLAND, MAINE
(Place)

2—13678

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

SPECIAL TEMPORARY ENLISTMENT CONTRACT

U. S. COAST GUARD
RECD MAR 8 1927
AR'S'D

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."

[1] 1st ENLISTMENT of PARMENTER, William Pinkham as Sea.lc.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Section Base SIXTEEN, District, Rockland, Maine
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Rockland, Maine
(Place)

1. I, William Pinkham Parmenter, this 4th day of March, 1927, 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 Boothbay Harbor, Maine, on March 25th, 1907 Citizenship [2] NB

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation or trade Painter Home address Boothbay, Harbor, Maine

Full name and address of the following: Frances E. Parmenter, Boothbay Harbor, Maine
(Wife, if any)
Frederick L. Parmenter, age 3 mo., Boothbay Harbor, Maine
(Children under 18 years of age)

Theresa Parmenter, Boothbay Harbor, Maine Widowed? No
(Mother, if living)
Claude Parmenter, (father) Boothbay Harbor, Maine
(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 have Not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not" so state)
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.

5. I do not 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.

6. 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)

7. I agree to and with the United States of America, represented by John De Costa, Ch.Gun., United States
(Name of enlisting officer)
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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, 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 if discharged by sentence of a Coast Guard court, or for undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by John De Costa, Ch.Gun., United States Coast Guard,
(Name of enlisting officer)
does hereby covenant and agree to and with the William Pinkham Parmenter, who has hereunto signed his name, that
(Name of person enlisting)
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.

PAY AND ALLOTMENT OFFICE U.S. COAST GUARD RECEIVED TO PAY CARD BY BES DATE 3/9/27

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By John De Costa
John De Costa, Chief Gunner
(Signature and rank of enlisting officer)

8. 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.

John De Costa
John De Costa, Chief Gunner
____, U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

9. OATH OF ALLEGIANCE

I, William Pinkham Parmenter (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.

William Pinkham Parmenter
William Pinkham Parmenter (Signature of enlisted person)

Subscribed and sworn to before me this 4th day of March, A. D. 1927

John De Costa
John De Costa, Chief Gunner, U.S.C.G.
Commanding Section Base 16, U.S.C.G.
Rockland, Maine (Commanding officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

See form 95-1

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 19 years 11 months. Height 5 feet 6½ inches. Weight 127 pounds. Eyes brown

Hair brown Complexion dark Color white Married yes Distinguishing marks nnnne

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

Geo Gregory
Acting Assistant Surgeon (Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

Boston, Mass. MAR 7 1927
Forwarded.
W H Connor
Commander Eastern Division
By direction

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2551—Ed. 3,000—January, 1925

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in duplicate in the enlistment of a minor under twenty-one years of age. The original to be attached to the enlistment contract and forwarded to Headquarters. The duplicate to be filed in the service record.)

ENLISTMENT OF William P. Parmenter

Rockland, Maine (Ship or Station) March 3, 1927. (Date)

I,[1] Theresa Parmenter, residing in the town

of Boothbay Harbor, County of Lincoln

and State of Maine, do hereby consent to the enlistment

of[2] William Parmenter to serve for a period of three years from date of enlistment, unless sooner discharged, subject to all requirements and lawful commands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same, and I certify that there are no circumstances now existing or that can be foreseen which will cause me to request his discharge at any time during this enlistment, and I do further certify that he was born in Boothbay Harbor

, on the 25th day of March, 1907, ~~1902~~

And I, the said[1] Theresa Parmenter do solemnly swear (or affirm) that I am the[4] mother of the said[2] William P. Parmenter,

to be enlisted by my consent as[3] seaman, and that he has no other legal guardian but myself. So help me God.

Theresa Parmenter.
(Signature of Parent or Guardian)

Address: Boothbay Harbor (Street and Number) (City or Town) Maine (State)

Personally appeared before me[1] Theresa Parmenter,

a resident of Boothbay Harbor, in the County of Lincoln,

and State of Maine, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this

third day of March, 1927.

A. D. Supples
(Signature of Officer administering oath)
Notary Public.

Notes to which the small figures refer in the oath of the parent or guardian:

(1) Fill with the NAME of the parent or guardian.
(2) Fill with the NAME of the applicant.
(3) Fill with rating for which enlisted.
(4) Fill with the words, "FATHER," "MOTHER," or "GUARDIAN," as the case may be.

GOVERNMENT PRINTING OFFICE
2—13410

U. S. COAST GUARD
REC'D MAR 7 1927
ANS'D

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Section Base 16 Place Rockland, Maine Date March 4th, 1927

PARMENTER, William Pinkham — Sea.1c.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Originally enlisted as Sea.1c. for period of three years this day.
Special Temporary Enlistment.

Disciplinary action:

Authority: Circular Letter #28, Regulations

John De Costa
(Signature)
John De Costa, Chief Gunner
Commanding Section Base 16
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base SIXTEEN (Unit.) FILE B18 Rockland, Maine (Place.)

March 4, 1927 (Date.)

FROM: William Pinkham Parmenter, Sea.1c.

TO: COMMANDANT (via Base 16 and Eastern Division)

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 follows:

Frances E. Parmenter (Full name of wife; if not married, so state.)	Boothbay Harbor, Maine (Address of wife.)
Frederick L. Parmenter, Age 3 mo. (Full name of child; if none, so state.)	Boothbay Harbor, Maine (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.)

ORIGINAL

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:

Theresa Parmenter (Full name of relative.)	(mother) (Relationship.)	Boothbay Harbor, Maine (Address of relative.)

Contributions
(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:

Claude Parmenter (Full name of relative.)	(Father) (Relationship.)	Boothbay Harbor, Maine (Address of relative.)

Contributions
(State briefly wherein dependency exists.)

WITNESSED BY: John De Costa
John De Costa

Rank, Chief Gunner

SIGNED: William Pinkham Parmenter
William Pinkham Parmenter

Rank or rating, Seaman, first class

U.S. Coast Guard - G 30136

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2502-B—Revised March, 1925

RECORD OF PHYSICAL EXAMINATION, U. S. COAST GUARD

FOR SPECIAL TEMPORARY ENLISTMENT

No. 213 Boothbay Harbor, Maine (Place) February 3 1927 (Date)

Name William P. Parmenter Age, 19 years, 11 months.

Examined for Seaman (Rating)

Citizenship American Married or single Married

Have you ever had any of the following: Unconsciousness, convulsions, gonorrhea, syphilis, sore on penis, blood spitting, rheumatism? State which no

Have any of your family been insane or suffered from any nervous ailment? no

Have you ever had any disease, acquired or inherited, which you have not mentioned to the examining physician? no

Have you served a previous enlistment in the Coast Guard or Navy? no

If so, for what were you discharged?

Do you have headaches? no. Have you been rejected by any service for physical reason? no

Have you been discharged from any service for physical reason? no. Are you willing to be vaccinated against smallpox and typhoid and have your dental work done at your own expense? no

William P. Parmenter
(Signature of applicant)

EXAMINATION

Height, 66½ inches; weight, stripped, 127 pounds. General appearance healthy

Adenitis no

Complexion dark Hair brown Skin disease no Scars no

Glands normal Eyelids normal

Eyes, acuity normal Color vision normal

Ears normal Hearing normal Nose normal

Teeth upper plate except teeth Gums normal

lower good Tonsils no defect Goiter ~~normal~~ no

Chest no defect

Lungs no defect

Heart no defect

Pulse rate 74 Temperature 98.6 Abdomen no defect

Liver normal Spleen normal

Hernia no Varicocele no Genitalia normal

Hemorrhoids no Fistula no Spine normal

Patellar reflexes, equal, exaggerated, diminished normal

Rhombergs sign no Light reaction on pupil normal

Extremities normal

Muscular development Gait

Urine: Albumen , sugar , Sp. gr. , reaction

Has he been vaccinated against smallpox in four years?

Has he been vaccinated against typhoid in four years?

Do you consider him mentally sound?

REMARKS:

I CERTIFY that I have carefully examined the above applicant and believe that he is *{fit / not fit} for duty in the Coast Guard for one year.

* Strike out one.

Surgeon, U. S. Public Health Service.

GOVERNMENT PRINTING OFFICE (OVER) 2—5441

It *{is / is not} recommended that Coast Guard Headquarters waive the above defects as it is believed they *{will / will not} interfere with the proper performance of duty in the Coast Guard or cause him to seek medical relief during the period of his enlistment.

*Strike out one.

(Date) 2—5441 *Surgeon, U. S. Public Health Service.*

COAST GUARD SECTION BASE
SEVEN

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Gloucester, Mass.

MAR - 8 30
COAST GUARD PAY ALLOTMENT
RECD

I certify that on this 4th day of March, 1930
that I am not suffering from any injury or disease
of which I am aware:

Signed William P. Parmenter
William P. Parmenter, QM3c.

USPHS, Relief Station,
Gloucester, Massachusetts.

I certify that on this 4th day of March, 1930
that I have examined William P. Parmenter, Q.M.3c.,
U.S. Coast Guard, and find:

(a) That he is physically sound, except for defective vision and defective hearing.

(b) ~~That he is not physically sound because of~~
the following reasons:

Signed C. M. Cleary
A.A. Surgeon, USPHS.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500 B
Ed. 40,000—Revised Aug., 1925

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."

1st ENLISTMENT of PARMENTER, William Pinkham as Sea.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Section Base SIXTEEN, ~~Station~~, ~~District~~, Rockland, Maine
(Draw line through designation not applying) (Place where enlistment is made)

Accepted for enlistment at Rockland, Maine
(Place)

1. I, William Pinkham Parmenter, this 4th day of March, 191 7, 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 Boothbay Harbor, Maine, on March 25th, 1907, Citizenship[2] ME

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation or trade Painter Home address Boothbay, Harbor, Maine

Full name and address of the following: Frances E. Parmenter, Boothbay Harbor, Maine
(Wife if any)

Frederick L. Parmenter, age 3 mo., Boothbay Harbor, Maine
(Children under 18 years of age)

Theresa Parmenter, Boothbay Harbor, Maine Widowed? No
(Mother, if living)

Claude Parmenter, (father) Boothbay Harbor, Maine
(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 have Not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not" so state)

5. I do not 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.

6. I was last discharged from the U. S. Coast Guard on ____, 19____, from Cutter Station ____ with ____ discharge, herewith submitted, serial No. ____
(Strike out one) (Kind of discharge)

7. I agree to and with the United States of America, represented by John De Costa, Ch.Gun., United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, 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 if discharged by sentence of a Coast Guard court, or for undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by John De Costa, Ch.G.n., United States Coast Guard,
(Name of enlisting officer)

does hereby covenant and agree to and with the William Pinkham Parmenter, who has hereunto signed his name, that
(Name of person enlisting)

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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By John De Costa
John De Costa, Chief Gunner
(Signature and rank of enlisting officer)

8. 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.

John De Costa, Chief Gunner
____, *U. S. C. G., Enlisting Officer.*

2—3476

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

9. OATH OF ALLEGIANCE

I, William Pinkham Parmenter, 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.

William Pinkham Parmenter
William Pinkham Parmenter
(Signature of enlisted person)

Subscribed and sworn to before me this 4th day of March, A. D. 1927

John De Costa
John De Costa, Chief Gunner, U.S.C.G.
Commanding Section Base 16, U.S.C.G.
Rockland, Me.
(Commanding officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both)

Age 19 years 11 months. Height 5 feet 6½ inches. Weight 127 pounds. Eyes brown

Hair brown Complexion dark Color white Married Yes Distinguishing marks none

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard A physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

Acting Assistant Surgeon
(Rank of examining medical officer)

(*b*) He has the following minor physical disqualifications under standard A examination which do not render him incapable of performing duty in the Coast Guard

(Rank of examining medical officer)

RECORD OF William Pinkham Parmenter
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ---- Nature of waiver ----

Authority ----

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

Never 8-22-27 (Date last vaccinated against smallpox)

Never 9-12-27 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Base 16	11-4-27	Base 7	11-6-27
SECTION BASE SEVEN, CG-191	1/23/28	SECTION BASE SEVEN, CG-2200	1/23/28
CG-2200 - Section Base 7	7/11/29	Section Base Seven	7/11/29

4. CHANGES IN RATING

Vessel or station	Rated to—	Date
Section Base SEVEN	Quartermaster, third class	7/11/29

2—13678

RECORD OF William Pinkham Parmenter

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	~~Obedience~~	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
12/31/27	3.5	4.0	4.0	3.0			
1/31/27 Less	than	one	month	Base 16			
6/30/27	4.0	4.0	4.0	3.5	yes.	CG191 Section Base 16.	AC Harper Boat (T)
	3.0						
12-31-27	3.5	4.0	4.0	3.0	Yes	CG-191, Base #7	
Mar 31, 1928	3.3	4.0	4.0	3.0	NO	CG-2201, Base 7	
June 30, 1928	3.5	4.0	4.0	3.0	Yes	Section Base 7, CG2201.	
- - - - - - - -	- - -	Conduct	- - - - - - - -	- - - - - - - -	- - - - - - - -	- - - - - - - - - - - - - - -	
Sept. 30, 1928	3.5	4.0	4.0	3.0	Yes	CG-2201, Base 7	
12-31-28	3.5	4.0	4.0	3.0	Yes	CG-2201, Base 7	
Mar 31, 1929	3.5	4.0	3.7	3.0	No	CG-2201, Base 7	
June 30, 1929	3.3	4.0	4.0	3.0	Yes	Section Base 7	
Sept. 30, 1929	3.3	4.0	4.0	3.0	Yes	Section Base 7	
Dec. 31, 1929	3.3	4.0	4.0	3.0	Yes	Section Base 7	
March 4, 1930	3.3	4.0	4.0	3.0	Yes	Section Base 7	
Averages	3.38	4.0	3.97	3.03	No	Section Base 7	

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____

(Date and place)

2—13678

(4)

RECORD OF William Pinkham Parmenter
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	Remarks
Section Base 7	3/4/30	Issued Honorable Discharge Button

2—13678

RECORD OF William Pinkham Parmenter
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Superintendent
Section Base 7	6/15/29	Use of small arms: qualified Marksman	Oscar Tinje

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Superintendent
	From—	To—		

2—13678

RECORD OF William Pinkham Parmenter
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Base #6	3/4/27		25	Upon enlistment
Section Base #7	12/22/27	10	5	John DeCosta
CG-2200, Base #7	(CANCELLED)			Oscar Tinkle
CG-2200, Base #7	3/4/28		30	Oscar Tinkle
CG-2200, Base #7	7/4/28	7	23	Oscar Tinkle
Section Base 7	3/4/29	(CANCELLED)		Oscar Tinkle
Section Base 7	3/4/29		30	Oscar Tinkle
Section Base 7	8/3/29	10	20	Oscar Tinkle
Section Base 7	3/3/30	(CANCELLED)		Oscar Tinkle ✓

WITHOUT PAY

RECORD OF William Pinkham Parmenter
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Enlistment extended one (1) day pending Headquarters' action on physical waiver for discharge and reenlistment. - Authority Article 434, Regulations.

14. ON DISCHARGE

Date March 4, 1930 Place Base 7, Gloucester, Mass. Serial No. A-14436

Kind of discharge HONORABLE Authority for Art. 428(e), Regs. HL 2/28/30 (73-701)

Discharged on account of Expiration of full term of enlistment as extended above.

Is -- recommended for reenlistment. Rating best qualified to fill Q.M.3c
(If "not," so state.)

15. ON DESERTION

, 192
(Date) (Unit) (Place)

2—13678

RECORD OF William Pinkham Parmenter
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

		Yrs. Mos. Days.
(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by		
Headquarters letter	(Date)	NONE
Discharged Section Base Seven	3/4/30 ✓ (Date)	
Enlisted Section Base Sixteen	3/4/27 ✓ (Date)	
(2) Total service, current enlistment	Yrs. Mos. Days 3 0 1 ✓	
	Yrs. Mos. days.	
A. W. O. L.		
Sick misconduct		
N. P. D. I.		
A. L. W. P.		
Other absence for which no pay accrued		
(3) Total deductions		
(4) Net service, current enlistment (basis for enlistment allowance)	3 0 1 (2–3)	3 0 1 ✓
Total service to date of discharge (basis for longevity)		3 0 1 ✓ (1+4)

2—13678

RECORD OF William Pinkham Parmenter
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Superintendent.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service March 4, 1930.

E. A. Coffin
Commanding Officer—District Superintendent.

GOVERNMENT PRINTING OFFICE 2—13678

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐ NO. 844958

F.C.C. NEW / F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
				1,537,052	

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
108-157	PARMENTER, William P.	BM1	

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	12-46	Frances E. Parmenter,	Wife			A					
X X X				12-49	12 Giles Place, Boothbay Harbor, Maine									X X X
	X X X				Perry Parmenter,	Son	1-42		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

DISCONTINUANCE

TOTALS ←	DATE OF APPLICATION	DATE REPORTING FOR ACTIVE DUTY	DATE INITIAL PAYMENT AUTHORIZED	TOTAL RETROACTIVE AMOUNT

REMARKS

FA Amount $80.00 Lump sum checkage FA 10-49 thru 12-49 $240.00

Entitlement ceased 9-49

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE mlh 9 January 1950

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☐ STOP ☒ SUPERSEDING ☐ NO. 1,537,052

F.C.C. NEW / F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
			1,536,028		

SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
(108-157)	PARMENTER, William P.	B.M.1c.	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	Age 18	P	11-43	Frances E. Parmenter, 12 Giles Place, Boothbay Harbor, Maine.	Wife			A					
X X X														X X X
	X X X			11-43	William P. Parmenter, Jr.,		11-28							
X X X				11-46		Son			A					X X X
	X X X			11-43	Perry Parmenter,	Son	1-42		A					
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
		TOTALS ←		DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED					TOTAL RETROACTIVE AMOUNT	

REMARKS

This supersedes Hold Order 20 March, 1947; Hold checks to AP1, child attained 18 years of age.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE 28 March, 1947

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,536,028

SUPERSEDES AUTH. NO. 1,516,236

SERVICE NO. ON PREVIOUS AUTH. (553-607)

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

PARMENTER, William P. (108-157) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE — SERVICE NUMBER — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Frances E. Parmenter, 12 Giles Place, Boothbay Harbor, Maine.	Wife		
A		1	William P. Parmenter, Jr.	Son	11	28
A		1	Perry Parmenter,	Son	1	42

BUREAU OF PERSONNEL COPY

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Change in service number.

Effective month: November, 1943

(See Liaison Card attached.)

DATE 10 October, 1946.

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

jmd

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, FA Section.

RECEIVED

S & A FORM 66
(REVISED 5-1-43)

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,516,236

SUPERSEDES AUTH. NO. 972,588

SERVICE NO. ON PREVIOUS AUTH. Same

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

PARMENTER, William P. (553-607) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE — SERVICE NUMBER — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Frances E. Parmenter, 12 Giles Place, Boothbay Harbor, Maine.	Wife		
A		1	William P. Parmenter, Jr., Same.	Son	11	28
A		1	Perry Parmenter, Same.	Son	1	42

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: December, 1944

Delete son, Frederick L. Parmenter, attained 18 years of age, November, 1944.

DATE 1 December, 1944

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, FA Section

BUREAU OF PERSONNEL COPY

10X-157

RECEIVED

S & A FORM 66 (REVISED SEP. 1943)

X

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 972,588

SUPERSEDES AUTH. NO. _____

SERVICE NO. ON PREVIOUS AUTH. _____

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

PARMENTER William P. (553-607) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE | SERVICE NUMBER | RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Frances E. Parmenter, 12 Giles Place, Boothbay Harbor, Maine.	Wife		
A		1	Frederick L. Parmenter, Same.	Son	11	26
A		1	William P. Parmenter, Jr., Same.	Son	11	28
A		1	Perry Parmenter, Same.	Son	1	42

BUREAU OF PERSONNEL COPY

COMPUTED BY _____ REVIEWED BY _____

CHECKAGE (LEGAL LIMITATION) _____ TOTAL AMOUNTS OF CHECKS _____

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	Nov., 1943
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	None
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE 15 December, 1943

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

BNP 668
(Revised September 1942)

NAVY DEPARTMENT
APPLICATION FOR FAMILY ALLOWANCES

PART 1

Mail to:

- ☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)
- ☒ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
- ☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 10 November, 19 43

I. I, PARMENTER (Last name) William (First name) Pinkham (Middle name) B.M.1c (Rating) USCGR (Organization)

ACOTP Boothbay Hbr. Me. (Ship or station) (553-607) (Service or serial number) 2 September, 1942 (Date of enlistment) 2 September, 1942 (Date of reporting for active duty)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. PARMENTER (Last name) Frances (First name) Edwina (Middle name) Wife (Relationship) (Month, day, year of birth if minor)
   12 Giles Place (Number and street or R. F. D.) Boothbay Harbor (City or post office) Maine (State)
2. PARMENTER (Last name) Frederick (First name) Louis (Middle name) Son (Relationship) 29 November, 1926 (Month, day, year of birth if minor)
   SAME AS ABOVE (Number and street or R. F. D.) (City or post office) (State)
3. PARMENTER (Last name) William (First name) Pinkham Jr. (Middle name) Son (Relationship) 29 November, 1928 (Month, day, year of birth if minor)
   SAME AS ABOVE (Number and street or R. F. D.) (City or post office) (State)
4. PARMENTER (Last name) Perry (First name) (Middle name) Son (Relationship) 19 January, 1942 (Month, day, year of birth if minor)
   SAME AS ABOVE (Number and street or R. F. D.) (City or post office) (State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

Frances E. Parmenter (Name) 12 Giles Place (Number and street or R. F. D.) Boothbay Harbor, Maine (City or post office) (State)

MC & BCs returned 13 Dec (Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

DATE and place of marriage to present wife 6 July, 1926

DATE and place of marriage to divorced wife

Amount of monthly alimony or support payment decreed by court order or provided under written agreement for former wife divorced, or for wife and/or child living separate and apart, $
(Court order *must* be provided by applicant or payee before application can be adjudicated)

DATE when alimony or support payment ceases

DATE and place of divorce

Name and designate any child included above who is legally adopted or acknowledged as illegitimate

16—29368-2

III. CLASS B PART 1

Consists of only the following relatives to whom you contribute a SUBSTANTIAL portion of their support (father, mother, natural or adoptive; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person standing in loco parentis to you; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren—dependents in last group over 18 years of age must be incapable of self-support by reason of mental or physical defect as shown by a *doctor's certificate*).

Give following information as to each Class B dependent claimed:

1. _____ (Full name) _____ (Relationship) _____ (Month, day, year of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

2. _____ (Full name) _____ (Relationship) _____ (Month, day, year of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

3. _____ (Full name) _____ (Relationship) _____ (Month, day, year of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

4. _____ (Full name) _____ (Relationship) _____ (Month, day, year of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

5. _____ (Full name) _____ (Relationship) _____ (Month, day, year of birth if minor)

_____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____ (Full name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

_____ (Full name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

_____ (Full name) _____ (Number and street or R. F. D.) _____ (City or post office) _____ (State)

First month for which payments to Class B dependents shall be made _____

State any other facts pertinent to this claim or in explanation thereof _____

Subscribed and sworn to before me, this 10th day of November, 19 43

William P. Parmenter
(Signature)

F. W. MEURLING
(Signature)

Commanding Officer
(Title)

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

16—2368-2

Dec. 7, 1946.

Commandant, U. S. C. Guard,
Washington, D. C.

REC'D DEC 10 1946

Dear Sirs:

In regards to family allowance for William P. Parmenter (106-157), am pending copies of marriage certificate and records of birth as William Jr. has become 18, Nov. 29, 1946.

Would also like to have checks sent to

Mrs. Frances C. Parmenter
2 Gilles Place
Boothbay Harbor
Maine.

(over)

sed address:

Mrs. Frances C. Parmenter
Whitehead Light Station
Spruce Head
Maine.

Sincerely,
Mrs. Frances Parmenter

Ch. of address

Mar. 17, 1947.

Commandant, U.S.C.G.
Washington, 25, D.C.

REC'D MAR 18 1947

Dear Sirs:

Am writing in regards to family allowance check which I have received for full amount of one hundred dollars ($100) for January, February and March.

In this I send birth certificates and also marriage certificate as William P. Parmenter Jr. became 18 yrs. Nov. 29, 1946.

Now there are two numbers for Mr. Parmenter one during the war which was 353-607 and now he has the number which he had when in service before the war which is 108-157, and the name is:

(over)

William P. Parmenter BM 1/c
Whitehead Light Station
Spruce Head, Maine.

Would appreciate very much if I can this straightened out and would also like the birth certificates returned if possible.

very sincerely
Mrs. Frances C. Parmenter
12 Giles Place
Boothbay Harbor
Maine.

Return certificates

Reg. # 1883

SERVICE NUMBER	DATE	ENLISTED PERSON'S LAST NAME FIRST MIDDLE	ORIGIN	ITEM NUMBER
108-157	11-12-46	PARMENTER WILLIAM P.	FBMS	

A. For your information (___K

B. It is requested that the following information be furnished (____)

1. Coded request Nos. (____) (____) (____)

2. Written request:

TR $1536128 we are adding 4th month Nov 43 to agree with pres. auths

EK

Follow-up Necessary: Yes____ No____ Checks involved_____

Reply: Date_____

Approved by Bess Davis FAMILY ALLOWANCES DIVISION – LIAISON CARD – NAVSANDA FB/547 F 11-43 Approved by_____

IBM 749502

CGHQ-9731 (Rev. 12-49)

Date: 9 January 1950 MONTHLY FAMILY ALLOWANCE

To:
From: Pay Records Subsection, Station 6-6
Military Morale Division

PARMENTER, William P.	108-157 BM1	1st CGD
Name	Rating	Unit

Class A $22.00 Began: November 1943
Ter: September 1949

Disbursing Officer | Monthly Checkage | Month of First Entitlement

88 Lump sum checkage FA 10-49 thru 12-49 $240.00

S. K. FRICK
Lieutenant, USCG
Chief, PA Section

alh

AND

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

Notification of Change in Status of Enlisted Personnel for Family Allowance Purposes

PARMENTER, W. P.	108-157	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 September, 1949.

( ) *Checkage is being continued as required by regulations pending notification to stop.

1 October, 1949
DATE OF CHANGE IN STATUS

88 - Career Compensation Act, 1949
NATURE OF CHANGE IN STATUS

*Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

Government Contributions $ 58.00
FA-A and/or B A
Month of first payment November, 1943
FA amount $ 80.00
Name of payee
Frances E. Parmenter

Lump sum checkage FA$240.00 10, lland 12/49
Entitlement ceased - 30 September, 1949

W. E. SPARKS, CPCLK, USCG
Comdr. 1st CG District (fp)
Station of Auth. Cert. Officer

CG HEADQUARTERS

Washington 25, D. C.
9 January 1950
(Date)

Receipt of the above notification is hereby acknowledged. Family allowance payments will be terminated after payment for the month of DECEMBER 1949
GOVT. CONT. $58.00

Chief, Military Morale Div.

Standard Form No. 1034a—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. 3176

Bu. Vou. No. 01 1263

Sched.

PAID BY
J. F. CANNON
Chief Disbursing Officer
PAID
DEC 21 1954
1373
TREASURY DEPARTMENT

U.S. Treasury - Coast Guard
(Department, bureau, or establishment)

Voucher prepared at 1st Coast Guard District, Boston, Mass.
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. None

To PARMENTER, William P. (108-157) BM1
(Payee)

Box # A, Vinalhaven, Maine
(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Discount Terms Net				"	"
		FOR LUMP SUM MOP. SEE CERTIFICATION ATTACHED.				200	00
		Fld 3-13					
PAYMENT:							
Complete ☐							
Partial ☒							
Final ☐							
		Use continuation sheet(s) if necessary				"	"
Shipped from	to	Weight	Government B/L No.		Total	200	00

(Payee must NOT use this space)

Differences

12/20/54 SEE CERTIFICATION ATTACHED. 200 00

Amount verified; correct for

(Signature or initials)

Contract No.	Date	Req. No.	Date	Invoice Rec'd.
" "				
200.00				

L. A. SEPPALA, CHPCLK, USCG.

ACO

12/20/54

MEMORANDUM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

" "			" "
20x0201			200.00
" "	" "	"	" "
01-01.55	01-925090	1210	200.00

Paid by { Check No. ..... dated ....., 19....., for $ ..... } on Treasurer of the United States in favor of payee named above.
{ Cash, $ ....., on ....., 19..... }

METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐.
2. (a) Advertising by circular letters sent to ..... dealers.
   (b) And by notices posted in public places Yes ☐ No ☐.

(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with .....
5. Without advertising, it being impracticable to secure competition because of .....

.....

.....

.....

.....

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

INTERIOR DEPARTMENT
1333
DEC 31 1924
Chief Disbursing Officer
BEAVER CANYON

3-73

RECEIVED
UNITED STATES COAST GUARD

Address reply to:
Comdr., 1st CG Dist.
1400 Custom House
Boston 9, Mass.

FEB 9 1 55 PM 1953

P
27 January 1953
P15

CCGD
BOSTON 9, MASS.

From: Commander, 1st CG District
To: PARMENTER, William P.
Via: Commander, Rockland Group

Subj: Good Conduct Award

1. It is a pleasure to award you the inclosed Good Conduct Bar for your three year period of meritorious enlisted service in the United States Coast Guard ending 9-1-48 while attached to the Group Whitehead.

2. You are congratulated on this well deserved recognition of your exemplary conduct and efficient service during the three year period.

3. It is requested that receipt for the subject Good Conduct Award be acknowledged by indorsement hereon.

E. H. LEAVITT
By direction

CC: Service Record
File Jacket
HQ's

Incl: (1) Good Conduct Bar

FIRST ENDORSEMENT to COMONECGD/L dtd 27 January 1953, file P15

From: PARMENTER, William P.
To: Commander, FIRST Coast Guard District (p)

29 January 1953

Receipt of the above award is hereby acknowledged.

William P. Parmenter

William P. Parmenter, BM1, USCG

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3
5 December 1952
MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.

To: Commander, CG Group, Rockland, Maine
Via: Commander, 1st CG District (p)
SUBJECT: PARMENTER, William Pinkham (108-157) BM1; USCG

Statement of service of.

Ref: Your letter dated 26 November 1952

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

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
U.S.C.G. 3-4-27	3-4-30 HD	None		None		None	
3-5-30	3-4-31 HD	None		None		None	
3-5-31	3-4-32 HD	None		None		None	
3-5-32	12-20-32 SOD	None		None		None	
U.S.C.G.R. 9-2-42	12-19-45 HD	None		None		None	
U.S.C.G. 12-20-45	12-20-48 HD	None		None		None	
12-21-48							
Now serving							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Return to 3-13
L.H.

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

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3
5 December 1952
MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.

To: Commander, CG Group, Rockland, Maine
Via: Commander, 1st CG District (p)
SUBJECT: PARMENTER, William Pinkham (108-157) BM1; USCG

Statement of service of.

Ref: Your letter dated 26 November 1952

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

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
U.S.C.G.							
3-4-27	3-4-30 HD	None		None		None	
3-5-30	3-4-31 HD	None		None		None	
3-5-31	3-4-32 HD	None		None		None	
3-5-32	12-20-32 SOD	None		None		None	
U.S.C.G.R.							
9-2-42	12-19-45 HD	None		None		None	
U.S.C.G.							
12-20-45	12-20-48 HD	None		None		None	
12-21-48							
Now serving							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
CG Group
Rockland, Maine

26 November 1952
FILE: MM

From: Commander, CG Group, Rockland, Maine
To: COMMANDANT (PE)

Subj: PARMENTER, William P. (108-157)BM1; statement of creditable service, request for

It is requested that a statement of creditable service of subject named man man be forwarded this unit as soon as practicable.

M. O. Wright

M. O. WRIGHT, CHBOSN, USCG

CG Group
Rockland, Maine

26 November 1952
MM

From: Commander, CG Group, Rockland, Maine
To: COMMANDANT (PE)

Subj: PARMENTER, William P. (108-157)BM1; statement of creditable service, request for

It is requested that a statement of creditable service of subject named man man be forwarded this unit as soon as practicable.

M. O. WRIGHT, CHBOSN, USCG

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. PE-783.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 18 September, 1942.

From: Commandant.
To: District Coast Guard Officer, First Naval District.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 18 September, 1942 of PARMENTER, William Pinkham (553-607) B.M.2c., U.S.C.G.R.

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—
3-4-27	3-4-30 H D	None		None		None	
3-5-30	3-4-31 H D	None		None		None	
3-5-31	3-4-32 H D	None		None		None	
3-5-32	12-20-32 Spec.Ord. Own request	None		None		None	
9-2-42 (Reserve) Now serving		None		None		None	

Yr. Mo. Days

Coast Guard service_____
Navy service_____
_____
_____
Total_____
Completed years

SEP 29 1942

E. J. ROLAND,
By direction.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

2511 (Revised)
N. O. Comptroller General, U. S.
Form approved February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PE-783.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 18 September, 1942.

From: Commandant.
To: District Coast Guard Officer, First Naval District.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 18 September, 1942 of PARMENTER, William Pinkham (553-607) B.M.2c., U.S.C.G.R.

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—
3-4-27	3-4-30 H D	None		None		None	
3-5-30	3-4-31 H D	None		None		None	
3-5-31	3-4-32 H D	None		None		None	
3-5-32	12-20-32 Spec.Od. Own request	None		None		None	
9-2-42 (Reserve) Now serving		None		None		None	

	Yr.	Mo.	Days
Coast Guard service			
Navy service			
Total			

Completed years

E. J. ROLAND,
By direction.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

73.

TOR

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

1931 MAR - 6 - AM 8 : 55

COAST GUARD SECTION BASE

SEVEN

EASTERN DIVISION COMMUNICATIONS

Gloucester, Mass., 5 March, 1931.

U. S. COAST GUARD REC'D MAR 7 1931 ANS.

MAR 9 31

From: Commander, Section Base Seven.
To : Commandant (via Commander, Eastern Division).

Subject: William P. Parmenter (108-157) Q.M.3c; longevity pay.

1. The records of this Base indicate that the subject named man completed four years service on or about 4 March, 1931. Statement of service is requested in order that voucher for increased pay may be prepared and submitted.

E. A. Coffin.

m/b

EASTERN DIVISION-73 1st Indorsement Boston, Mass., 6 March, 1931.

From: Commander, Eastern Division.
To: Commandant.

1. Forwarded.

J. A. ALGER,
Acting.

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR– 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS WASHINGTON 24 March, 1931.

From: Commandant.
To: Commander, SECTION BASE SEVEN (via Eastern Division).

Subject: PARTENTER, William Pinkham (108-157)QM 3c 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:

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
3-4-27	3-4-30 H D	None		None		None	
3-5-30	3-4-31 H D	None		None		None	
3-5-31	Now serving 3-24-31	None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	4	0	21
Navy service			
Other service			
Total	4	0	21

Completed 4 years service on 3 March, 1931.

F. C. BILLARD

C. H. JONES
Ass't Chief, Personnel Section.

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 8, 1930

2—15507 U. S. GOVERNMENT PRINTING OFFICE: 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR— 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS WASHINGTON 24 March, 1931.

From: Commandant.
To: Commander, SECTION BASE SEVEN (via Eastern Division).

Subject: PARMENTER, William Pinkham (108-157)QM 3c 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:

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
3-4-27	3-4-30 H D	None		None		None	
3-5-30	3-4-31 H D	None		None		None	
3-5-31	Now serving 3-24-31	None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	4	0	21
Navy service			
Other service			
Total	4	0	21

Completed 4 years service on 3 March, 1931.

F. C. BILLARD

C. H. JONES
Ass't Chief, Personnel Section.

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

2—15507 U. S. GOVERNMENT PRINTING OFFICE: 1930

UNITED STATES COAST GUARD

3-13 file

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

PS
4 December, 1952
FILE: ~~PS~~ XXXX P15/MM

From: Commandant
To: Commander, Rockland Group
Via: - Commander, 1st CG District (p)

Subj: PARMENTER, William P.(108-157)BM1
good conduct awards, information relative to.

Ref: (a) Personnel Circular No. 33-49.

1. In reply to your letter of 18 November 1952, MM/P15, you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

FROM	TO	UNIT	REMARKS
3-4-27	3-31-29		(b)
4-1-29	12-20-32		(c)
12-21-32	9-1-42		(e)
9-2-42	9-1-45	Boon Island Light Station	Medal due
9-2-45	9-1-48	Whitehead Group	Bar due

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from 2 September 1948 to the end of his enlistment 20 December 1948 are:

DATE	PROFICIENCY	CONDUCT	DATE	PROFICIENCY	CONDUCT
9-30-48	3.5	4.0	12-20-48	3.5	4.0

B. V. BALL
By direction

BRH:lis rm 2002

EOH

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

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

My dear

The Commandant, United States Coast Guard, has the honor to forward herewith the awards of

made posthumously to your

In order that you may understand the significance of the above awards there are inclosed bulletins which set forth the regulations governing the issuance. Please acknowledge receipt on the inclosed form CG-2927. In the event you have previously received the awards from any other source, it is requested that you return the medals.

By direction of the Commandant.

Sincerely yours,

N. W. SPROW
Commander, U. S. Coast Guard
Assistant Chief, Military Morale Division

Incls.

A7168

Treasury Dept.
U. S. COAST GUARD
CG-2599 (Rev. 5-50C)

REPORT OF CHANGE IN PERSONNEL

No. 406-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1

REPORTING UNIT	LOCATION	DATE
Group Office	Rockland, Maine.	26 June, 1952

UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
White Head L/B Station	Spruce Head, Maine	01-200215

Time
Date — Reported from:
For

Auth:

Time
Date — Transferred to:
For

Auth:

Change in (Grade) (Rating) from_____ to_____ effective_____

Auth:

OTHER CHANGES (SPECIFY)

Rptd Whitehead L/B Station 1230-26 June, 1952
from Curtis Island Light Station, Temporary duty
Completed

Auth: VO CO CG Group, Rockland, Maine.

E. L. Libby

E. L. Libby, CBOSN, USCG
(Signature - Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FILE

NE-PR-2

232

Treasury Dept.
U. S. COAST GUARD
CG-2599 (Rev.5-50)

REPORT OF CHANGE IN PERSONNEL

No. 351-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
Group Office	Rockland, Maine	14 May, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
White Head Lifeboat Station	Spruce Head, Maine	01-200215

Time
Date
Reported from:
For

Auth:

Time
Date
Transferred to:
For

Auth:

Change in (Grade) (Rating) from_____ to_____ effective_____

Auth:

OTHER CHANGES (SPECIFY)

Tr 1200-14 May, 1952 from White Head L/B Station to Curtis Island Light Station for assignment to temporary duty as relief keeper.

Auth: VO CO CG Group, Rockland, Maine.

E. L. Libby

E. L. Libby, CBOSN, USCG
(Signature - Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FILE

Treasury Dept.
U. S. COAST GUARD
CG-2599 (Rev.5-50)

REPORT OF CHANGE IN PERSONNEL

No. 350-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT: Group Office	LOCATION: Rockland, Maine.	DATE: 13 May, 1952
UNIT TO WHICH ATTACHED: White Head Lifeboat Station	LOCATION: Spruce Head, Maine	ACCOUNTING CODE NO.: 01-200215

Time
Date — Reported from:
For

Auth:

Time
Date — Transferred to:
For

Auth:

Change in (Grade) (Rating) from_____ to_____ effective_____

Auth:

OTHER CHANGES (SPECIFY) Ret from TD Monhegan Light Station 1200-13 May, 1952 for resumption regular duty White Head LB/S

Auth: VO CO CG Group, Rockland, Maine.

E. L. Libby, CBOSN, USCG
(Signature - Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FILE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

E-PR-39

No. 339-52

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group Office	White Head L/B Station	Spruce Head, Maine

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
01-525241	01-200215	8 May, 1952

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY) Td at Monhegan Lt Station completed 1600-8 May, 1952
Tr for TD at Marshall Point Light Station 1630-8 May, 1952.

Auth: VO CO CG Group, Rockland, Maine.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

Alton F. Brown, BMC (L)
By Direction (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—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 330-52

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Group Office, Rockland, Me.	White Head L/B Station	Spruce Head, Maine.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
01-525241	01-200215	5 May, 1952

TIME — REPORTED FROM:
DATE — FOR

AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY) Tr for TD fm White Head LB/S to Monhegan Light Station 1200-5 May, 1952, as relief keeper.

Auth VO CO CG Group, Rockland, Maine.

MONTHLY COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

E. L. Libby
E. L. Libby, CBOSN, USCG
(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—40355-8 U. S. GOVERNMENT PRINTING OFFICE

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

Commanding Officer's

PAY RECORD ORDER

File D/

COAST GUARD GROUP, ROCKLAND, MAINE. C. O. Order No. 308-52
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	(YEAR) From—	(YEAR) To—
108-157	PARMENTER, William P.	TERM SUBS $ 2.25 1200-17 April 1952, Td at Monhegan Lt Sta completed, Rptd White Head L/B Station. Attached to White Head L/B Sta. Auth: VO CO Group Office, Rockland, Maine.	XXXX	4/17

(D. O. Symbol number)

E. L. Libby, CBOSN, Commanding Officer
(Name and signature)

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—40145-1

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

Commanding Officer's

PAY RECORD ORDER

COAST GUARD GROUP, ROCKLAND, MAINE. C. O. Order No. 308-52
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	(YEAR) From—	(YEAR) To—
108-157	PARMENTER, William P.	TERM SUBS $ 2.25 1200-17 April 1952, Td at Monhegan Lt Sta completed, Rptd White Head L/B Station. Attached to White Head L/B Sta. Auth: VO CO Group Office, Rockland, Maine.	XXXX	4/17

(D. O. Symbol number)

E. L. Libby
E. L. Libby, CBOSN, Commanding Officer
(Name and signature)

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—40145-1

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

Commanding Officer's

PAY RECORD ORDER

COAST GUARD GROUP, ROCKLAND, MAINE. C. O. Order No. 308-52
(Name and type and number of activity (or unit))

To DISBURSING OFFICER:

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

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	(YEAR) From—	(YEAR) To—
108-157	PARMENTER, William P.	TERM SUBS $ 2.25 1200-17 April 1952, Td at Monhegan Lt Sta completed, Rptd White Head L/B Station. Attached to White Head L/B Sta, Auth: VO CO Group Office, Rockland, Maine.	XXXX	4/17

(D. O. Symbol number)

E. L. Libby, CBOSN, Commanding Officer
(Name and signature)

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—40145-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 300-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Rockland, Maine	7 April, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Whitehead LB/S	Sprucehead, Maine	01-200215

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

TR, for TD fm Whitehead LB/S to Monhegan Island L/S at0900-4 April, 1952.

AUTH: VO CO CG Group Rockland, Maine

E.L. Libby
E.L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	4-22-20	

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. 280-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	LOCATION	DATE
CG Group Rockland	Rockland, Maine.	22 March, 1952
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
White Head L/B Station	Spruce Head, Maine.	01-200215

TIME
DATE 3-22-52 REPORTED FROM:
FOR

AUTH:

TIME
DATE TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY) Reported White Head L/B Station 1100-22 March, 1952 from CG Training Station Groton, Conn, TD Completed.

Auth: C1CGD/L 2/25/52 MM/P16-3

E. L. Libby, CBOSN
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	PE-PR-20	

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

106

No. 203

PE-PR-26

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, WilliamP.	108-157	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG TRAINING STATION	A to N (Special) School	Groton, Conn.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
71-560100		21 March, 1952

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 3-21-52

TRANSFERRED TO: CO, CG Group
FOR resumption of duties.
Auth. 0 da lv 0 da pt and 1 da tt en r.

TA: 510995
EDA: 3-22-52

AUTH: CO, CG Group, ROCKLAND, Maine/L dtd 1 March, 1952, MM/P16-3.

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

21 March, 1952: Satisfactorily completed a course of instruction in A to N (Special) School this date.

DUTY CODE NO.

AUTH:

L.L.A. KRENNING, CSCLK, USCG, PERSONNEL OFFICER
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

PE-PR-26

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV: 6-45)

Whitehead Gry

No. 794

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Training Station	Special A to N School	Groton, Ct
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
71-560100		3-4-52

TIME 1830
DATE 3-2-52

REPORTED FROM: 1st District
FOR Assignment to Specaial A to N School.
Used: 0 da lv., 0 da pt., 1 da tt enroute
TA: 510995

DUTY CODE NO.

AUTH: CGD1/L dtd 25 Feb., 1952, file: MM/P16-3

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

L.LA. KRENNING, CSCLK, USCG
Personnel Officer
(Acting)
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
PE-PR-40	

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 266-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG GRoup	Rockland, Maine	3 March, 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Whitehead Lifeboat Station	Sprucehead, Maine	01-200215

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

TR, TAD fm Whitehead LB/S to Commanding Officer A/N shhool, Groton, Conn. at 1600-1 Mar., 1952.

AUTH: CCGD1/L dtd 25 Feb., 1952, file: P16-3, Order No. 510995

E.L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 256-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Rockland, Maine	22 Feb., 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Whitehead LB/S	Sprucehead, Maine	01-200215

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

TD at Saddleback Ledge L/S completed. Returned to Whitehead LB/S as of 1400-16 Feb., 1952.

AUTH: VO CO CG Group Rockland, Maine.

E.L. Libby
E.L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 246-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P	108-157	BM1

REPORTING UNIT	LOCATION	DATE
CG Group	Rockland, Maine	12 Feb., 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Whitehead LB/S	Sprucehead, Maine	01-200215

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

TD at Whitehead L/S completed. Returned to Whitehead LB/S at 0900-11 Feb., 1952.

Auth: VO CO CG Group, Rockland, Maine.

E.L. Libby
E.L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

3-13

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

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*)
William Pinkham Parmenter

2. INSURANCE FILE NO.
FN – N 12 667 804
FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
Boothbay Harbor, Maine.

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD
x

5. SERVICE SERIAL NO.
188-157

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. 12-667-804 in the amount of $ 5,000, 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*)
$ 5,000.00

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$ ~~4.75~~
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$ ~~4.75~~

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*)

x B. *Check one*
☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: July 1951

AMOUNT OF ALLOTMENT: $ 4.25

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
~~Frances~~ Edwina Parmenter	Wife	5,000	1
Frederick Louis Parmenter	Son	5,000	1
William Pinkham Parmenter Jr.	Son	5,000	1

12. MAIL POLICY TO (*Name and address*) William P. Parmenter Boothbay Harboe, Maine.

13. WITNESSED BY (*See Instruction 7*) E. R. Lilly
E. L. Libby CROSS

14. SIGNED AT (*Address*) Rockland, Maine. 15. DATE 2/30/52

16. ADDRESS OF WITNESS 66 Warings, Rockland, Maine.

17. SIGNATURE OF APPLICANT (*Do not print*) William P. Parmenter

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.

VA FORM OCT 1948 9-1658 EXISTING STOCKS OF VA FORM 9-1659, AUG 1948, WILL BE USED. 16—56869-2

INSTRUCTIONS

1. RENEWAL

RENEWAL OF NATIONAL SERVICE LIFE INSURANCE ON THE 5-YEAR LEVEL PREMIUM TERM PLAN.—Pursuant to the provisions of an amendment approved June 29, 1948, amending subsection 602 (*f*) of the National Service Life Insurance Act of 1940, as amended (Public Law 838, 80th Congress, approved June 29, 1948), all or any part of National Service Life Insurance on the 5-year level premium term plan, in any multiple of $500 and not less than $1,000, issued before January 1, 1948, may be renewed without medical examination for an additional 5-year period, upon application therefor and payment of the premium at the 5-year level premium term rate required at the attained age of the insured, before the expiration of the first term period.

2. EFFECTIVE DATE OF RENEWED INSURANCE

The renewal of the insurance for an additional 5-year period will become effective as of the day following the expiration of the preceding term period.

3. TOTAL DISABILITY INCOME PROVISION

(*a*) If the total disability income provision is in effect on a term policy which is being renewed, such protection may be continued and attached to the new policy by payment of the appropriate premium.

(*b*) If the total disability income provision is not in effect on the term policy which is being renewed, and the insured desires to apply for the benefit at the time of renewal, Veterans Administration Form 9–1606, "Application for Total Disability Income Provision Under the National Service Life Insurance Act of 1940 as Amended," should be completed in addition to this form.

4. PAYMENT OF PREMIUM

Payment of premium on National Service Life Insurance may be made by allotment from service pay (monthly [The allotment must be effected prior to the expiration of the term which will pay the first premium either by advance or deduction.]); deduction from Veterans Administration compensation, pension, or retirement pay (monthly, when insurance is in force); direct remittance to the Veterans Administration by money order, postal note, check, or draft made payable to the Treasurer of the United States. If premiums are not currently being paid by deduction from compensation, pension, or retirement pay due and payable monthly by the Veterans Administration, the first premium for the renewed insurance must be paid directly with this application, and if desired, deduction may then be authorized for the payment of subsequent premiums. If the premiums are currently being paid by this method, deductions may be authorized to pay the first and subsequent premiums for the renewed insurance. CASH (CURRENCY AND/OR COIN) TENDERED BY MAIL IS AT THE INSURED'S OWN RISK.

RECEIVED
MAR 3 1952
SURVIVORS BENEFITS DIVISION

5. BENEFICIARIES

The insured may designate as principal and/or contingent beneficiary or beneficiaries any person or persons, firm, corporation, or other legal entity (including the estate of the insured) individually or as trustee. Any named beneficiary may be designated as "Principal Beneficiary" or "Contingent Beneficiary." Any named beneficiary who is not designated as "Contingent Beneficiary" will, in general, be presumed to be a principal beneficiary. A contingent beneficiary is a person designated to receive the insurance if the principal beneficiary predeceases the insured, or if the principal beneficiary, not entitled to settlement in one sum, dies prior to receiving any or all of the guaranteed monthly installments. The insured will have the right at any time, and from time to time, and without the knowledge or consent of the beneficiary or beneficiaries to cancel the beneficiary designation, or to change the beneficiary. Upon receipt by the Veterans Administration, a valid designation or change of beneficiary will be deemed to be effective as of the date of execution: *Provided,* That any payment made, before proper notice of designation or change of beneficiary has been received in the Veterans Administration, will be deemed to have been properly made and to satisfy fully the obligations of the United States under such insurance policy to the extent of such payments. A designation of beneficiary, but not a change of beneficiary, may be made by last will and testament duly probated. The insured cannot assign his National Service Life Insurance.

6. OPTIONAL SETTLEMENT

National Service Life Insurance shall be payable in accordance with the following optional modes of settlement:

(*a*) *Option 1.*—In one sum (face amount less any indebtedness).

(*b*) *Option 2.*—In equal monthly installments of from thirty-six (36) to two hundred forty (240) in number, in multiples of 12. If Option 2 is selected, the number of monthly installments must be specified also in the "Option" column of the "Designation of Beneficiary and Selection of Optional Settlement" section of the application.

(*c*) *Option 3.*—In equal monthly installments for one hundred twenty (120) months certain with such payments continuing during the remaining lifetime of the first beneficiary.

(*d*) *Option 4.*—As a refund life income in monthly installments payable for such period certain as may be required in order that the sum of the installments certain shall equal the face value of the contract, less any indebtedness, with such payments continuing throughout the lifetime of the first beneficiary: *Provided,* That such optional settlement shall not be available in any case in which such settlement would result in payments of installments over a shorter period than one hundred twenty (120) months.

During his lifetime the insured may select an optional settlement or revoke a previous selection of an optional settlement. No selection or revocation will be valid unless and until notice thereof is received in the Veterans Administration. A selection or change of option may not be made by last will and testament, except in connection with a designation of a beneficiary by last will and testament. Option 3 or 4 may not be selected where the beneficiary is a firm, corporation, legal entity (including the estate of the insured), or trustee. If no option is selected by the insured, settlement will be made in 36 equal monthly installments but the designated beneficiary may elect to receive settlement under Option 2, 3, or 4. If the insured selects Option 1, the beneficiary upon the death of the insured may elect Option 2, 3, or 4. In the event of the death of such beneficiary, the present value of any unpaid guaranteed installments will be payable to the estate of the beneficiary to the exclusion of any contingent beneficiary designated by the insured. If the insured makes no selection or selects Option 2, 3, or 4 and the principal beneficiary and contingent beneficiary, if any, die before receiving the guaranteed number of installments thereunder, the present value of such remaining unpaid installments will be payable to the estate of the insured. No payment will be made to any estate where such payment would escheat. THE INSURED MAY SELECT MORE THAN ONE OPTION AND SEPARATE OPTIONS FOR SEPARATE BENEFICIARIES. If the insured selects one of the installment options for the principal beneficiary, he may select a different option for the contingent beneficiary, to be effective in the event the principal beneficiary dies before receiving any payments. If the insured selects one of the installment options for the principal beneficiary, he may name a contingent beneficiary to receive the present value, in one sum, of any remaining unpaid guaranteed installments upon death of the principal beneficiary. In that event, the contingent beneficiary upon the death of the principal beneficiary, in lieu of payment in one sum, may elect to receive the remaining unpaid guaranteed monthly installments as they become due in accordance with the mode of settlement established at the time of death of the insured.

7. SIGNATURE OF THE INSURED

Signature of the insured should be in ink and witnessed by a person other than a designated beneficiary.

8. DISPOSITION OF THIS FORM

When completed, this form should be forwarded immediately to the office of Veterans Administration having jurisdiction of the policyholder's insurance records. If the applicant is in active military service, the application when completed should be placed in military or naval channels, through the officer responsible for insurance activities within his unit of organization for direct transmittal to the Veterans Administration, Washington 25, D. C.

U. S. GOVERNMENT PRINTING OFFICE 16—56869-1

Dec
File
3-13

PS
12 February 1952
L-13

From: Commandant (PS)
To: Commander, Rockland Group, Rockland, Maine
Via: Comdr, 1st Coast Guard District (f)

Subj: PARMENTER, William P. (108-157) RM1, USCG; National Service Life Insurance, renewal of and waiver of premiums on.

Ref: (a) Veterans Administration letter dated 4 December 1951.

1. Reference is made to the Application for Waiver of Premiums dated 10 August 1951 and Form CG-2528-A, Allotment Stoppage of $3.85 effective with the month of last payment August 1951 submitted by PARMENTER which have been processed and forwarded to the Veterans Administration. The effective date of the waiver is determined by the date of application therefor. In the case of PARMENTER, his application was dated 10 August 1951, therefore the effective date of the waiver of premiums will be 1 September 1951. However, since the term period of this insurance expired on 31 July 1951, as indicated by the inclosed Veterans Administration letter, before the application for Waiver of Premiums may be effected it will be necessary that he submit the Application for Renewal and the necessary allotment adjustments. The $3.85 allotment paid premiums on $5,000 term insurance N# 12 667 804 effective 1 August 1943.

2. PARMENTER should be instructed to complete VA Form 9-1658, Application for Renewal of term insurance, and authorize the following allotment adjustments:

$3.85 "Corrected" allotment stoppage effective with month of last payment June 1951.
$4.75 Allotment established effective with the month of first payment July 1951.
$4.75 Allotment stoppage effective with month of last payment July 1951. (Applied for Waiver of Premiums).

4. Advise Commandant (PS) of action taken by PARMENTER.

B. V. BALL
By direction

Incls.
1 - VA ltr dtd 12-4-51
2 - VA Form 9-1658 (4)
3 - CG-2528-A (adm) (2)
4 - CG-2528 (adm)

Cc (p)

2/14/52

Dec

MJM:dec:ehw return to room 2107

PE-PR-21

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 229-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1

REPORTING UNIT	LOCATION	DATE
CG Group	Rockland, Maine	1 Feb., 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Whitehead Lifeboat Station	Sprucehead, Maine	01-200215

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

TR for TD fm Whitehead LB/S to Whitehead L/S at 0930-31 Jan., 1952.

AUTH: VO, CO, CG Group, Rockland, Maine.

E.L. Libby
E.L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

PE-PR-

REPORT OF CHANGE IN PERSONNEL

No. 228-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Rockland, Maine	1 Feb., 1952
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Whitehead Lifeboat Station	Sprucehead, Maine	01-200215

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

TR for TD fm Whitehead L/S to Whitehead LB/S at 0900-31 Jan., 1952 for assignment as relief light Keeper.

AUTH: VO, CO, CG Group, Rockland, Maine.

E.L. Libby
E.L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 179-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Rockland, Maine.	20 December, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Heron Neck Light Station	Vinalhaven, Maine.	01-300200

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

Tr for TD fm Heron Neck Light Station to White Head Light Station, 0900-20 December, 1951.

Auth: Comdr. 1st CGD Dispatch NM 192114Z.

E. L. Libby
E. L. Libby, CBOSN, Commanding Officer
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

File 8 1st Dist
12/19/51

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 170-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Rockland, Maine	14 Dec., 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Heron Neck L/S	Vinal Haven, Maine	01-300200

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

Returned from USMH Portland, Maine at 1200-13 Dec., 1951.

AUTH: Art. 3007 CG REGS.

E. L. Libby
E. L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 166-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Rockland, Maine	4 Dec., 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Heron Neck L/S	Vinal Haven, Maine	01-300200

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY)

AH, USMH Portland, Maine at 0900-3 Dec., 1951.

AUTH: Art. 3002(1) CG REGS.

E. L. LIBBY, CBOSN, USCG
(Signature—Grade and Title)

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EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

87 File 1/8/51 Dist

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 186-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
PARMENTER, William P.	108-157	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Rockland, Maine	2 January, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
White Head Light Station	Spruce Head, Maine	01-300220

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {GRADE / RATING} FROM _____ TO _____ EFFECTIVE _____

AUTH:

OTHER CHANGES (SPECIFY) TD at White Head Light Station made permanent.

Auth: CCGD1/L 12/27/51 MM/P16-3-p

E. L. Libby, CBOSN, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40855-4 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
PARMENTER, William Pinkham	108-157	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*) — RELATIONSHIP (*If friend, so state*)

Frances Edwina Parmenter — Wife

ADDRESS (*Number, street, city, zone, and State*)

12 Giles Place, Boothbay Harbor, Maine.

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*)	ADDRESS (*Number, street, city, zone, and State*)
Frances Edwina Parmenter	12 Giles Place, Boothbay Harbor, Maine.

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
Frederick Lewis Parmenter	12 Giles Place, Boothbay Harbor Maine.		X	X		24
William Pinkham Parmenter Jr.	1027 15th. Ave. Eurika, Calif.		X	X		22
Perry Parmenter	12 Giles Place, Boothbay Harbor, Maine.		X	X		8

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Claude Lewis Parmenter	Atlantic Ave., Boothbay Harbor, Maine.

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Theresa May Parmenter	Atlantic Ave., Boothbay Harbor, Maine.

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	RELATIONSHIP
Claude Lewis Parmenter	Father

ADDRESS (*Number, street, city, zone, and State*)

Atlantic Ave., Boothbay Harbor, Maine.

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Theresa May Parmenter	Mother

ADDRESS (*Number, street, city, zone, and State*)

Atlantic Ave., Boothbay Harbor, Maine.

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	RELATIONSHIP
Frances Edwina Parmenter	Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

12 Giles Place, Boothbay Harbor, Maine. — 75 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Heron Neck Light Station Vinalhaven, Maine. (Grp, Rockland, Maine).	8/25/50	William Pinkham Parmenter William Pinkham Parmenter.....

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	CHECK ONE SINGLE	SEX M	SEX F	AGE

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS:

16—61480-1 U. S. GOVERNMENT PRINTING OFFICE: 1950—O-873269

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Heron Neck Light Station	Vinalhaven, Maine.	2 June, 1950.

FROM (REQUESTER):	TO	VIA:
PARMENTER, William P. (108-157) BM1	CO/CG Group Rockland, Maine.	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
11		5 June, 1950.	13	3	20 December, 1950.

REASON FOR REQUEST:

To visit my family and to obtain 5 dys compensatory and 6 dys. AL(ACC)

My address on leave will be: 12 Giles Place, Boothbay Harbor, Maine.

I will immediately inform my commanding officer of any change in address while on leave.

William P. Parmenter
William P. Parmenter
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Rockland, Maine. Date: 2 June, 1950.
Leave record indicates balance of 31 days' annual and _____ days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

G. A. Tardif
G. A. TARDIF, LTJG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Group Rockland, Maine. Date: 5 June, 1950.
Departed at 0900/5 June, 1950. this date. This leave of absence will expire before _____
0900/17 June, 1950., at Heron Neck Light Station and is subject to the special instructions indicated on reverse hereof.

G. A. Tardif
G. A. TARDIF, LTJG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted _____ days extension of leave to expire before noon, _____
Authority:

Signature and rank Title

Ind.-6 Unit: CG Group Rockland, Maine. Date: 17 June, 1950.
Reported at 0815/17 June, 1950. this date, having taken 6 AL days' leave and _____ days' TT.

G. A. Tardif
G. A. TARDIF, LTJG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

INSTRUCTIONS

When HQ's action is required, submit in DUPLICATE.

In case of officers, where leave is granted without prior authority of HQ, forward copy to HQ immediately upon departure on leave. In event of extension granted to officers by other than Commandant, forward copy with 5th Indorsement completed. This form will NOT be used in requesting sick leave or absence on account of sickness.

SPECIAL INSTRUCTIONS

Maintain proper uniform conduct at ALL times.

Your attention is invited to the joint control of all military personnel by the military police and shore patrols of any United States armed forces. Military police and shore patrol shall be obeyed and cooperated with at all times.

If unable to contact responsible officer upon expiration of leave, communicate immediately with nearest DCGO or Commanding Officer of Coast Guard facility. In the event of any delay which will preclude return on time, notify responsible officer as to reason and contemplated time of return.

In the event of any delay, bring **signed** certificate or statement from a responsible official to substantiate such delay.

(BACK) NAVCG 2519

16—40220-2 U. S. GOVERNMENT PRINTING OFFICE

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

STATEMENT OF SE

LAST NAME	FIRST NAME
PARMENTER	William

DATE OF BIRTH (Mo.-Day-Yr.)	GRADE OR RATE IN WHICH SERVING	PERMANENT GRADE OR RAT
March 25 1907	BM1	BM1

REASON FOR RETIREMENT

20 Year Service

HAS INDIVIDUAL EVER HELD A GRADE OR RATE HIGHER THAN THAT HELD ON THE EF

LIST HIGHEST GRADE OR RATE HELD.

ON ENLISTED 20 YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOO

TYPE OF SERVICE	YE
COAST GUARD	2
LIGHTHOUSE	
BUREAU MARINE INSPECTION	
ARMY	

21 11 16

21 4 16 Service for Retirement

Yrs. Mos. Days

1CGD

PARMENTER William P. (ltr- 8-19-58)

(Name)

108-157 (Service No.)

BM1 (Rate)

as of 31 March, 19 58

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	21	4	16
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)			
TOTAL SERVICE FOR RETIREMENT	21	4	16
INACTIVE SERVICE (Specify)			
LIGHTHOUSE (For Pay Purposes)			
TOTAL SERVICE FOR PAY PURPOSES	21	4	16

HIGHEST RANK OR RATING HELD BM1

Service Computed by L Hunt 9-5-58

Service Verified by F Tarry 9-5-58

WDM

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

COMDR., CG GROUP, ROCKLAND, MAINE (Ship or station) (Location) On 1 NOVEMBER 1958 (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 20 December 1960 (Day) (Month) (Year)

Reason _____ **Type discharge certificate** _____

Authority: Title 14, United States Code, Section 355

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG Group Rockland, Maine (Place) ON 21 Dec. 1954 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from CG Group, Rockland, Maine (Place) ON 21 Dec. 1954 (Date)

Home address at time of enlistment, induction, or order to active duty Vinalhaven, Maine

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of _____ (See travel instructions)

SIGNATURE _____

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ 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 checkage for _____ Days excess leave From _____ To _____

Completed 18 years service for pay purposes on 14 November 1954 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS

Placed on the inactive retired list of the United States Coast Guard 1 November 1958

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.
H. N. LITCHFIELD	CHBOSN W-2 USCG: GRUCOM	085-59

DISBURSING DATA

Travel allowance credited, $ 00.00 Cash settlement for unused accrued leave (60 days) $ 697.00

NAME OF A. C. O. 26650
J. E. GILES, CHSPCK, W-3

Computation: LSL(60 days) BP&L @ 290.00
LSL(60 days) ALLOW @ 1.95
TAX DEDUCTED $76.20

DUE AT DISCHARGE, $ 745.81

PERSONAL FUNDS, $ NA

GRATUITY CREDITED, $ NA

Ship or station
Commander, CG Group, Rockland, Maine

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
PARMENTER	William	P.	108-157	BM1

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

Edition of 4-52 may be used

16—66654-2

INSTRUCTIONS

(1) DISPOSITION DATA—Enter X in the appropriate block or blocks. Enter reason, authority for transfer to reserve or release from active duty, and type of discharge certificate issued, as appropriate.

(2) ENLISTMENT DATA—Enter X in the appropriate block or blocks in case of personnel placed on active duty on date of enlistment or induction; enter place enlisted or inducted, date and place accepted for enlistment, and home address at time of enlistment or induction. In case of personnel ordered to active duty from an inactive status, enter only date and place from which ordered to active duty and home address at time so ordered.

(3) TRAVEL DATA—The individual must elect travel allowance in accordance with effective Travel Instructions. This election must be signed by the individual.

(4) MISCELLANEOUS DATA—Complete blocks and fill-ins as appropriate. Enter number of years' service on date of completion of last period for longevity or basic-pay purposes.

(5) DISBURSING DATA—To be completed on original and all copies when applicable. (NOTE.—Amount due at discharge plus personal funds subtracted from $25 equals gratuity, if any, to be credited.)

(6) The first time this page is used, all copies required will be numbered 1 in the block provided by the page number. Future pages will be numbered (all copies) 2, 3, 4, etc.

(7) The copies required, and disposition of copies and of service record, are as follows:

ACTIVE DUTY PERSONNEL	NUMBER OF COPIES REQUIRED	DISTRIBUTION OF COPIES			SERVICE RECORD TO
		SERVICE RECORD	COMMANDANT (PE)	ACO	
DISCHARGED, RETIRED, DECEASED	3	1		2	COMMANDANT (PE)
RETIRED BUT RETAINED ON ACTIVE DUTY	4	1	1	2	RETAINED AT UNIT
RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
TRANSFERRED TO RESERVE AND RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
INACTIVE DUTY PERSONNEL					
DISCHARGE, DECEASED	1	1			COMMANDANT (PE)

*DISTRICT COMMANDER OF THE COAST GUARD DISTRICT IN WHICH THE INDIVIDUAL WILL RESIDE.

(8) This page will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use, Chapter V, Section A.

U. S. GOVERNMENT PRINTING OFFICE 16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-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

COMDR., CG GROUP, ROCKLAND, MAINE (Ship or station) (Location) On 1 NOVEMBER 1958 (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 20 (Day) December (Month) 1960 (Year)

Reason _____ **Type discharge certificate** _____

Authority: Title 14, United States Code, Section 355

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at CG Group Rockland, Maine (Place) ON 21 Dec. 1954 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from CG Group, Rockland, Maine (Place) ON 21 Dec. 1954 (Date)

Home address at time of enlistment, induction, or order to active duty Vinalhaven, Maine

TRAVEL DATA

I hereby elect travel allowance to _____ (Location)

Place of _____ (See travel instructions)

SIGNATURE _____

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ 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 checkage for _____ Days excess leave From _____ To _____

Completed 18 years service for pay purposes on 14 November 1954 Payment of discharge gratuity ☒ Is directed ☐ Is not directed

REMARKS

Placed on the inactive retired list of the United States Coast Guard 1 November 1958

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.
H. N. Litchfield H. N. LITCHFIELD	CHBOSN W-2 USCG: GRUCOM	085-59

DISBURSING DATA

Travel allowance credited, $ 00.00 Cash settlement for unused accrued leave (60 days) $ 697.00

NAME OF A. C. O. 26650 J. E. GILES, CHSPCK,W-3

Computation: LSL(60 days) BP&L @ 290.00
LSL(60 days) ALLOW @ 1.95
TAX DEDUCTED $76.20

DUE AT DISCHARGE, $ 745.81

PERSONAL FUNDS, $ NA

GRATUITY CREDITED, $ NA

Ship or station Commander, CG Group, Rockland, Maine

NAME (Last) (First) (Middle)	SERVICE NO.	RATE
PARMENTER William P.	108-167	BM1

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

Edition of 4-52 may be used

16—66654-2

INSTRUCTIONS

(1) DISPOSITION DATA—Enter X in the appropriate block or blocks. Enter reason, authority for transfer to reserve or release from active duty, and type of discharge certificate issued, as appropriate.

(2) ENLISTMENT DATA—Enter X in the appropriate block or blocks in case of personnel placed on active duty on date of enlistment or induction; enter place enlisted or inducted, date and place accepted for enlistment, and home address at time of enlistment or induction. In case of personnel ordered to active duty from an inactive status, enter only date and place from which ordered to active duty and home address at time so ordered.

(3) TRAVEL DATA—The individual must elect travel allowance in accordance with effective Travel Instructions. This election must be signed by the individual.

(4) MISCELLANEOUS DATA—Complete blocks and fill-ins as appropriate. Enter number of years' service on date of completion of last period for longevity or basic-pay purposes.

(5) DISBURSING DATA—To be completed on original and all copies when applicable. (NOTE.—Amount due at discharge plus personal funds subtracted from $25 equals gratuity, if any, to be credited.)

(6) The first time this page is used, all copies required will be numbered 1 in the block provided by the page number. Future pages will be numbered (all copies) 2, 3, 4, etc.

(7) The copies required, and disposition of copies and of service record, are as follows:

ACTIVE DUTY PERSONNEL	NUMBER OF COPIES REQUIRED	DISTRIBUTION OF COPIES			SERVICE RECORD TO
		SERVICE RECORD	COMMANDANT (PE)	ACO	
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RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
TRANSFERRED TO RESERVE AND RELEASED FROM ACTIVE DUTY	4	1	1	2	DISTRICT COMMANDER*
INACTIVE DUTY PERSONNEL					
DISCHARGE, DECEASED	1	1			COMMANDANT (PE)

*DISTRICT COMMANDER OF THE COAST GUARD DISTRICT IN WHICH THE INDIVIDUAL WILL RESIDE.

(8) This page will be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use, Chapter V, Section A.

U. S. GOVERNMENT PRINTING OFFICE 16—66654-2

5'6" to 6'6"; 20/20 vision each eye, height and weight in proper proportion; hearing /15 for whisper, /30 for spoken voice, teeth; 20 serviceable permanent teeth of which at least 10 must be in each arch.	5'6" to 6'4", if under 20 can be 5'5"; 20/30 vision in each eye correctible to 20/20 with glasses; hearing 15/15 whispered voice; at least 6 masticating and 4 incisor teeth above and 6 and 4 below.	5'4" to 6'6"; weight proportionate; 20/20 vision each eye; hearing 15/15 whisper; 40/40 standard clock; 16 teeth, 8 in each arch, no unsightly gaps. (Waivers on physical condition may be granted, upon written request and for exceptional candidates).	5'4" to 6'4", 20/20 vision in each eye, height and weight in proper proportion. Also need to pass rigorous flight physical.	Same as Coast Guard Academy except only 16 serviceable teeth 8 in each arch.
4 years active duty	6 years (active and inactive duty)	6 years (active and inactive duty)	6 years (active and inactive duty)	Serve on active duty 4 years if so req (6 years in an ac and inactive stat

TIME SPENT AT THE FOUR SERVICE ACADEMIES COUNTS TOWARD FULFILLMENT OF SIX YEARS RESERVE OBLIGATION, ONLY IF YOU GRADUATE AND SERVE AS COMMISSIONED OFFICER

Regular Coast Guard	Regular Army or Air Force	Regular Navy, Marine Corps or Air Force	Regular Air Force	Regular Navy or M Corps, if offere
Bachelor of Science	Bachelor of Science	Bachelor of Science	Bachelor of Science	Degree of Candidate choosing except generally medical or dental, music, art, veterinary medicine, pharmacy, theologica
4 years	4 years	4 years	4 years	Normally 4 years. M be more, depending student major
118 centers (throughout country)	COLLEGE ENTRANCE EXAM BOARD CENTERS THROUGHOUT COUNTRY			Throughout country

The military officer-in-charge who is authorized to impose non-judicial punishment shall refer those breaches of discipline which he believes cannot properly be disposed of by such punishment and those upon which he is not authorized to act to his commanding officer. The commanding officer may dismiss the charge, impose one of the non-judicial punishments prescribed in Section 7-3-3, or take action in accordance with paragraphs 29, 30, 31 and 32, Manual for Courts-Martial, if the preliminary inquiry indicates that an offense, which he believes could not properly be disposed of by a non-judicial punishment, may have been committed.

B. The officer in charge shall report serious offenses and repeated minor offenses within his cognizance to his commanding officer so that appropriate disciplinary action may be taken.

7-3-5 Investigations

A. Except in cases covered by 46 CFR 136.07-40, fires, explosions, material deficiencies, ship collisions, groundings, incidents involving Coast Guard personnel, and other unusual incidents or circumstances requiring a determination of facts, shall be the subject of an inquiry or investigation in accordance with the provisions of the Coast Guard Supplement to the Manual for Courts-Martial. When a fact-finding body is necessary, the officer-in-charge of a unit shall, except when his commanding officer has ordered or requested a court of inquiry or ordered an investigation, request that a court of inquiry or an investigation be ordered or order an investigation.

7-3-6 Law Enforcement

A. The officer-in-charge shall:

(1) Familiarize himself, and cause such of his officers and petty officers as may be reasonably expected to be called upon for law enforcement work to familiarize themselves, with the provisions of 14 U. S. C. 89 relative to the authority vested in commissioned, warrant, and petty officers of the Coast Guard for enforcement of the laws of the United States, and with such laws, regulations, and treaties including the elements constituting breaches thereof, as his commanding officer may require him to enforce.

(2) Act with discretion in enforcing those provisions of law, regulations, and treaties, which he is required to enforce, employing all proper and legal means at his command, and in such manner as to cause the least possible inconvenience to commerce and navigation.

(3) Promptly inform his commanding officer relative to any known or suspected violation of which he may learn, and of actions taken by him relative thereto.

7-3-7 Compliance With Civil Laws

A. The officer-in-charge shall require strict compliance by his personnel with federal, state and municipal laws and regulations, and shall cooperate with the responsible civil authorities to insure such compliance, except that he shall release a man to the custody of such authorities only when so ordered by his commanding officer, and keep his commanding officer informed of any such incidents.

7-3-8 Authority of Civilian Officer-in-Charge

A. All persons assigned to a unit having a civilian officer-in-charge shall carry out the lawful orders of the officer-in-charge. Failure to do so constitutes an offense punishable under Article 92, Uniform Code of Military Justice, and may furnish the basis for other or additional charges. Although a civilian officer-in-charge is not authorized to impose punishment under the Code, he is authorized to initiate charges as outlined in paragraph 29, Manual for Courts-Martial, 1951.

7-3-9 Officer-in-Charge, Marine Inspection

A. An officer-in-charge, marine inspection shall be a military or civilian person designated by the Commandant to be in charge of a marine inspection office. His special authority and responsibility relative to marine inspection functions are set forth in merchant marine inspection regulations and instructions. If he is a commissioned officer he is also a commanding officer; if he is not a commissioned officer, he is an officer-in-charge as defined in Section 7-3-1.

7-3-10 Officer-in-Charge of a Vessel

A. The authority and responsibility of the officer-in-charge of a vessel corre-

NAVCG 2533
U. S. COAST GUARD
October 1937

file MBR

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

CG GROUP, ROCKLAND, MAINE
(Unit)

ROCKLAND, MAINE
(Place)

22 JANUARY, 19 59

Upon being retired from active duty on 1 November, 19 58, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

Frances E. Parmenter (wife) 50 yrs. — Frances E. Parmenter
(Name, age, sex, and nature of dependency) (Signature)

Perry Parmenter (son) 16 yrs. — Perry Parmenter
(Name, age, sex, and nature of dependency) (Signature)

(Name, age, sex, and nature of dependency) (Signature)

(Name, age, sex, and nature of dependency) (Signature)

(Name, age, sex, and nature of dependency) (Signature)

I hereby certify that the above signatures were signed in my presence this 22 JANUARY, 19 59

H. N. Litchfield
H. N. LITCHFIELD CHBOSN W-3 USCG
(Signature of certifying officer and title)

Wm. Parmenter
(Signature of retired person)

BM1
(Rank or rating)

HEADQUARTERS First Endorsement, Washington, 19

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

By direction,

(Rank)
Assistant Commandant.

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-1

FILE 3-13

VETERANS ADMINISTRATION

APPLICATION FOR WAIVER OF PREMIUMS

NATIONAL SERVICE LIFE INSURANCE AND/OR UNITED STATES GOVERNMENT LIFE INSURANCE UNDER SEC. 622 OF THE NSLI ACT, AS AMENDED

(Read the Important Information and Instructions on the reverse before completing this form)

FOR VA USE ONLY

1. FIRST NAME — MIDDLE NAME — LAST NAME OF INSURED (Type or print)	2. RANK OR RATING	3. SERVICE NO.
William P. Parmenter	BM1	108-157

4. MAILING ADDRESS FOR INSURANCE PURPOSES — INCLUDING DIVIDEND CHECKS (No., Street or rural route, city, P.O. zone number and State) (See paragraph 3 of Instructions)

Heron Neck Light Station, Vinal Haven, Maine

5. BRANCH OF SERVICE (Check one)	6. DATE OF BIRTH			7. DATE OF ENTRY ON PRESENT TOUR OF ACTIVE DUTY
☐ NAVY ☐ MARINE CORPS ☒ COAST GUARD ☐ OTHER (Specify)	MONTH	DAY	YEAR	
	March	25	1907	21 Dec., 1948

I do hereby apply for waiver under the provisions of Sec. 622 of the N.S.L.I. Act, as amended, of premiums falling due on the following life insurance policies. (Note: If waiver is desired on all policies enter the word "All" in the "Policy No." item.)

8. POLICY NO(S) (N, V, H or K)	9. AMOUNT OF INSURANCE	10. PLAN OF INSURANCE	11. AMOUNT OF PREMIUM
	$ 5,000	5 year	$ ~~3.85~~ $3.85

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.

12. ALLOTMENT ACTION REQUESTED (Check one) (See paragraphs 9 and 10 of Instructions)

☐ I DO NOT DESIRE TO DISCONTINUE MY ALLOTMENT
☒ I AUTHORIZE THE DISCONTINUANCE OF MY ALLOTMENT DESCRIBED IN ITEMS 13, 14, AND 15 BELOW AFTER DEDUCTION FOR THE MONTH STATED IN ITEM 16.

ALLOT DISC	13. CLASS	14. AMOUNT	15. MONTH OF FIRST PAYMENT	16. FINAL DEDUCTION TO BE MADE (Month and year)
	NSLI	$ 5,000	APRIL, 1946	AUGUST, 1951

17. DATE OF APPLICATION	18. SIGNATURE OF APPLICANT (Do not print)
10 August, 1951	Wm. P. Parmenter BM1

Wm. P. Parmenter BM1

I witnessed the signature of the applicant on the date shown in item 17. I certify that the service information shown in items 2, 3, 5 and 7 is correct and that the applicant is in active service and has been in continuous active service for a period of 31 days or more.

FOR USE OF ALLOTMENT OFFICER

19. DATE	20. SIGNATURE OF PERSON WITNESSING AND CERTIFYING (Do not print)
10 August, 1951	E.L. LIBBY, CBOSN, USCG

21. NAME, RANK, RATING AND ORGANIZATION OF PERSON WITNESSING AND CERTIFYING (Type or print)

E.L. LIBBY, CBOSN, USCG

22. END. 1

FROM: Authorized Certifying ~~Disbursing~~ Officer

TO: ☐ NAVY FIELD BRANCH BUSANDA ☐ MARINE CORPS ALLOTMENT OFFICE ☒ COAST GUARD HEADQUARTERS ☐ OTHER (Specify)

1. Forwarded. Allotment stopped as requested.

D.O. SYMBOL: 1373

SIGNATURE OF DISBURSING OFFICER: A. C. O. T. M. KOSKY, CPCLK., USCG.

23. END. 2

FROM: ☐ NAVY FIELD BRANCH, BUSANDA ☐ MARINE CORPS ALLOTMENT OFFICE ☐ COAST GUARD HEADQUARTERS ☐ OTHER (Specify)

TO: Veterans Administration Washington 25, D.C.

2. Payment of the allotment described above has been discontinued after payment for the month shown in item 16.

FOR USE OF ALLOTMENT OFFICE

24. FOR VA USE ONLY

POLICY NUMBER	AMOUNT OF INSURANCE	PLAN OF INSURANCE	REMARKS

VA FORM MAY 1951 9-4351

VA-DC-120490

IMPORTANT INFORMATION AND INSTRUCTIONS

INFORMATION

The Insurance Act of 1951, enacted April 25, 1951, added Section 622 to the National Service Life Insurance Act of 1940, as amended. This Section reads in part as follows:

> "After the date of enactment of this section, any person while in active service for a continuous period in excess of thirty days who is insured under national service life insurance or United States Government life insurance shall be entitled, upon written application, to a waiver of all premiums on five-year level premium term insurance and that portion of any permanent insurance premiums representing the cost of the pure insurance risk, as determined by the Administrator, becoming due after the first day of the second calendar month following the date of enactment of this section, or the first day of the second calendar month following entry into active service, whichever is the later date, and during the remainder of such continuous active service and 120 days thereafter: *Provided*, That no premium shall be waived under this section for any period prior to the date of application therefor: *Provided*, That if the term of any five-year level premium term insurance on which premiums have been waived under this section expires while the insured is in active service, such term shall be automatically renewed for an additional five-year period and the premiums due at the then attained age shall be waived as provided above: *Provided further*, That the election by an insured of the premium waiver benefits of this section shall thereby render his contract of insurance nonparticipating during the period such premium waiver is in effect."

Those persons who have insurance in force may apply for the waiver of premiums on such insurance under the provisions of Section 622 and thereby continue the insurance protection on a non-participating basis during the period of active service and until the expiration of 120 days after separation from active service. If the insured should die or become totally disabled while insurance is continued in force under the waiver of premiums as provided in Section 622, claim for death or disability benefits must be made under the provisions of the insurance contract.

INSTRUCTIONS TO APPLICANT

1. Former name or names should be entered in parenthesis under the name of the insured on item 1.

2. Former Service number or numbers, and branch of service in which such numbers were assigned, should be entered in parenthesis under "Service Number" in item 3.

3. The address given in item 4 will be used to mail any dividend payment to which the insured may be entitled for any period prior to the first premium which is waived under this application. Starting with the first premium which is waived under the provisions of Section 622, the insurance becomes non-participating and, therefore, dividends are not payable while this waiver provision is in effect.

4. It is important that information be furnished on this form which will identify the applicant and the insurance policies affected by the application for waiver.

5. Premiums becoming due prior to the date of application may not be waived. Therefore, every precaution should be taken to pay all premiums as they become due until the due date of the first premium which is to be waived.

6. The first premium which may be waived is the first premium becoming due *after* the first day of the second calendar month following the date of enactment of this Section (April 25, 1951) *or* the first premium becoming due after the first day of the second calendar month following entry into active service, whichever is the later.

7. If any designation or change of beneficiary or selection or change of settlement option is desired while the insurance is in force by the waiver of premiums under Section 622, application therefor should be executed and sent to the Veterans Administration, Washington 25, D. C.

8. If it is desired to continue the insurance in force beyond the expiration of 120 days after separation from active service, a premium on this insurance should be paid to the Veterans Administration prior to the expiration of the 120 pay period, as specified in Section 622.

9. The premium being paid on the Total Disability Income provision cannot be waived under the provisions of Section 622. Therefore the premium charged for this benefit must continue to be timely paid to the VA in order to maintain this protection in force.

10. Only the portion of permanent plan insurance premium represented by the cost of the pure insurance risk may be waived. The remainder of the premium must be paid when due to avoid lapse of such insurance. Therefore, the *full* amount of the premium should continue to be paid until the correct amount which must be paid to maintain the insurance in force can be determined.

11. Where premiums are paid by direct remittance, this application for the waiver of such premiums must be completed through item 21, with the exception of items 12-16 inclusive, and sent directly to the Veterans Administration, Washington 25, D. C.

INSTRUCTIONS TO PERSON WITNESSING AND CERTIFYING

The application for waiver of premiums under Section 622 of the National Service Life Insurance Act of 1940, as amended, is not to be certified until 31 days after the date of entry by the applicant on his present tour of active duty (item 7).

Retired
Box 481
JV26
61A-2

UNITED STATES COAST GUARD

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

PS-1
L-13
18 May 1961

From: Commandant
To: PARMENTER, William P.(108-157)BM1,USCG, Retired
P.O. Box 33, Vinalhave, Maine

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1650 55 92

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1650 55 92 will expire on 31 July 1961.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ allotment discontinued with month of last payment June 1961.
$6.00 allotment established with month of first payment July 1961.
$8.25

3. NAVCOMPT Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-452b
(2) NAVCOMPT Form 545
(3) Envelope

BBJackson:bbj 18 May 61

21429 TREAS, CGHQ. WASH., D.C.

PE-8Z

file MAR

UNITED STATES COAST GUARD
Washington 25, D. C.

17 July 1959

FROM: COMMANDANT
TO: PARMENTER, William P. (108-157) BM1, USCG, Retired
Vinalhaven, Maine
SUBJ: RETIRED IDENTIFICATION CARD; COMPLETION OF

1. THERE IS ENCLOSED HEREWITH UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD NO. 092,651 THAT WILL BE ISSUED TO YOU.

2. PLACE YOUR SIGNATURE IN THE SPACE PROVIDED ON THE EDGE OF THE CARD (ITEM 13).
PUT NO OTHER DATA ON THE CARD ITSELF

A E McLane
A. E. McLANE
BY DIRECTION

ENCLOSURES: (1) IDENTIFICATION CARD
(2) FRANKED ENVELOPE

IND-1

FROM: Parmenter, William P (108-157)
TO: COMMANDANT

CARD RETURNED FOR VALIDATING AND COMPLETION.

William P Parmenter
SIGNATURE

IND-2

FROM: COMMANDANT
TO: PARMENTER, William P. (108-157) BM1, USCG, Retired
Vinalhaven, Maine

YOUR COMPLETED IDENTIFICATION CARD BEARING THE NUMBER INDICATED IN PARAGRAPH 1 OF BASIC LETTER IS ENCLOSED. 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

ENCLOSURES: (1) IDENTIFICATION CARD
(2) FRANKED ENVELOPE

10 August 1959

IND-3

FROM: Parmenter William P (108-157) BM1 (Ret)
TO: COMMANDANT

RECEIPT IS ACKNOWLEDGED OF THE UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD REFERRED TO IN BASIC CORRESPONDENCE. MY OLD RETIRED IDENTIFICATION CARD IS RETURNED HEREWITH /OR/ SEE EXPLANATION ATTACHED. (STRIKE ONE)

William P Parmenter
SIGNATURE

TREASURY DEPARTMENT U. S. COAST GUARD CG-9946A (Rev. 4-60)	FLOATING/SHORE UNITS ALLOWANCE LIST	PART HULL
USCG CUTTER (WAG-TYPE) (230' CLASS)		GROUP NUMBER S82-1
GROUP NAME BOAT STOWAGE AND HANDLING		PAGE 1

TITLE	CLASS OR STOCK NO.	UNIT OF ISSUE	ALLOWANCE	ITEM NAME, DESCRIPTION
				BLOCKS
C		EA	4	Double, 10", wood, non-toppling, for Rottmer Release Gear, for 2-3/4" nylon line
C		EA	4	Single, 10", steel, with becket, Rig No. 4, for 2-3/4" nylon line
C		EA	12	Single, 10", steel, without becket, with swivel, Rig No. 4, for 2-3/4" nylon line
C		EA	4	Single, snatch, 10", wood, Rig No. 25, for 2-3/4" nylon line
A		EA	4	DAVITS, boat handling, complete with fittings (includes spans, life lines, etc.)
				FALLS
C		EA	4	2-3/4" nylon line for above blocks, 35 fathoms each
C		EA	2	GRIPES, outside, swordmat, complete with fittings
C		EA	2	STRONGBACKS, wood, fitted with puddings, length 30'

EDITION OF 10-58 MAY BE USED

Plan. 2-13 2-4

9 July 1961

From: Parmenter Wm. P. (108-157) BMI (RET.)
To: Disbursing Office.
Subj: Change of address.

1. It is requested to forward my checks for retired pay and other mail to the address given below.
2. P. O. Box 163
   Boothbay Harbor,
   Maine.
3. My former address was
   P. O. box 33
   Vinalhaven Maine.

Wm. Parmenter.

Add. ch. 7-12-61

61-A2

Bot 481

6/A-2
Box 481

Ret 1958

File in 3-13

53076

From: Parmenter William P (08-15-7)
To: Disbursing Officer
Subj: Change of address.

It is requested the following change of address be made to present address

Former address: P O. box 163, Boothbay Harbor, Maine.

Present address:
119 Peterborough st, Boston 15 Mass
56.

William Parmenter BM1 (Ret.)

Add ch 5-7-63

as a messcook and scullery man. We feel that a good officer should be able to do everything he may order a man to do - only better. That's how you learn it.

NUMBER 5: The Academy, in its foreign training cruises, does not offer you the glamor and luxury of a travel tour. Quite the opposite. You'll stand eight hours of watch a day, then work two to four hours more, then catch up on your navigation or engineering notebooks in your spare time. You'll rarely get a full night in bed. You'll be bushed - and maybe seasick too, at least at first. Still you've got to scramble aloft and work sails, stand your watches, do your work. A man who can keep going in the face of the rigorous work load that is put upon him on a cadet cruise has the type of courage and stamina that we need and want in the Coast Guard.

NUMBER 6: In the service after graduation, the Coast Guard offers you neither comfort nor riches. Primarily, it is a seagoing life, at least in the earlier years. Such a life may not appeal to all. It is a vigorous life with personal inconvenience at times, punctuated by emergency missions and extended cruises which interfere with plans. Though it is exhilarating to brace yourself on a bridge wing in a full gale and direct rescue operations through a megaphone, it's never comfortable. And when things are roughest out there you can be sure the Coast Guard will be in it. You'll drive weather ships through heavy seas in Davis Strait, between Greenland and Labrador; you'll break ice on the Great Lakes; you'll service buoys and light stations on the Gulf Coast; you'll act as an anti-sabotage agent in New York harbor; you'll run a Loran Station on some remote South Sea or West Indian Island; you'll push north to the Arctic in a heavy icebreaker. If it's a placid and comfortable life you want, you'll find it in none of these things. Your pay will be adequate to enable you and your family to live in comfort and to educate your children properly, but you will probably never accumulate any large estate. Though you may perform salvage and life saving work worth hundreds of thousands of dollars, you will collect no more than your regular pay for it. You measure your success in life by your service to your country and to your fellow man.

Now, gentlemen, let's turn to the positive side of the ledger. Perhaps we can best do

Ret
38-Book

481

61-AZ
Bof-481

108-157

4 May 1962

Disbursing Officer
U.S. Coast Guard
Washington 25, D.C.

It is requested the mailing address of my retired pay be mailed to the address given below:

William Parmenter
P.O. Box 163
Boothbay Harbor,
Maine.

The former address they were mailed to was P.O. box 163, Boothbay, Maine, which is a separate town from Boothbay Harbor

Thanking you
William Parmenter BM1(Ret)
box 163
Boothbay Harbor, Maine

All corr
5-7-62

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2588 (Rev. 11-61)

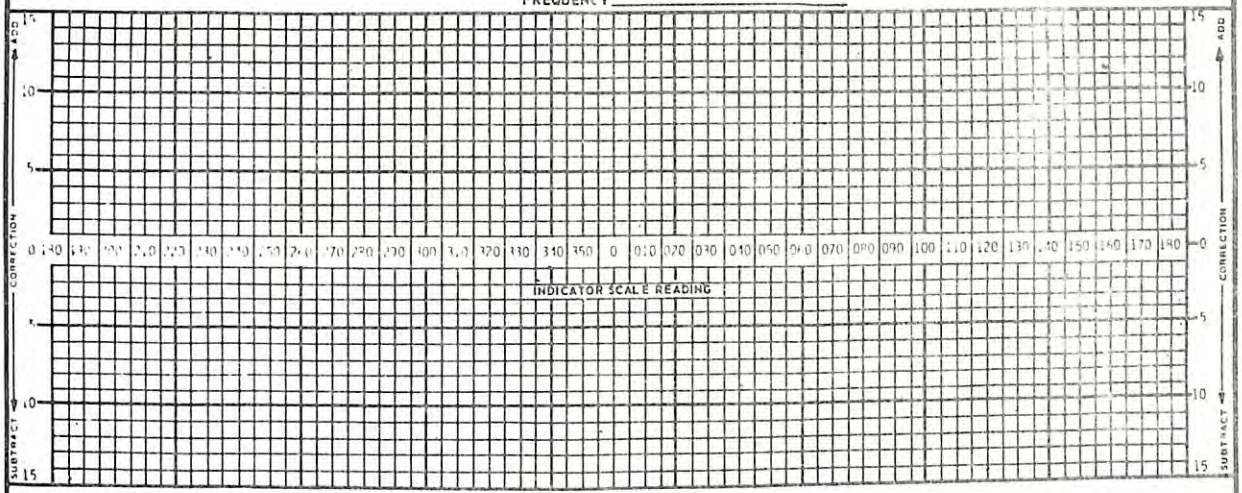
RADIO DIRECTION FINDER CALIBRATION CHART

REPORTS CONTROL SYMBOL
EEE-3017

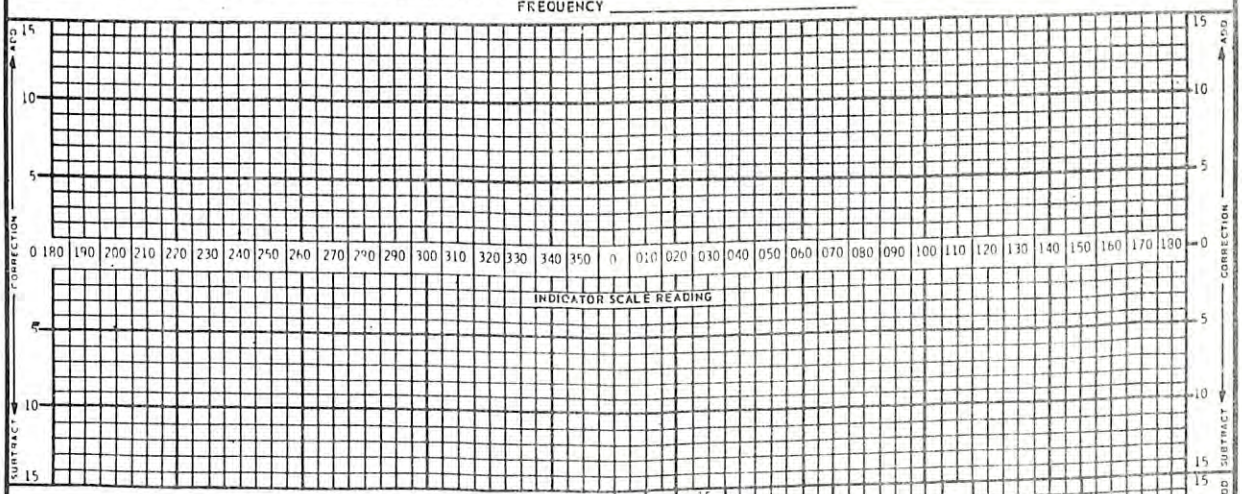
UNIT	DATE	D F TYPE	SERIAL NUMBER

CONDUCTED BY	APPROVED BY (Commanding Officer)

FREQUENCY _____



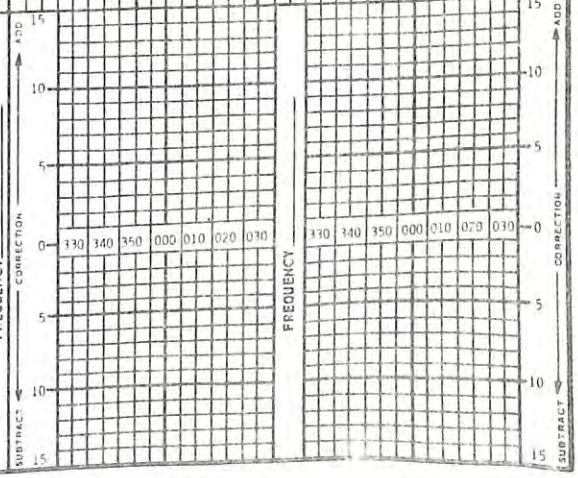
FREQUENCY _____



STANDARD CONDITIONS DURING D F OPERATIONS

FOR HOMING PURPOSES ONLY

FREQUENCY



FREQUENCY

REPLACES CG 2588 (REV 7-61) WHICH IS OBSOLETE

10

No. 13

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, Whitehead, Maine	Heron Neck Light Station	Vinalhaven, Maine

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
01-055	01-061	21 December,,1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

21 December, 1948. Reenlisted REGULAR ESTABLISHMENT for a period of six (6) years as BM1.

Entitled to Enlistment Allowance in the amount of $150.00

DUTY CODE NO. 30-D

AUTH: Art. 556 CG Regs.
Pers. Cir. 20-48.

G. A. Tardif
G. A. TARDIF, CBOSN
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		12/8	12/4	
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
12/21/48			
XI	XIV	XV	XVIII

Records	
Posting	Coding
	CODED NO. 7

Machine Accounting	
Punched	CODED NO. 10
Verified	

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

No. 11

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, Whitehead, Maine	Heron Neck Light Station	Vinalhaven, Maine

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE
01-055	01-061	20 December, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

20 December, 1948. - Issued Honorable Discharge certificate by reason expiration of three (3) year term of enlistment plus one day. Enlistment extended one (1) day due to normal expiration date falling on Sunday.
HD button previously issued 19 Dec. 1945.
Not entitled to MOP.
PAFE - Boston, Mass.
POD - Vinalhaven, Maine.
Address subsequent to discharge: Vinalhaven, Maine.
Total Creditable CG Service (this enlistment) 3 yrs. 0 mos. 1 dy.

DUTY CODE NO. 30-D
AUTH: Art. 589(1) CG Regs.

G. A. TARDIF, CBOSN
(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

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Heron Neck Light Station (Unit) — Vinalhaven, Maine (Place)

21 December, 1948 (Date)

FROM: PARMENTER, William P. (108-157) BM1, USCG

To: COMMANDANT (via Comdr. 1st CG District)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

Frances Parmenter (Full name of wife; if not married, so state)	Vinalhaven, Maine (Address of wife)
Frederick Louis Parmenter (Full name of child; if none, so state)	Same as above (Address of child)
William Pinkham Parmenter, Jr. (Full name of child; if none, so state)	Same as above (Address of child)
Perry Parmenter (Full name of child; if none, so state)	Same as above (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:

Theresa Parmenter (Full name of relative) — Mother (Relationship) — 12 Giles Place, Boothbay Harbor, Me (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:

Claude Parmenter (Full name of relative) — Father (Relationship) — Boothbay Harbor, Maine (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 21st day of December, 1948

G. A. TARDIF (Signature)

CBOSN, USCG (Rank or title)

William P. Parmenter (Signature)

Boatswain's Mate, first class (Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

3-1



UNITED STATES COAST GUARD

ADDRESS REPLY TO
Group, Whitehead
Spruce Head, Maine
REFER TO FILE

U.S. COAST GUARD HEADQUARTERS
MAIL & FILE SECTION
RECEIVED DEC 10 1948

8 December, 1948
File: CG-73

From: Commanding Officer, CG Group, Whitehead, Maine
To: Commandant (PE)

Subj: PARMENTER, William P. (108-157) BM1; Physical Examination Record, Form 2525B, dated 19 November, 1948; additional information

Ref: (a) Personnel Circular No. 20-48, Paragraph 26(a).

1. It is requested that the following data be inserted in Indorsement 1 of Form 2525B, dated 19 Nov. 1948 which was forwarded 27 November, 1948 in connection with discharge and reenlistment of subject named man:

Proficiency in rating	3.46
Conduct	4.0

2. PARMENTER'S enlistment expires on 20 December, 1948.

G. A. Tardif

G. A. TARDIF

Group, Whitehead
Spruce Head, Maine

8 December, 1948
File: CG-73

From: Commanding Officer, CG Group, Whitehead, Maine
To: Commandant (PE)

Subj: PARMENTER, William P. (108-157) BM1; Physical Examination Record, Form 2525B, dated 19 November, 1948; additional information

Ref: (a) Personnel Circular No. 20-48, Paragraph 26(a).

1. It is requested that the following data be inserted in Indorsement 1 of Form 2525B, dated 19 Nov. 1948 which was forwarded 27 November, 1948 in connection with discharge and reenlistment of subject named man:

Proficiency in rating	3.46
Conduct	4.0

2. PARMENTER'S enlistment expires on 20 December, 1948.

G. A. TARDIF

No. 18

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, Whitehead, Maine	Heron Neck Light Station	Vinalhaven, Maine

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
01-055	01-061	8 October, 1948

TIME
DATE — REPORTED FROM:
FOR

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

1200/8 detached from Whitehead Light Station. Temporary duty assignment made permanent at Heron Neck Light Station.

DUTY CODE NO. 30 — AUTH: CCGD1/L(pmp-73-701)10/6/48.

G. A. TARDIF, CBOSN
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		01	2	
II	XIV	XVII	XX	XXI

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
272		04.8	
XI	XIV	XV	XVIII

RECORDS	
Posting	Coding
PEA-E 44	CODED NO. 10

MACHINE ACCOUNTING

Punched _____

Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

No. 56

REPORT OF CHANGE IN PERSONNEL

PARMENTER	William	P.	108-157	BM1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Group, Whitehead, Me	01-055	Spruce Head, Me	21 September, 1948
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Whitehead Light Station 01-067
(Minor unit)

0800 this date, TR to Heron Neck Light Station for TD.

DUTY CODE No.: 30
AUTHORITY:
VO/CO Grp.



G. A. TARDIF
(Commanding)

CBOSN
(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

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

No. 57

REPORT OF CHANGE IN PERSONNEL

PARMENTER	William	P.	108-157	BM1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Group, Whitehead, Me 01-055		Spruce Head, Me	21 September, 1948
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Heron Neck Light Station 01-061
(Minor unit)

0900 this date, rptd fm Whitehead Light Station for TD.



DUTY CODE No.: 30
AUTHORITY:
VO/CO Grp.

G. A. TARDIF
(Commanding)

CBOSN
(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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William P. (Name, surname first) 108-157 (Service number) BM1 (Rank or rating) Whitehead Lt. Station (Unit)

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

FINAL MEDICAL CERTIFICATE

Place USMH. Portland, Maine, Date 22 July, 19 48

To: Whitehead L/B Station
(Coast Guard unit)

Spruce Head, Maine
(Address)

FILE
I. Lab

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Observation for pain in left hip region, etiology unknown	y00-001	7-12-48	7-20-48

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

CONDUCT REPORT:

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

E. M. LIPPMAN, S.A. SURG.

U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for
(Diagnosis)

_____ since _____, 19 , has been transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156–1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

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

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

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

TO THE COAST GUARD OFFICER:

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

16—27165–1 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1942

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William P. (Name, surname first) 108-157 (Service number) BM1 (Rank or rating) Whitehead Lt. Sta. (Unit)

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

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

Place Spruce Head, Maine, Date 12 July, 1948, 19

To: Medical Officer in Charge, U.S.Marine Hospital
Portland, Maine

TLB
T. LeB

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to CO, CG Group, Whitehead, Spruce Head,Me

William P. Parmenter
(Signature of patient)

G. A. TARDIF
CPOSN U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH. Portland, Maine, Date 15 July, 1948

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

y00-001 Observation for pain in left hip region, etiology unknown
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ? days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine Hospital Portland, Maine {*hospital / *office} on 12 July 1948

E. M. LIPPMAN, S.A. SURG.
U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

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

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

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

TO THE COAST GUARD OFFICER:

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

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

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

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156–1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, SW Hbr, Me.	Whitehead L/S	Spruce Head, Me.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
01-067	2 April, 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~XXXX~~ {RANK / RATING} FROM BM1c TO BM1 EFFECTIVE 2 April, 1948

DUTY CODE NO. 30 D AUTH: ALCOAST # 19

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

J. M. JOSEPH, Lieut.
(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)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, Southwest Harbor, Maine.	Whitehead Light Station	Spruce Head, Maine.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 01-067

DATE: 10 February, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0900, 3 February, 1948 - Rptd fm ten (10) days annual Reg lv.

DUTY CODE NO.: 30-D
AUTH: C.C. 31-47

J.M. JOSEPH Lieut. USCG.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2927 (Rev. 4-48)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
WORLD WAR II VICTORY MEDAL
AND
AREA CAMPAIGN MEDALS

DISTRIBUTION UNIT
Name: Depot
Address: Southwest Harbor, Maine

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)
PARMENTER	William	Pinkham

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
108-157	BM1	Whitehead Light Station

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] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

William P Parmenter
William P. Parmenter
(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] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Wm Parmenter BM1
(Recipient sign here)
(Do not sign unless awards are actually received)

A 3555

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS AND/OR WORLD WAR II VICTORY MEDAL

INSTRUCTIONS

Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
PARMENTER	William	Pinkham

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
108-157	BM1c	Whitehead Light Station

HOME ADDRESS *(Give Number, Street, City, Zone No., and State)*

INDICATE STATUS BY CHECK MARK

- [X] Active duty USCG, ~~USCGR or USPHS~~
- [ ] Officer – (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [ ] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)

Wm. Parmenter BM1/c
(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.
- [X] World War II Victory Medal (No Clasp)

Wm. Parmenter BM1/c
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

3-285

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 20

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG Group, Rockland, Maine	Whitehead Light Station	Sprucehead, Me.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	01-067	13 August, 1947

TIME 0900
DATE 13 August, 1947

REPORTED FROM: Rptd fm twenty (20) days annual leave
FOR for resumption of regular duties

DUTY CODE NO. 30-D AUTH: Comdt. Cir. 3-47

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

G. A. TARDIF, Lt. (jg) USCG
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

PEA-E 15

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-3

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

PARMENTER, William P. (Name—Surname to left) | BM1c (Rank or rating 31 Aug. 1946) | 108-157 (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 78 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)	Frances Parmenter (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.

William P. Parmenter BM1c
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at CG Dept., Rockland, Maine this 5th day of February, 1947

(SEAL)

J. M. JOSEPH Lt., 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.

J. H. JOSEPH Lt., USCG — Depot, Rockland, Me.

(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)

W. B. SCHATAG

(Signature of authorized certifying officer)

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

P

UNITED STATES COAST GUARD
Washington 25, D. C.

Address reply to
THE COMMANDANT (PE-E)
Refer to file: CG-73-783

CO, CG group, Rockland, Maine
Subj: William P. Parmenter (55-3-607)

The following information is furnished in accordance with your request for the purpose of helping you complete your "Claim for Settlement for Unused Leave":

Date enlisted 2 Sept 1942

Date assigned active duty " "

Date discharged 19 Dec 1945

Place discharged Boston, Mass.

Records show that during the above period of service you were:

Absent without leave for 0 days

Absent over leave for 0 days

Confined as result of Court-Martial for 0 days

On authorized leave for a total of 42 days

(If you had more than 48 months active service, the additional information needed to complete your claim is given on the reverse of this letter)

By direction of the Commandant.

Very truly yours,

M. K. HUTCHINSON
Chief Pay Clerk, USCG
Enlisted Personnel Division

A5068

DAYS LEAVE	PERIOD
_____	Sept. 8, 1939 to June 30, 1940
_____	July 1, 1940 to June 30, 1941
_____	July 1, 1941 to June 30, 1942
_____	July 1, 1942 to June 30, 1943
30	July 1, 1943 to June 30, 1944
12	July 1, 1944 to June 30, 1945
_____	July 1, 1945 to June 30, 1946
_____	July 1, 1946 to Aug. 31, 1946

42

UNITED STATES COAST GUARD
Washington 25, D. C.

Address reply to
THE COMMANDANT (PE-E)
Refer to file: CG-73-783

23 January, 1947

From: Commandant (PE-PR)

To: CG Group, Rockland, Maine

Subj: William P. Parmenter (553-607)

The following information is furnished in accordance with your request for the purpose of helping you complete your "Claim for Settlement for Unused Leave":

Date enlisted **8 Sept. 1942**

Date assigned active duty **8 Sept. 1942**

Date discharged **19 December, 1945**

Place discharged **Boston, Mass.**

Records show that during the above period of service you were:

Absent without leave for 0 days

Absent over leave for 0 days

Confined as result of Court-Martial for 0 days

On authorized leave for a total of 42 days

(If you had more than 48 months active service, the additional information needed to complete your claim is given on the reverse of this letter)

By direction of the Commandant.

Very truly yours,

U. S. COAST GUARD
MAIL SECTION
MAILED JAN 23 1947

M. K. HUTCHINSON
Chief Pay Clerk, USCG
Enlisted Personnel Division

A5068
3-13

RK

DAYS LEAVE	PERIOD
0	Sept. 8, 1939 to June 30, 1940
0	July 1, 1940 to June 30, 1941
0	July 1, 1941 to June 30, 1942
0	July 1, 1942 to June 30, 1943
30	July 1, 1943 to June 30, 1944
12	July 1, 1944 to June 30, 1945
0	July 1, 1945 to June 30, 1946
0	July 1, 1946 to Aug. 31, 1946

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

HEADQUARTERS
POST INDEX
SERVICE RECORD

File 2-14
241

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
PARMENTER, William P.	108-157	BM1c, USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DCGO, 1st Naval District		Boston, Mass.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
(01-001)	20 December, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1130
DATE 20 Dec., 1945

TRANSFERRED TO: CG Operating Base, Rockland, Maine for duty, having
FOR reenlisted in regular CG, STE.

AUTH: DCGO1ND/L 12-20-45 (pra-73-531).

EXAMINED PEA-L-ED

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

20 December, 1945, reenlisted in regular CG, STE for a period of three years.
Reenlisted in rating of BM1c (Permanent) in accordance with Alcoast 146-45.
Entitled to reenlistment allowance of $150.00 in accordance with F&S Circular #172-45.
Subject man assigned former CG service number 108-157, thereby cancelling CG Reserve service number 553-607.

DUTY CODE NO. 18D AUTH: HQ Ind-3 on form 2525B

CC: CG Operating Base, Rockland, dated 11-13-45
~~Maine.~~ PB 82-45
File.

D. V. HANMER,
By direction.

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)

HEADQUARTERS
POST INDEX
SERVICE RECORD

File 3-14
242

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	553-607	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DCGO, 1st Naval District		Boston, Mass.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(01-001)	19 December, 1945

TIME 0830
DATE 19 Dec., 1945

REPORTED FROM: CG Operating Base, Rockland, Maine for duty in con-
FOR nection with discharge and reenlistment.

DUTY CODE NO. 18D AUTH: CGOB Rockland/ltr. 12-18-45 (783-531)

TIME
DATE

TRANSFERRED TO:
FOR

EXAMINED PEA-4-13

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

19 December, 1945, issued Honorable Discharge by reason of convenience of the Government to enable reenlistment in regular CG, STE.
Issued Honorable Discharge Certificate No. B60300
Issued Honorable Discharge Button
Entitled to mileage
Entitled to MOP
PAFE: PORTLAND, MAINE
POD: BOSTON, MASSACHUSETTS
Total CG Service(this enlistment) 3 yrs 3 mos. 18 dys.

Home address subsequent to discharge:
12 Giles Place,
Boothbay Harbor, Maine

DUTY CODE NO. 18D AUTH: PB 82-45
Art. 141 P&SI

D. V. HANMER
By direction.

CC: CG Operating Base,
Rockland, Maine
File.

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 PERSONNE
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

No. 15

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
PARMENTER, William P.	553-607	BM1c (R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
ROCKLAND GROUP	White Head Light Station	Matinicus, Maine.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 01-062		DATE: 18 December, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1230
DATE 12/18/45

TRANSFERRED TO: DCGO, IND
FOR assignment to temporary duty in Connection with reenlistment.

AUTH: DCGO, IND, ltr. 12/10/45, pra-783-531.

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-L-SD

DUTY CODE NO. 29

AUTH:

Alton P. Brown, CBM
(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

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

BOSTON DISTRICT RECEIVED 15 NOV 1945 U.S.C.G.

ADDRESS REPLY TO
CG GROUP OFFICE
ROCKLAND, MAINE
AND REFER TO

File 783

14 November, 1945

To: Commandant.

Via: DCGO,1st Naval District.

Subj: PARMENTER, William P. (553-607) BM1c,USCGR; enlistment in regular Coast Guard.

1. In reference to Personnel Bulletin No. 82-45, you are advised that 2525B, report of physical examination is herewith forwarded as inclosed. Subject named man desires to reenlist in the regular Coast Guard.

Alton F. Brown

Encl-1

Incl: Form 2525B

Ind-1
DCGO,1ND
16 November, 1945

To: The Commandant (PEA)

The inclosure is forwarded herewith for Headquarters information and action.

F.N. Martin

F.N. MARTIN
By direction

Incl. Form 2525B

5 yr. 9 mos. 15 days Previous AC service
3 yrs. Reserve service
Age O.K.

PEA-E 32

CG GROUP OFFICE
ROCKLAND, MAINE

File 783

14 November, 1945

To: Commandant.

Via: DCGO,1st Naval District.

Subj: PARMENTER, William P. (553-607) BM1c,USCGR; enlistment in regular Coast Guard.

1. In reference to Personnel Bulletin No. 82-45, You are advised that 2525B, report of physical examination is herewith forwarded as inclosed, Subject named man desires to reenlist in the regular Coast Guard.

Alton F. Brown

Ind-1

Incl: Form 2525B

Ind-1
DCGO,1ND
16 November, 1945

To: The Commandant (PEA)

The inclosure is forwarded herewith for Headquarters information and action.

F.N. MARTIN
By direction

Incl. Form 2525B

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

(380)

REPORT OF CHANGE IN PERSONNEL #184

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
PARMENTER,	William	P.	(553-607)	B.M.1c.(R)

(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)
CG RIFLE RANGE CAMP CURTIS GUILD	01-158	Wakefield, Mass.	17 June, 1945

(Minor unit)

1100, this date: Rptd this unit fm CG GROUP, Portsmouth, N.H., for assign. to TD in conn. with small arms trng.

1100, 24 June, 1945: Dptd; TD terminated.

DUTY CODE No.: 44-D
AUTHORITY:
SCGO, Gloucester, Mass.,
L/ 12 June, 1945
(701-783)

J. K. Ackerman
J. K. ACKERMAN, Lieut. USCGR
(Commanding)

Commanding Officer.
(Title)

reb

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

NO POSTING REQUIRED PEA-E-39

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M.1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group Portsmouth 01-128 Cape Neddick Light Station	Kittery Point, Maine	20 March, 1945
(Unit)	(Place)	(Date)

0800 - 17 March, 1945 reported this unit for temporary duty at Boon Island Light Station

1130 - 19 March, 1945 departed thia unit for Boon Island Light Station, temporary duty being completed.

30

AUTHORITY:

VO/ CO CG Group Portsmouth 3/16/45

Sylvester E. Andrews
Sylvester E. Andrews
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
NO POSTING REQUIRED PEA-E-33			

U. S. GOVERNMENT PRINTING OFFICE 0

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER, (Surname) William (First name) P. (Middle initial) 553-607 (Service No.) B.M.1c (R) (Rank or rating)

CG Group Portsmouth 01-129
Boon Island Light Station (Unit) Kittery Point, Maine (Place) 20 March, 1945 (Date)

1530-16 March, 1945 reported this unit from Absence on account of sickness, Outpaitent treatment at Portland Marine Hospital.

DIAGNOSIS: Dental treatment

0800-17 March, 1945 Atd at Cape Neddick Light Station

1300 - 19 March, 1945 reported this unit from temporary duty at Cape Neddick Light Station. Temporary duty being completed.

AUTHORITY: 30

Art: 3002 (1) Reg
VO/ CO CG Group Portsmouth - 3/16/45

Sylvester E. Andrews
Sylvester E. Andrews (Commanding)

Commanding Officer (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
NO POSTING REQUIRED PEA-E-33			

U. S. GOVERNMENT PRINTING OFFICE 0

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M.1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group Portsmouth 01-129
Boon Island Light Station (Unit) — Kittery Point, Maine (Place) — 9 March, 1945 (Date)

1100 - 4 March, 1945 Absent on account of sickness at Portland Marine Hospital. Portland, Maine.

30

AUTHORITY:

Art: 3002 (1) Reg.

Sylvester E. Andrews
Sylvester E. Andrews
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
	NO POSTING REQUIRED PEA-E-3a		

U. S. GOVERNMENT PRINTING OFFICE 0

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M.1c USCGR
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group Portsmouth 01-129
Boon Island Light Station
(Unit)

Kittery Point, Maine
(Place)

24 February, 1945
(Date)

1430 - this date, reported this unit from temporary duty at Cape Cod Light Station in connection with light station keeper training.

30

AUTHORITY:

DUGO/L 1/23/45 pra-783-531
Order No. 30639
CG Group Ports/L 1/28/45 CG-783-531

Sylvester E. Andrews.
Sylvester E. Andrews
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
NO POSTING REQUIRED PEA-E-33			

U. S. GOVERNMENT PRINTING OFFICE 0 10935

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M. 1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(Bakers Island Light Station)
Group 01-152 (Unit) | Gloucester, Massachusetts (Place) | 19 February, 1945 (Date)

1155 - 17 February, 1945. This date, TD from Group, Portsmouth, N.H. in connection with light station keeper training terminated and tr to Cape Cod Light Sta., Provincetown, Mass. for continuation of this training.

30
AUTHORITY:
Ind-3, Grp., Glo/L, 2/17/45 on
Grp.,Portsmouth, NH/L, 1/28/45
(pra-783-531) Ord. #30639.

John Andrews, C.B.M.
(Commanding)
XXXXXX

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
NO POSTAL REQUIRED PEA-E-33			

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M. 1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(Gloucester L/B Station) Group 01-159	Gloucester, Massachusetts	12 February, 1945
(Unit)	(Place)	(Date)

1700 - 10 Feb., 1945. This date, reported from Group, Hull, Mass. FFT to Bakers Island Li.Sta. in connection with light station keeper training.

29
AUTHORITY:
Ind-2, Grp., Hull, Mass., 2/10/45 on
Grp., Portsmouth, NH/L, 1/28/45
(CG-783-531) Ord.#30639

John Andrews, C.B.M.
(Commanding ~~Officer~~)

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
NO POSTING REQUIRED PEA-E-33			

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M. 1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(Gloucester L/B Station)
Group 01-149 (Unit) | Gloucester, Mass. (Place) | 12 February, 1945 (Date)

1700 - 11 Feb., 1945. This date, TD terminated and transferred to Bakers Island LS for assign. to TD in connection with light station keeper training.

1800 - 11 Feb., 1945. This date, reported at Bakers Island LS for assignment to TD in connection with light station keeper training fr Group, Portsmouth, NH.

29
AUTHORITY:
Ind-2, Grp., Hull, Mass., 2/10/45
on Grp., Portsmouth, NH/L, 1/28/45
(CG-783-531) Ord. #30639

John Andrews
John Andrews, C.B.M.
(Commanding)
XXXXXXX

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
NO POSTING REQUIRED PEA-E-33			

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	BM1c USCGR
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group Portsmouth 01-129
Boon Island Light Station (Unit) | Kittery Point, Maine (Place) | 28 January, 1945 (Date)

0800 - this date, Transfered on temporary duty to Graves Light Station, Hull, Mass., for assignment to training for light station keeper.

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29 30
AUTHORITY:
DCGO/L 1/23/45 pra-783-531
Order No 30639
CG Group Portsmouth/L 1/28/45 CG-783-531

Sylvester E. Andrews
Sylvester E. Andrews
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
NO POSTING REQUIRED REA 5-43			

U. S. GOVERNMENT PRINTING OFFICE 0

227

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER, (Surname) William (First name) P. (Middle initial) (553-607) (Service No.) B.M.1c USCGR (Rank or rating)

CG Group Portsmouth 01-129
Boone Island Light Station (Unit) Kittery Point, Maine (Place) 1 December, 1944 (Date)

1500 - this date, reported from COTP, Portland, Maine, for assignment to duty as First Assistant Keeper.

30

AUTHORITY:
DCGO/L 12/27/44 pra-783-531
COTP,Portland/L 12/1/44 783-531
Order No. 29381

Sylvester E. Andrews
Sylvester E. Andrews (Commanding)

Commanding Officer (Title)

RATE	A P	EXP-ENL	PAY GRADE	NEXT PAY PER.	DIST.	FOR DOM.	DUTY
201			2		01	2	30
II	III	I	XIV	XV	XVII	XX	XXI

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

PEA-E 48

U. S. GOVERNMENT PRINTING OFFICE

2599

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

PARLENTER, (Surname)	William (First name)	P. (Middle initial)	553-607 (Service No.)	B.M.1c(R) (Rank or rating)

COTP (Unit)	01-104	Portland, Maine (Place)	1 December, 1944. (Date)

1330, 1 December, 1944. Transferred from this unit to COAST GUARD GROUP, Portsmouth, New Hampshire for assignment to duty at Boon Island Light Station.

06 D
AUTHORITY:
DCGOIND/L 11-27-44, file pra-783-531,
29381.

Wm. H. CLIFFORD, III, Lieut. (R)
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William (Name, surname first) | 563-607 (Service number) | BMlc. (Rank or rating) | Patrol Office (Unit)

FINAL MEDICAL CERTIFICATE

~~REGULAR~~ ~~*SPECIAL~~ ~~TEMPORARY~~ *RESERVE (Enlistment status) Place COTP. OFFICE USMH-Portland, Maine, Date 16 November, 1944 19

To: 477, Congress Street (Coast Guard unit)

PORTLAND, MAINE (Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Carbon monoxide poisoning; observation for	010-352	11-8-44	11-16-44
Myositis (muscles of back) due to unknown cause	2734-930	11-8-44	11-16-44

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

Discharged to duty.

CONDUCT REPORT:

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

J. L. Palmer PA Surgeon (R) USPHS

U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

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

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

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

TO THE COAST GUARD OFFICER:

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

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

2599

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

PARMENTER	William	P.	(553-607)	BM1c(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COTP	01-114	Portland, Me.	28 August, 1944.
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CG 43001
(Minor unit)

1045-25 August, 1944, rptd. this unit from status "Absence on Account of Sickness", which was to expire prior to 1200-this date at this unit.

ATTACHED: CG 43001

DUTY CODE No.: 72
AUTHORITY:

Art. 3006, Regs.
NCG 2522, USMH, Portland, Me. 8-21-44
COTOP, Portland, Me. ltr. 8-21-44, pra-783

Wm. H. CLIFFORD, III, Lieut(R)
(Commanding)
COTP, Portland, Me.
(Title)
By direction.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
201		2	01	2	69
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

PEA-E 33

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

2599

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

PARMENTER (Surname) | William (First name) | P. (Middle initial) | (553-607) (Service No.) | BM1c(R) (Rank or rating)

COTP (Major unit) | 01-114 (Unit Item No. or vessel's assigned district) | Portland, Me. (Place) | 21 August, 1944.. (Date)

CG 43001 (Minor unit)

1245, this date, dptd. this office and placed in status "Absence on Account of Sickness", to expire prior 1200-25 August, 1944, at this office.

DIAGNOSIS: Extraction of 18,19.21,22,23,24,25,26,27,28,29,31. NOT DUE TO OWN MISCONDUCT.

Attached: CG 43001, COTP, Portland, Me.

Address while in this status: 12 Giles Place,
Boothbay Harbor,
Maine

DUTY CODE No.: 06
AUTHORITY:

Art. 3006, Regs.
NCG 2522, USMH, Portland, Me. 8-21-44
COTP, Portland, Me. 8-21-44, pra-783.

/s/ Wm H Clifford, III
Wm. H. CLIFFORD, III, Lieut(R)
(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

PEA-E 33

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NCG-2522 #8

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William	553-607	B.M.1c.	COTP OPERATIONS South Portland, Me.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place SECTION COAST GUARD INFIRMARY, Date 21 August, 1944, 19 44

To: Commanding Officer
(Coast Guard unit)
Captain of the Port, Portland, Me.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Extraction of 18,19,21,22,23,24,25,26, 27,28,29,31		(1430-14 August, 1944	(1100-21 August, 1944

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

Recommend three (3) days sick leave.
At the duration of this leave subject man
should be fit for regular duty.

CONDUCT REPORT:

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

A.A. Leveton
A.A. LEVETON
P.A. (D) Surgeon
U. S. Public Health Service. (R)

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

_____
_____ *U. S. Public Health Service.*

* Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

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

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

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

TO THE COAST GUARD OFFICER:

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

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

NCG-2522 #8

FOLLOW INSTRUCTIONS ON BACK

PARMENTER, William P. (Name, surname first) 553 - 607 (Service number) B.M.1c (Rank or rating) COTP OPERATIONS (Unit)

FILE C.M.

AUG 16 1944 RECEIVED MAINE U.S. COAST GUARD

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

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

Place USCG COTP OPERATIONS, Date 14 August, 1944

Rptd 1430

To: MEDICAL OFFICER IN CH'GE
USCG SECTION INFIRMARY,
S. PORTLAND, ME.

SIR: You are requested to examine the above-named {*officer / *~~WAVE~~} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to COMMANDING OFFICER, COTP OPERATIONS

WILLIAM P. PARMENTER (Signature of patient)

F. B. Lincoln
F. B. LINCOLN Commander U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USCG INFIRMARY, S.PORTLAND, ME, Date 14 August, 1944

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

Extractions..25-26-27-28-29-31 170
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 5 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at USCG INFIRMARY, S. PORTLAND, MAINE {*hospital / *~~office~~} on 14 August, 1944

A. A. Leveton
A. A. LEVETON P.A.D.Surg., U. S. Public Health Service. (R)
SECTION DENTAL OFFICER USCG

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

Entered Unit File 8/16/44 PLT

INSTRUCTIONS

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

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

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

TO THE COAST GUARD OFFICER:

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

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

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

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

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

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

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

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

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

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

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

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

TO THE COAST GUARD OFFICER:

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

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

16—27150-1

UNITED STATES COAST GUARD

BOSTON, MASS.

6-1

PLEASE DO NOT NAME AN INDIVIDUAL IN ADDRESS OF REPLY. USE FOLLOWING FORM OF ADDRESS:

DISTRICT COAST GUARD OFFICER
CUSTOMHOUSE
BOSTON, MASS.

AND REFER TO FILE NO. fpd-73
522

22 February, 1944

To: The Commandant

Via: District Coast Guard Officer, First Naval District

Subj: PARMENTER, William P. (553-607) BMlc(R); allotment checkage

1. As requested in H/L CG-FA 9-522,521 dated 18 February, 1944, the pay account of the above named man has been credited with $115.00 representing an overcheckage of allotment in August, 1943.

2. Credit will be shown on the COTP PORTLAND, MAINE payroll for February, 1944 voucher number 29221, settled in the accounts of H. R. Jones SDA USN 55-065-0.

H. R. Jones, Lt. USCG
Pay Officer, 1ND

- -

Ind-1
DCGO 1ND Boston, Mass.
22 February, 1944

1944 FEB 24 AM 9 5

To: The Commandant

Forwarded.

R. E. Scott
R. E. SCOTT
By direction



14

CG-FA 9-522
521

18 February, 1944

From: Commandant.
To: Commanding Officer, CG Base, Portland, Me. (fpd)

Via: DCGO, 1st Naval District

Subject: Allotment(s), PARMENTER, William P. (553-607) BM1c(R)

References: (a) Voucher No. 260, Shore Units, Portland Section 1-15 August, 1943 payroll settled in the account of F. J. Wilson Symbol 55-140

(b)

(c)

(d) Article 169, Pay and Supply Instructions.

1. Relative to checkages from pay of the above named person for allotment(s), you are advised that the records of Headquarters show the following:

Allotment in amount $115.00 payable to Frances Parmenter effective first payment September 1943. Checked on reference (a). Over-checked $115.00

2. Take action to make necessary adjustment of the pay account of the above named person at the earliest possible date, advising Headquarters as to action taken.

U.S. COAST GUARD (11)
FEB 16 1944

W. H. WEBB,
By direction.

JPL:ez Return to 6-1

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

FILE M.J.S.

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: William; Middle: Pinkham; Last name: Parmenter

2. HOME ADDRESS: Number / Street or rural route: 12 Giles Place; County, city, town, or post office: Boothbay Harbor; State: Maine

3. I WAS BORN AT — City, town, or post office: Boothbay Harbor; State: Maine; Day of month: 25th; Month: March; Year: 1907; Age nearest birthday: 36

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: September, 1943

5. PRESENT ORGANIZATION — Rank, grade, or rating.: B.M.1c(R) USCG; Organization, regiment, station, ship, etc.: ACOTP Boothbay Hbr. Me.

6. SERIAL NUMBER: 553-607

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No.

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $ 10,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ _____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL: Frances Edwina Parmenter	Wife	10,000	12 Giles Place, Boothbay Harbor, Maine
CONTINGENT:			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Frances Edwina Parmenter (Full name) 12 Giles Place Boothbay Harbor, Maine (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of ~~September~~ AUGUST, 19___, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ 7.70 on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 7.70	$	$	$	$

SIGNED AT Boothbay Harbor, Maine ON THE 21 DAY OF July 19 43

WITNESSED BY: Robert J. Leary Y2c

INFORMATION AS TO SERVICE CERTIFIED BY: W. W. Hamilton

Boatswain, USCGR
(Rank and organization. See reverse side, paragraph 4.)

William P Parmenter BM 1c
(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—30586-1

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE
FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	$0. 63	25	$0. 67	35	$0. 76	45	$0. 99	55	$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than 6 months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of $5.51 for each $1,000 of insurance.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each $1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;
(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;
(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;
(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above, and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

U. S. GOVERNMENT PRINTING OFFICE O 16—30586-1

BOSTON DISTRICT
RECEIVED
SEP 30 1942
U.S. COAST GUARD

73

fvh

UNITED STATES COAST GUARD
RECEIVING STATION, BOSTON

520 Boylston St.
Boston, Mass.
29 September, 1942.

From: Commanding Officer, RECEIVING STATION , BOSTON.
To : Commandant.

Via : District Coast Guard Officer, First Naval District.

Subject: PARMENTER, William P.(553-607), B.M. 2/c(R); Statement of Service; request for.

1. It is requested that this office be furnished with a statement of service of subject named man for the purpose of establishing his pay status.

2. PARMENTER states he enlisted in U.S.C.G. 1927, at Rockland Maine, for 3 years. Discharged in 1930.- Reenlisted 1930 and discharged in 1931. Now serving current enlistment.

D.C. DAVIS
By direction.

---

73 First Indorsement

OFFICE, DCGOIND,
Boston, Massachusetts,
30 September, 1942.

1. Forwarded.

E. S. TUTTLE, JR.,
By direction.

73

fvh

UNITED STATES COAST GUARD
RECEIVING STATION, BOSTON

520 Boylston St.
Boston, Mass.
29 September, 1942.

From: Commanding Officer, RECEIVING STATION , BOSTON.
To : Commandant.

Via : District Coast Guard Officer, First Naval District.

Subject: PARMENTER, William P.(553-603), B.M. 2/c(R); Statement of Service; request for.

1. It is requested that this office be furnished with a statement of service of subject named man for the purpose of establishing his pay status.

2. PARMENTER states he enlisted in U.S.C.G. 1927, at Rockland Maine, for 3 years. Discharged in 1930.- Reenlisted 1930 and discharged in 1931. Now serving current enlistment.

D.C. DAVIS
By direction.

---

73 First Indorsement

OFFICE, DCGOIND,
Boston, Massachusetts,
30 September, 1942.

1. Forwarded.

E. S. TUTTLE, JR.,
By direction.

73

fvh

UNITED STATES COAST GUARD
RECEIVING STATION, BOSTON

520 Boylston St.
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29 September, 1942.

From: Commanding Officer, RECEIVING STATION , BOSTON.
To : Commandant.

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D.C. DAVIS
By direction.

73 First Indorsement

OFFICE, DCGOIND,
Boston, Massachusetts,
30 September, 1942.

1. Forwarded.

E. S. TUTTLE, JR.,
By direction.

73

3-12 SEP AM 10 33

UNITED STATES COAST GUARD

COAST GUARD AIR STATION
Floyd Bennett Field.

Brooklyn, New York,
11 September, 1942.

From: Commanding Officer, Coast Guard Air Station, Brooklyn, N. Y.
To: Commandant.

Subject: Personnel; designation of beneficiary.

Reference: (a) Headquarters' letter 2 September, 1942 (CG-PW-73).
(b) Headquarters' letter 5 September, 1942 (CG-PW-73).

Inclosure: (A) Designations of Beneficiary (2).

1. Inclosure (A) is forwarded herewith in compliance with references (a) and (b), in the cases of PARMENTER, Walter R. (224-341) A.M.M.3c. and BIEBER, Bruce A. (230-310) G.M.3c.

W. A. BURTON.



Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

BROOKLYN AIR STATION (Unit) — Brooklyn, New York. (Place)

10 September, 1942. (Date)

FROM: PARMENTER, Walter R. (224-341) A.M.M.3c.

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:

(Full name of wife; if not married, so state)	(Address of wife)
Dorothy Marie Parmenter	1819 East 38th St., Brooklyn, N.Y.
(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)
Ruth Louise Parmenter	Mother	21 Intervale Rd., Wellesley, Mass.

Potemtial
(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.

WITNESSED BY: Subscribed and sworn to before me this 10thday of SEPTEMBER, 1942.

W. A. BURTON,
Lieut.Comdr.USCG.
Rank

SIGNED:
Walter R. Parmenter
Walter R. Parmenter,
A.M.M.3c.
Rank or Rating

2—10348 U. S. GOVERNMENT PRINTING OFFICE

N.C.G.-2529
(Rev.9-2-41)

UNITED STATES COAST GUARD
DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING SUB-STATION., (Unit) — PORTLAND, MAINE. (Place)

2 September, 1942 (Date)

From: PARMENTER, William Pinkham (553-607) B.M. 2/c., USCGR.
To: COMMANDANT, (Via, Officer-in-Charge.)

1. In the enent 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.

FRANCES PARMENTER — 12 GILES PLACE, BOOTHBAY HARBOR, MAINE
(Full name of wife, if not married, so state) (Address of Wife)

FREDERICK LOUIS PARMENTER — SAME ADDRESS
(Full name of child, if none, so state) (Address of Child)

WILLIAM PINKHAM PARMENTER JR. — SAME ADDRESS.
(Full name of child, if none, so state) (Address of Child)

PERRY PARMENTER — SAME ADDRESS.
(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 dependant relative:

THERESA PARMENTER — MOTHER — BOOTHBAY HARBOR, MAINE
(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 dependant relative before payment is made, I then designate as my beneficiary under said act the following dependant relative:

CLAUDE PARMENTER — FATHER — BOOTHBAY HARBOR, MAINE
(Full name of relative) (Relationship) (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 2 nd day of September 19 42 :

William Pinkham Parmenter
(Signature)
WILLIAM PINKHAM PARMENTER

B.M. 2/c., USCGR.
(Rating)

A. F. JONES
(Signature)
Lieut., USCG
(Title)

783
702
531

RECRUITING SUB-STATION

UNITED STATES COAST GUARD
Recruiting Sub-Station
Portland, Maine
2 September, 1942

From: Officer-in-Charge, Recruiting Sub-Station.,Portland,Maine.
To: PARMENTER, William Pinkham (553-607) B.M. 2c.,USCGR.

Subject: Orders to active duty; transfer.

Reference: (a) H/D 011530 (August, 1942)

1. Having been enlisted in the Coast Guard Reserve this date, you are hereby ordered to active duty in the Coast Guard. Upon receipt hereof, proceed to Boston, Mass., in company with and in charge of (33) other recruits, and upon arrival thereat report to the District Coast Guard Officer, First Naval District, for further assignment to duty.

2. The travel necessary to the execution of these orders is required by the public interest, and is authorized chargeable against Headquarters travel allowance, Symbol No. 51-21. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions are applicable in this case.

3. Transportation Request No. 29,880 and Coast Guard meal Ticket No. 102262, covering the cost of travel and meals for youself and (33)- - - -others, from Portland, Maine to Boston, Mass., is furnished you herewith. No other expense is deemed necessary for the execution of this order and none is authorized.

4. Departed at 1130 this date.

GEORGE FORNASH

783-702-531 1 st. Indorsement Portland, Maine.
Recruiting Sub-Station 2 September, 1942

1. Received at 1130 this date.

William Pinkham Parmenter

783-702-531 2 nd. Indorsement Portland, Maine.
Recruiting Sub-Station 2 September, 1942

1. I certify that the above-named man has executed the required affidavit stating that he does not draw a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, and that he has no claim pending therefor.

George Fornash
GEORGE FORNASH.

N.C.G. No. 2599
U.S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M.2c.(R).
(SURNAME)	(FIRST NAME)	(MIDDLE INITIAL)	(SERVICE NUMBER)	(RANK OR RATING)

ODCGO,1ND	Boston, Massachusetts	2 September, 1942.
(UNIT)	(PLACE)	(DATE)

1615, this date, reported this office from the Recruiting Sub-Station, Portland, Maine.

1630, this date, transferred to the C. G. RECEIVING STATION, Boston, Mass. for assignment to duty, pending further orders from this office.

R SUBJ: Portland ltr.,
2 Sept., 1942 (783-702-531).and
DCGOIND Indorsement thereon.

E. Banning
E. BANNING
(Commanding)

Ensign
(Title) By direction.

f;89

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW PERSONNEL RECORDS

Statistics Correspondence Records

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER	William	P.	553-607	D.E.2c(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(UNATTACHED) RECEIVING STATION	520 Boylston St.	Boston, Mass.,	2 September, 1942.
(Unit)	(Place)		(Date)

1800, this date, reported from RECRUITING SUB-STATION, PORTLAND, MAINE, for assignment to temporary duty pending further transfer.

AUTHORITY: Letter, Recruiting Sub-station, Portland, Maine. This date. 783-702-531

T. D. O'BRIAN
(Commanding)
Ensign, USCGR.
(Title)
(by direction)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

N.C.G. No. 2599
U.S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

PARMENTER,	William	P.	553-607	B.M.2c., USCGR.
(Surname)	(First Name)	(Middle Ini)	(Service No.)	(Rank or Rating)

RECRUITING SUB-STATION.,	PORTLAND, MAINE.	2 September, 1942
(Unit)	(Place)	(Date)

Enl. this date for three (3) yrs. as B.M. 2c. in the Coast Guard Reserve with assignment to immediate active duty and tr. 1130 this date to DCGO, FIRST NAVAL DISTRICT, BOSTON, MASS.

AUTHORITY: H/D 011530 (August, 1942)

George Fornash
(Commanding)

GEORGE FORNASH.;
C.W.T., (a)(Pro.)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

NOTED

Form 9626
TREASURY DEPARTMENT
U. S. COAST GUARD
Sept. 1930

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

73

FILE
H. W.

DATE 1 August, 1942.

FROM COMMANDANT
COAST GUARD HEADQUARTERS

TO (FOR ACTION)
COTP PORTLAND ME

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

012100

TEXT

YOUR 011530 AFFIRMATIVE

Ref. Authority requested reenlist William P Parmenter 108-157 as BM2c. Issued ordinary discharge 20 Dec 1932 at OM3c. From sub-recruiting Portland.

RECRUITMENT

012100 RW 68 SG

HW

OPERATOR'S RECORD.

E.O.S.

OFFICIAL BUSINESS.

INITIALS OF "RELEASING" OFFICER.

U. S. GOVERNMENT PRINTING OFFICE 2—15417

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING: TWX NR 8 Z QUJU Ø1153Ø QUAH GR 29

#108-157
Gr 3/25/07
EE 3/4/27 as Save
Ltd 12/20/32 Q 3c
our request

FROM: COTP PORTLAND ME..

ACTION: COMDT CG..

INFORM:

TEXT

AUTHORITY REQUESTED REENLIST WILLIAM P PARMENTER 1Ø8-157 AS BOATSWAIN MATE SECOND CLASS X ISSUED ORDINARY DISCHARGE 2ØTH DECEMBER 1932 AS QUARTERMASTER THIRD CLASS X FROM SUB-RECRUITING PORTLAND....

ypm 011530 affirmative

Aviation Eng.
CG Reserve
Civil Engineer
Civilian Personnel
Commandant
Communications
Const. & Repair
Finance
Group Training
Inspector
Intelligence
Marine Engineering
Maritime Service
Material
Medical
Merchant Ship
Operations
Permanent Board
Personnel
Procurement
Public Relations
Radio Engineering

TOR 1553/1 TWX8RECD....TH

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

MAC

PR-73

27 January, 1933.

Puritan Clothing Company,
56 Main Street,
Plymouth, Mass.

Gentlemen:

Receipt is acknowledged of your letter, dated 25 January, 1933.

In reply, you are advised that the records at Coast Guard Headquarters show the following information regarding the below-named men:

Francis George Lovely is now serving at the following address:- Boatswain's mate, second class, Francis George Lovely (106-519), U. S. Coast Guard Cutter YAMACRAW, Savannah, Ga.

Will Arthur Christenbury is now serving at the following address:- Boatswain's mate, second class, Will Arthur Christenbury (100-371), U. S. Coast Guard Patrol Boat AURORA, Stapleton, N. Y.

William Pinkham Parmenter (108-157) was discharged 20 December, 1932, from the Coast Guard, and his present whereabouts is unknown. His latest home address on file is shown as 94 Mt. Pleasant Avenue, Gloucester, Massachusetts.

Your letter, dated 25 January, 1933, is returned.

By direction of the Commandant:

Respectfully,

"One Inclosure".

C. P. CLARK,
Assistant Chief,
Division of Operations.

REC'D DEC 27 1932
ANS'D

PERSEUS Staten Island, N.Y. 20 December, 1932

PARMENTER, William P. 108-157 QM3c

1100 this date issued a discharge by SPECIAL ORDER OF COAST GUARD HEADQUARTERS
Cause: Own request.

HL 7 December, 1932 (73-701)

H.C. Moore, Lieutenant

Commanding PERSEUS

HEADQUARTERS
U.S. COAST GUARD

73

73

U. S. COAST GUARD
REC'D
ANS'D
1932

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

PERSEUS

Staten Island, N.Y.,
20 December, 1932.

U.S. COAST GUARD
RECEIVED
DEC 22 1932
NEW YORK DIVISION

RECEIVED
U.S. HUNT C.G.
SPECIAL PATROL FORCE

From: Commanding Officer.
To: Commandant (via Commander, Special Patrol Force, and Commander, New York Division).

Subject: PARMENTER, William P. (108-157) Q.M.3c; discharge; refund of enlistment allowance, in the amount of $25.00.

DEC 21 1932 AM

Reference: (a) Headquarters letter 7 December, 1932 (73-701).

Inclosure: 1. U.S. Postal Money Order No. 449803.

1. In compliance with the authority granted by reference (a), the subject man was this date discharged, and inclosure 1, as directed by reference (a) is forwarded herewith for delivery to the Pay amd Allowance Officer.

H. C. Moore.
H. C. Moore.

---

73 - HUNT (FLAGSHIP)
SPECIAL PATROL FORCE

First Indorsement

Stapleton, S.I.,N.Y.,
21 December, 1932.

1. Forwarded with inclosure.

/c.

JOSEPH GREENSPUN, Acting.

New York Division - 73.

Second Indorsement

New York, N.Y.,
23 December, 1932.

1. Forwarded with inclosure.

DEPOSITED
Date 12-29-32
Deposit No. 40
Item No.
Appropriation
Account

Jan. 1933

G.M. Phannemiller,
By direction.

gt:

Encl. 3-5-32
Disch 12-20-32

W.H. Webb for
W.H. #449803 $25.00

1/6/32

73

U. S. COAST GUARD
REC'D DEC 27 1932
ANS'D

PERSEUS

Staten Island, N.Y.,
20 December, 1932.

From: Commanding Officer.
To: Commandant (via Commander, Special Patrol Force, and Commander, New York Division).

Subject: PARMENTER, William P. (108-157) Q.M.3c; discharge; refund of enlistment allowance, in the amount of $25.00.

Reference: (a) Headquarters letter 7 December, 1932 (73-701).

Inclosure: 1. U.S. Postal Money Order No. 449803.

1. In compliance with the authority granted by reference (a), the subject man was this date discharged, and inclosure 1, as directed by reference (a) is forwarded herewith for delivery to the Pay and Allowance Officer.

H. C. Moore.

- -

73 - HUNT (FLAGSHIP)
SPECIAL PATROL FORCE

First Indorsement

Stapleton, S.I., N.Y.,
21 December, 1932.

1. Forwarded with inclosure.

/c.

JOSEPH GREENSPUN, Acting.

U.S. COAST GUARD
RECEIVED
DEC 22 1932
NEW YORK DIVISION

- -

New York Division - 73.

Second Indorsement

New York, N.Y.,
23 December, 1932.

1. Forwarded with inclosure.

gt:

G.M. Phannemiller,
By direction.

1935 DEC 23 AM 8

UECO

JTF 73-701

7 December, 1932.

From: Commandant.
To: Commanding Officer, PERSEUS (via Commander, New York Division, and Commander, Special Patrol Force).

Subject: PARMENTER, William P. (108-157), Q.M.3c.; special order discharge of.

Reference: (a) Subject's request, 22 November, 1932, (73), and indorsements thereon.

1. Replying to reference (a), you are authorized to discharge subject man with special order discharge, by reason of his own request, not recommended for reenlistment, provided he reimburses the Government in the amount of $25.00, which he received as reenlistment allowance for his last enlistment. Report discharge on Form 2599.

By direction,

W. B. SCHEIBEL,
Assistant Chief, Personnel Section.

U. S. COAST GUARD

R.C'D DEC 3 1932

73

HUNT (FLAGSHIP) - 73
SPECIAL PATROL FORCE

2nd Indorsement
ANS'D

At Sea, North Atlantic,
27 November, 1932.

From: Commander, Special Patrol Force.
To : Commandant (via Commander, New York Division).

Subject: PARMENTER, William P. (108-157) Q.M.3c.(PERSEUS); request for discharge.

1. Forwarded, approved.

JOSEPH GREENSPUN,
Acting.

U.S. COAST GUARD
RECEIVED
DEC 2 1932
NEW YORK DIVISION

New York Division - 73. Third Indorsement

New York, N.Y.,
2 December, 1932.

1. Forwarded.

G.M. Phannemiller,
By direction.

gt:

Discharge.

RECEIVED

U. S. TREASURY DEPARTMENT
UNITED STATES COAST GUARD

R C'D DEC 3 1932

ANS'D

COAST GUARD CUTTER

PERSEUS

Navy Yard, New York,
22 November, 1932.

U.S.S. HUNT C.G. SPECIAL PATROL FORCE

NOV 27 1932 PM

From: PARMENTER, William P. (108-157) QM3c.
To: Commandant (via Commanding Officer, PERSEUS, Commander, Special Patrol Force, and Commander, New York Division).

Subject: Discharge; request for.

1. It is requested that I be discharged from the Coast Guard at the earliest practicable date convenient to Headquarters.

2. Prior to being assigned to the PERSEUS I was attached to Section Base SEVEN, where in addition to my pay I received a subsistance and quarters allowance which adequately provided for my family. My present pay is not of an amount sufficient to support my wife and three minor children, the youngest of which is but one month of age. Consequently, bills for necessities are gradually accumulating and I have no prospect of meeting them. It is my desire to return to my home in Maine and engage in the fishing industry, the only occupation which requires no capital and in which I can immediately become employed as I have the necessary equipment.

3. It is further requested, if it is permissable by law, that I be exempted from reimbursing the Government in the amount of $25.00 which I received as an enlistment allowance upon my last reenlistment.

4. My present home address is Boothbay Harbor, Maine.

5. I have no registered allotments.

6. My current enlistment expires 4 March 1934.

William P. Parmenter.
William P. Parmenter.

PERSEUS-73 First Indorsement Navy Yard, N.Y.,
22 November, 1932.

From: Commanding Officer, PERSEUS.
To: Commandant (via Commander, Special Patrol Force and Commander, New York Division).

1. Forwarded, recommending approval. The statements made in the basic communication relative to dependents and unpaid bills are known to be true. The commanding officer, PERSEUS if of opinion that none of the statements made are required to be substantiated by an affidavit and for that reason none is forwarded. No disciplinary action of any kind is pending in the case of the subject man.

H.C. Moore
H.C. Moore.

FILE
N. E. V.

PA12-73

19 March, 1932.

From: Commandant.

To: Commander, Section Base 7 (via Eastern Division).

Subject: PARMENTER, William Pinkham (108-157) Q.M.Sc.; enlistment allowance.

References: (a) Your letter, 5 March, 1932 (73-522), bearing indorsement of Commander, Eastern Division, 7 March, 1932 (73).
(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

MF

gfw

73-522

FILE 73

3/10/32

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE

S E V E N

Gloucester, Mass.,
5 March, 1932.

BOSTON, MASS.
U.S. COAST GUARD
REGD. MAR 7 1932
EASTERN DIVISION

U. S. COAST GUARD
REC'. MAR 8 1932 BY
ANS. 3/16/32

From: Commander, Section Base Seven.
To: Commandant (via Commander, Eastern Division).

Subject: PARMENTER, William P. (108-157 Q.M. 3c.; enlistment allowance.

1. The above-named man was honorably discharged as quarter master, third class on 4 March, 1932 from a one-year enlistment which commenced 5 March, 1931. He reenlisted 5 March, 1932. Statement of service is requested in order that enlistment allowance may be paid.

F. W. Brown.

EASTERN DIVISION-73. 1st Indorsement. Boston, Mass., 7 March, 1932.

From: Commander, Eastern Division.
To : Commandant.

1. Forwarded.

W. H. MUNTER,

J. A. STARR,
Chief of Staff.

Pay
$25.00

MEMORANDUM TO PAY AND ALLOWANCES OFFICER—U. S. COAST GUARD

Name PARMENTER, William Pinkham (108-157) Date 16 March, 1932

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl	3-5-31	Spec Temp	One	Q M 3c	Base 7

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	3-4-32	Base 7	Q M 3c	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
3-5-32	Spec Temp	Two	Q M 3c	Base 7

S. R. MORGAN
In charge of Personnel Records Section.

mcs gh.c.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base Seven (Unit.) Gloucester, Mass., (Place.)

5 March, 1932. (Date.)

FROM: William Pinkham Parmenter (108-157) Q.M.3c.

To: COMMANDANT (via Commander, Section Base Seven)

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:

Frances E. Parmenter (Full name of wife; if not married, so state.)	94 Mt. Pleasant Ave., Gloucester, Mass. (Address of wife.)
Frederick L. Parmenter (5 yrs) (Full name of child; if none, so state.)	94 Mt. Pleasant Ave., Gloucester, Mass. (Address of child.)
William P. Parmenter, Jr.(3 yrs) (Full name of child; if none, so state.)	94 Mt. Pleasant Ave., Gloucester, Mass. (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:

Theresa Parmenter (Full name of relative.)	Mother (Relationship.)	Boothbay Harbor, Maine. (Address of relative.)

Contributions.
(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.)

WITNESSED BY: G. W. Parker

G. W. Parker,
Rank, Boatswain, U.S.C.G.

SIGNED: William Pinkham Parmenter

William Pinkham Parmenter,
Rank or rating, Q.M.3c.

2—10348

U.S. GOVERNMENT PRINTING OFFICE: 1929

BOSTON, MASS.
U. S. COAST GUARD
MAR 3 1932

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Section Base 7 Place Gloucester, Mass. Date 4 March, 1932.

PARMENTER, William P. (108-157) Q.M.3c.
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

The above-named man was honorably discharged at 12:00 midnight this date, upon expiration of full term of enlistment. Issued him Honorable Discharge No.A-27645.

Enlistment contract and supporting papers completed and forwarded herewith.

Disciplinary action:

Authority: Article 4272 (a), Regulations.
H/L 1 March, 1932 (73-701).

F. W. Brown, (Signature)

Commander, Section Base Seven.
(Title)

No.18. SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

73-701

MBH

1 March, 1932.

From: Commandant.
To : Commander, Section Base Seven, Gloucester, Mass. (via Commander, Eastern Division).

Subject: PARMENTER, William P. (108-157) QM 3c; discharge and reenlistment.

Reference: (a) Your letter, 24 February, 1932 (73-701).

1. Replying to reference (a), you are authorized to discharge subject man upon expiration of his current enlistment and reenlist him the day following discharge in the special temporary establishment. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

L. SPENCER,
Assistant Chief, Personnel Section.

U.S. COAST GUARD
REC'D FEB 27 1932 BY
ANS. 3/1/32

73

EASTERN DIVISION - 73-701 1st Indorsement Boston, Mass.,
26 February, 1932.

From: Commander, Eastern Division.
To: Commandant.

Subject: PARMENTER, William P. (108-157) Q.M.3c.; physical status upon discharge and reenlistment.

1. Forwarded with inclosure.

W. H. MUNTER.

J. A. STARR,
Chief of Staff.

5th
Policy

73-701

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE SEVEN

BOSTON, MASS.
U. S. COAST GUARD
FEB 29 1932
EASTERN DIVISION

Gloucester, Mass.,
24 February, 1932.

From: Commander, Section Base Seven.
To : Commandant (Via Commander, Eastern Division).

Subject: William P. Parmenter (108-157) Q.M.3c., physical status upon discharge and reenlistment.

Reference: (a) Articles 434 (2) and 4543, Personnel Instructions.
(b) Form No.2502, Report of Physical Examination, 20 February, 1932, in case of above subject man.

Inclosure: (1) Above reference (b).

1. The above-subject man reenlisted at this unit 5 March, 1931, for a period of one year on a Special Temporary Enlistment, having previously served four years in the Coast Guard. In compliance with above rererence (a) he has been physically examined for reenlistment and the examining physician found him not physically qualified for reenlistment by reason of being underweight, having too low chest expiration and the lack of one opposing incissor tooth.

2. Parmenter is a man of good character, dependable and proficient in his duties. He was examined for advancement to Q.M.2c., 26 October, 1931, received a passing mark and was recommended to Headquarters where his name was placed on the eligible list for consideration at such time as a suitable vacancy should occur. He has declared his intention of reenlisting upon the expiration of his present enlistment.

3. In view of the above it is recommended that the physical defects in this man's case be waived and that authority be granted to discharge him upon the expiration of his present enlistment and to reenlist him in the Regular Establishment the day following his discharge, to fill the vacancy caused by his discharge.

F. W. Brown.

U. S. COAST GUARD
REC'D FEB 27 1932 BY
ANS.

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Ed. Nov., 1928

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Gloucester, Mass. (Place where examination is held) — February 20-1932 (Date)

STATEMENT OF APPLICANT

Name PARMENTER, William P. (Surname) (Christian name) Age: Years 24 months 11 Color White

Examined for Regular Enlistment (State whether for special temporary or regular enlistment, commission, or promotion)

*For what grade or rating Q.M.3c.

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular S.T. ✓

*When were you discharged from your last enlistment in the Coast Guard? March 4-1931 ✓

*Have you ever been discharged from the Coast Guard or other military service for physical disability? No If so, state circumstances and nature of disability

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? No If so, state cause:

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) No history of disease -

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.) No history of disease -

I certify that the above statement is true to the best of my knowledge and belief.

William P. Parmenter
(Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, ; left eye,

Is applicant color-blind? No Were eyes tested with lantern, woolen skeins, or both? Wool plates -

*Not for officers already commissioned

2—3850

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? yes; left ear yes?

Whispered speech, 15 feet, with right ear? yes; left ear yes?

Teeth: Give missing teeth by number. If none, so state:

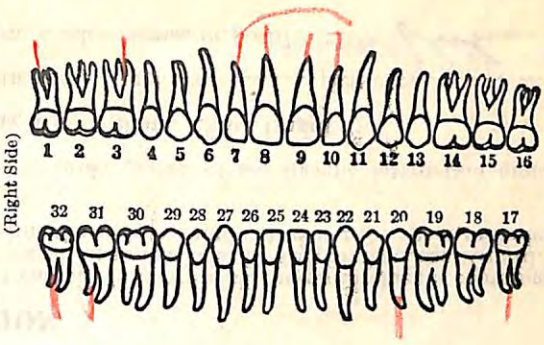
1-3-7-8-9-10-32-31-20-17

Give by number, teeth replaced by plate or bridge. If none, so state:

Plate 7-8-9-10.

Give by number, teeth with unfilled cavities. If none, so state:

None



Condition of gums Normal

General appearance: Good

Height (without shoes) 5 feet 7 inches. **Weight,** stripped, 123½ pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and allowance deducted for their weight.)

If applicant is overweight, is it due to fat? ..... Is he under weight? yes

Skin: (Diseases, etc.) Normal

Important scars (give location, condition, and cause) None

Distinguishing marks None

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.)

Post-occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Abnormalities, etc.) Normal

Hair and scalp Normal

Face: (Abnormalities, etc.) Normal

Eyes and eyelids: (Abnormalities, etc.) Normal

Pupillary reflex (Argyll-Robertson pupil) Normal

Ears: (Abnormalities, etc.) Normal

Mastoid disease? No Condition of external canal Normal Of drum Normal

Nose: Deflection of septum No Obstruction No Chronic nasal catarrh No

Mouth: (Abnormalities, etc.) Normal about teeth, otherwise normal

Condition of tonsils Normal Do they interfere with speech or swallowing? No Is applicant a mouth breather? No

Has he any defect of speech? No (State nature and degree.)

Neck: Goiter No Other conditions Normal

Chest: Inspection Normal Respiratory rate 18

Measurement: Inspiration 35 inches; expiration 32 inches.

Lungs: Palpation Normal

Percussion Normal

Auscultation Normal

Heart: Palpation Normal

Percussion Normal

Auscultation Normal

Pulse rate 71 Temperature 98.6 Blood pressure: Systolic ..... Diastolic .....
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise Normal

2—3850

Abdomen: Circumference at umbilicus 28 Any evidence of disease of abdominal organs? no

Inguinal rings (large or small) normal Impulse on coughing? normal

Is there any weakness of abdominal wall, resulting from scar? no

Hernia no Other conditions normal

Genito-urinary organs: Any symptoms of disease of the urinary tract? no

Scrotum: Has applicant varicocele that is painful? no

That interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Undescended no Other conditions normal

Penis: Epispadias no Hypospadias no

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including complications) no

Spine: Mobility normal Curvature no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistula no Other conditions normal

Upper extremity: Missing fingers no

Other conditions normal

Joint movements normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? no

Knock knees? no Varicose veins (degree) no

Flat or weak foot (degree) no

Bunions no Hammertoe no Corns (painful) no

Other conditions normal

Joint movements normal

Muscles: Development normal Coordination of muscular movement normal

Romberg absent Patellar reflex normal Defects of gait no

Agility good Habit spasms no Chorea no

Urine: (Chemical examination of urine should always be made.)

Color amber Reaction acid Sp. gr. 1015

Albumin no Sugar no Shreds no

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites

Hemoglobin, per cent Other conditions

Result of Wassermann test

(Wassermann test is necessary, only when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo, or other suspicious symptoms. When blood is taken for the Wassermann test, these papers should be held until the result of the test has been obtained.)

Has applicant been successfully vaccinated against smallpox within four years? yes

Against typhoid fever within four years? yes

Is there any evidence of excessive use of tobacco or alcohol? no

Evidence of drug addiction? no

Is applicant suffering from any general disease? no

Do you consider the applicant mentally sound? yes

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make) None

CERTIFICATE

~~We~~ / I certify on honor that ~~we~~ / I have carefully examined William P. Parmenter and find—

~~That he is physically qualified for~~ _____ (Enlistment, reenlistment, appointment, or promotion.)

~~That he is physically qualified to perform all the duties of~~ _____ (Rank or rating for which examined)

That he is not physically qualified for reenlistment in the Coast Guard, for the following reasons: underweight, chest expansion too low, Codes one & two incisions both.

In my ("Our" or "my") judgment these defects are not (If not, so state) incident to service.

E. B. Gallick
Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical disqualifications noted in the above certificate as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, Feb. 29, 1932

The finding of the medical board is approved.

The finding of the ~~medical board is not approved for the following~~ reasons:

The waiver recommended by the ~~medical board~~ Coast Guard is approved. for special temporary enlistment

The waiver recommended by ~~the medical board is not~~ approved for the following reasons:

By direction of the Surgeon General.

W. W. King
~~Surgeon~~, U. S. Public Health Service.
Medical Director

U. S. GOVERNMENT PRINTING OFFICE: 1927 2—3850

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2522.—Ed. 20,000—Revised June, 1924

REC'D FEB 10 1932

FILE W. W. K.

PARMENTER, William P. (108-157) Q.M.3c. Section Base Seven
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

U. S. COAST GUARD RECEIVED FEB 7 1932

Place Gloucester, Mass., Date 1 February, 1932.

REC'D FEB 10 1932 By MEDICAL SECTION.

To Dr. E. B. Hallett, A. A. Surgeon,
U. S. Public Health Service,
Gloucester, Mass.

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Oscar Tinje Chief Boatswain, U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant William P. Parmenter Age 24

Height 67 inches Nativity 126 Color of hair brown Eyes blue

RETURN MEDICAL CERTIFICATE

Place Gloucester, Mass., Date Feb 1, 1932

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

V 0241 Dental Caries Teeth
(Write plainly)

which is *not communicable. The disability is *~~not~~ an incident of the service and is *not due to his own vicious habits. He is *not now fit for duty. He will require approximately 2 days' *office *~~hospital~~ treatment.

*~~He was this day sent~~ to V 1-31-32 hospital.
(This line to be used by Public Health Service Officer only)

E. B. Hallett
Acting Assistant Surgeon, U. S. Public Health Service

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ____ Is he able to travel now? ____

Alone? ____ How many attendants should accompany him? ____

Remarks: ____

*Strike out words not applicable

2—663

(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard officer who signed the request for relief.

5. Only the original application is necessary in case of out-patient treatment until the treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

U. S. COAST GUARD
REC'D APR 7 1932 BY
ANS.

UNITED STATES COAST GUARD
SECTION BASE SEVEN,
GLOUCESTER, MASSACHUSETTS.

FILE
M. B.

DATE April 5, 19 32

This is to certify that Parmenter, William P Rate 108-157 Q.M.3/c

was successfully vaccinated against small pox January 31, 19 32

Received the Last inoculation aganist typhoid January 31, 19 32

S. H. Coates Ph M 1/c
(Signature)

73-701

MEH

4 November, 1931.

From: Commandant.
To : Commander, Section Base Seven, Gloucester, Mass. (via Commander, Eastern Division).

Subject: PARMENTER, William P. (108-157) QM 3c; recommendation for advancement.

Reference: (a) Your letter, 29 October, 1931 (73).

1. Replying to reference (a), you are advised that the name of subject man has been placed on the eligible list for consideration for advancement to the rating of quartermaster, second class, at such time as a suitable vacancy may occur.

F. C. BILLARD

F

C. H. JONES,
Assistant Chief, Personnel Section.

BOSTON, MASS.
U. S. COAST GUARD
REC: OCT 31 1931
EASTERN DIVISION

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE SEVEN

Gloucester, Mass.,
29 October, 1931.

U. S. COAST GUARD
REC'D NOV 2 - 1931 B
ANS. 11/4/31

From: Commander, Section Base Seven.
To: Commandant (via Commander, Eastern Division).

Subject: PARMENTER, William P. (108-157) Q.M.3c.; recommendation for promotion.

Reference: (a) Article 3611, Personnel Instructions.
(b) Article 4061, Personnel Instructions.

Inclosure: (1) Form No.9555, report of examination, 26 October, 1931, case of above subject man.

1. Referring to above reference (a) the above subject man has been examined for advancement in rating from quartermaster, third class to quartermaster, second class and has been found fully qualified, having received a passing mark in all subjects and an average mark of 3.41, and having fulfilled the requirements of above reference (a).

2. Parmenter reenlisted as quartermaster, third class 5 March, 1931, having previously served four years in the Coast Guard. He is of good character, an industrious and willing worker, steady and dependable.

3. In view of the above it is recommended that Parmenter be placed on the eligible list for promotion to fill future vacancy in the rating of quartermaster, second class.

F. W. Brown.

OV/gt

Eastern Division-73 1st Indorsement. Boston, Mass., 31 Oct. 1931.

From: Commander, Eastern Division.
To : Commandant.

1. Forwarded with inclosure.

W. H. MUNTER.

J. A. STARR,
Chief of Staff.

U. S. COAST GUARD

RECD NOV 2 - 1931

ANS.

Treasury Department
U. S. Coast Guard
Form No. 9555

REPORT OF EXAMINATION
(Enlisted Personnel)

Ship or Station Section Base SEVEN,

Place Gloucester, Mass.,

Date 26 October, 1931.

PARMENTER, William P. (108-157) — Q.M.3c.
(Name) (Rating)

was examined this day for the rating of Quartermaster, second class and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. Candidate will be examined in required subjects as given in Coast Guard Regulations together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, trancription of same, and text used in dictation in cases where stenography is required should be forwarded with report or examination.

SUBJECT	MARKS	SUBJECT	MARKS
Regulations	3.5	General duties of O.D.	3.4
Drills	3.5	Rules of the road	3.5
Educational	3.5		
Signals	3.3		
Chart, log, compass work, etc.....	3.2		

Average Marks 3.41

J. L. Olsen

J. L. Olsen, Boatswain
(Signature and Rank of Member)

F. P. Stone

F. P. Stone, Boatswain
(Signature and Rank of Member)

F. W. Brown

F. W. Brown, Lieut.Commander

(Signature and Rank of Commanding Officer).

Treasury Department
U. S. Coast Guard
Form No. 2555

U. S. COAST GUARD
REC'D NOV 2 - 1931
ANS.

REPORT OF EXAMINATION
(Enlisted Personnel)

Ship or Station Section Base SEVEN,

Place Gloucester, Mass.,

Date 26 October, 1931.

PARMENTER, William P. (108-157) Q.M.3c.
(Name) (Rating)

was examined this day for the rating of Quartermaster, second class and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. Candidate will be examined in required subjects as given in Coast Guard Regulations together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Regulations	3.5	General duties of O.D.	3.4
Drills	3.5	Rules of the road	3.5
Educational	3.5		
Signals	3.3		
Chart, log, compass work, etc.....	3.2		

Average Marks 3.41

J. L. Olsen
J. L. Olsen, Boatswain
(Signature and Rank of Member)

F. P. Stone
F. P. Stone, Boatswain
(Signature and Rank of Member)

F. W. Brown.
F. W. Brown, Lieut.Commander

(Signature and Rank of Commanding Officer).

FILE

PA12-73 F. V. H.

9 April, 1931.

From: Commandant.

To: Commander, Section Base 7 (via Eastern Division).

Subject: PARMENTER, William P. (108-157) Q.M.3c.; pay.

References: (a) Record of service. 4-31 March, 1931, $5.40.
(b) Voucher, period

Inclosures: (1) Reference (a).
(2) Reference (b).

1. In accordance with reference (a), the above named person is entitled to increased pay as shown on reference (b), if same has not previously been paid.

2. Payment of reference (b) or of new voucher prepared in accordance with corrections thereon, will be made by the disbursing officer regularly settling the accounts of the above named person, and reference (a), together with a certified copy of this letter attached thereto.

3. The above named person will hereafter be carried for increased pay based on reference (a) until such time as he may complete a subsequent longevity period of service entitling him to additional pay and a new record of service has been issued by Headquarters upon request therefor.

W. H. WEBB,
By direction.

RP

PA12-73.

FILE
S. V. H.

23 March, 1931.

From: Commandant.

To: Commander, Section Base 7 (via Eastern Division).

Subject: PARMENTER, William Pinkham (108-157) Q.M.3c.; enlistment allowance.

References: (a) Your letter, 5 March, 1931 (73), bearing indorsement of Commander, Eastern Division, 6 March, 1931, (73).
(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

73.

TOR

73

3/4/31 FILE F.V.H.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

1931 MAR - 6 - AM 8:55

COAST GUARD SECTION BASE

SEVEN

EASTERN DIVISION
COMMUNICATIONS

Gloucester, Mass., 5 March, 1931.

U. S. COAST GUARD
REC'D MAR 7 1931 B

MAR 9 31

ANS. 3/28/31

From: Commander, Section Base Seven.
To : Commandant (via Commander, Eastern Division).

Subject: William P. Parmenter (108-157) Q.M.3c; enlistment allowance.

1. Subject named man was honorably discharged as Q.M.3c 4 March, 1931 from a one year enlistment which commenced 5 March, 1930. He reenlisted 5 March, 1931. Statement of service is requested in order that voucher may be submitted for enlistment allowance.

E. A. Coffin.

m/b

EASTERN DIVISION-73 1st Indorsement Boston, Mass., 6 March, 1931.

From: Commander, Eastern Division.
To: Commandant.

1. Forwarded.

J. A. ALGER,
Acting.

Pay $250.

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name PARMENTER, William Pinkham (108 157) Date 3-18-31

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Reenl .	3-5-30	Spec.Temp.	One	Q.M.3c.	Base Seven.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	3-4-31	Base Seven	Q.M.3c.	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
3-5-31	Spec.Temp.	One	Q.M.3c.	Base Seven.

Ref. NP.

S. R. MORGAN
In charge of Personnel Records Section.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

U. S. COAST GUARD
REC'D MAR 7 1931 B
ANS.

73

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base SEVEN (Unit.) Gloucester, Massachusetts (Place.)

5 March, 1931 (Date.)

FROM: William Pinkham Parmenter, (108-157), Q.M.3c.

TO: COMMANDANT (via Comdr., Section Base SEVEN)

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 follows:

Frances E. Parmenter (Full name of wife; if not married, so state.)	94 Mt. Pleasant Ave.,Gloucester,Mass. (Address of wife.)
Frederick L. Parmenter (4 years) (Full name of child; if none, so state.)	94 Mt. Pleasant Ave.,Gloucester,Mass. (Address of child.)
William P. Parmenter, Jr. (2 years) (Full name of child; if none, so state.)	94 Mt. Pleasant Ave.,Gloucester,Mass. (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:

Theresa Parmenter (Full name of relative.)	Mother (Relationship.)	Boothbay Harbor, Maine (Address of relative.)

Contributions
(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:

NONE (Full name of relative.)	(Relationship.)	(Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY:

Oscar Vinje
Oscar Vinje,

Rank, Chief Boatswain, U.S.C.G.

SIGNED:

William Pinkham Parmenter
William Pinkham Parmenter,

Rank or rating, Q.M.3c.

2—10348

GOVERNMENT PRINTING OFFICE

MBH

73-701

26 February, 1931.

From: Commandant.
To : Commander, Section Base Seven, Gloucester, Mass.
(via Commander, Eastern Division).

Subject: PARMENTER, William P. (108-157) QM 3c; discharge and reenlistment.

Reference: (a) Your letter, 19 February, 1931 (73).

1. Replying to reference (a), you are authorized to discharge subject man upon expiration of enlistment and reenlist him in the special temporary establishment only. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

GEO. E. WILCOX,
Chief, Personnel Section.

73.

TOR

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

1931 FEB - 21 - AM 8 : 51

Gloucester, Mass.,
19 February, 1931.

COAST GUARD SECTION BASE

SEVEN

EASTERN DIVISION
COMMUNICATIONS

U. S. COAST GUARD
R C'D FEB 24 1931 By
ANS.

From: Commander, Section Base Seven.
To: Commandant (via Commander, Eastern Division).

Subject: PARMENTER, William P. (108-157) Q.M.3c., physical status upon reenlistment.

Reference: (a) Article 434 (4), Regulations.
(b) Form 2502, Report of Physical Examination, 19 February, 1931.

Inclosure: (1) Above reference (b).

1. The above subject man reenlisted at this unit 5 March, 1930 for a period of one year on a special temporary enlistment. He has expressed his desire for reenlistment upon the expiration of his present term of enlistment, and in compliance with above reference (a) he has this date been physically examined for reenlistment and was found not physically qualified on account of being 1½ pounds underweight, chest expansion at expiration 1½ inches lower than normal and lacks one opposed incisor tooth.

2. Parmenter has, at the end of his present enlistment, served four years in the U.S. Coast Guard and has proved himself to be hardworking, sober, conscientious and dependable in the rating he is serving and should be retained in the Service. It is therefore recommended that the physical disqualifications in his case be waived and that authority be granted to reenlist him in the Regular establishment upon expiration of his present enlistment, to fill the vacancy caused by his discharge.

E. A. Coffin.

OV/gt

Eastern Division-73

1st Indorsement.

Boston, Mass.,
21 February, 1931.

F.A. From: Commander, Eastern Division.
To : Commandant.

1. Forwarded, approved.

W. H. MUNTER,

J. A. ALGER,
Chief of Staff.

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Ed. Nov., 1928

U. S. COAST GUARD
R C'D FEB 24 1931 By
ANS

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Gloucester, Mass. (Place where examination is held) — 19 February, 1931. (Date)

STATEMENT OF APPLICANT

Name PARMENTER, William P. (Surname) (Christian name) Age: Years 23 months 10 Color white

Examined for Regular Enlistment
(State whether for special temporary or regular enlistment, commission, or promotion)

*For what grade or rating Q.M.3c.

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular S.T.E.

*When were you discharged from your last enlistment in the Coast Guard? ~~March 4~~ 1930, in service

*Have you ever been discharged from the Coast Guard or other military service for physical disability? No If so, state circumstances and nature of disability

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? No If so, state cause:

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) No history of disease

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.) No history of disease

I certify that the above statement is true to the best of my knowledge and belief.

William P. Parmenter
(Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/~~20~~ 20; left eye, 20/~~20~~ 20; with glasses, right eye, ; left eye,

Is applicant color-blind? No Were eyes tested with lantern, woolen skeins, or both? Ishihara plates

*Not for officers already commissioned

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? f/t; left ear f/t?

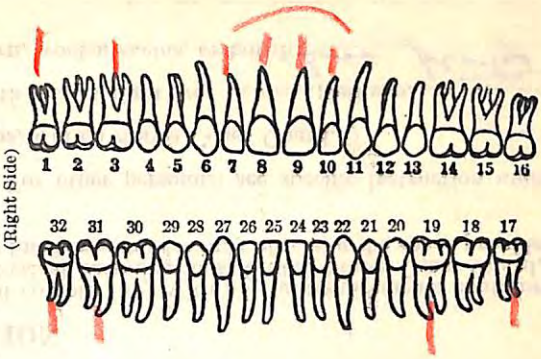
Whispered speech, 15 feet, with right ear? f/t; left ear f/t?

Teeth: Give missing teeth by number. If none, so state:
1-3-7-8-9-10-32-31-19-17

Give by number, teeth replaced by plate or bridge. If none, so state:
Plate 7-8-9-10.

Give by number, teeth with unfilled cavities. If none, so state:
none

Condition of gums sound



General appearance: good

Height (without shoes) 5 feet 7 inches. **Weight,** stripped, 123 1/2 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and allowance deducted for their weight.)

If applicant is overweight, is it due to fat? ..... Is he under weight? f/t

Skin: (Diseases, etc.) sound

Important scars (give location, condition, and cause) none

Distinguishing marks none

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.)

Post-occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

Head: (Abnormalities, etc.) sound

Hair and scalp sound

Face: (Abnormalities, etc.) sound

Eyes and eyelids: (Abnormalities, etc.) sound

Pupillary reflex (Argyll-Robertson pupil) sound

Ears: (Abnormalities, etc.) sound

Mastoid disease? no Condition of external canal sound Of drum sound

Nose: Deflection of septum no Obstruction no Chronic nasal catarrh no

Mouth: (Abnormalities, etc.) sound except lung line on tongue (both)

Condition of tonsils sound Do they interfere with speech or swallowing? no Is applicant a mouth breather? no

Has he any defect of speech? (State nature and degree.) no

Neck: Goiter no Other conditions sound

Chest: Inspection sound Respiratory rate 19

Measurement: Inspiration 35 inches; expiration 31 1/2 inches.

Lungs: Palpation sound

Percussion sound

Auscultation sound

Heart: Palpation sound

Percussion sound

Auscultation sound

Pulse rate 70 Temperature 98.6 Blood pressure: Systolic ..... Diastolic .....
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise sound

2—3850

Abdomen: Circumference at umbilicus 29 Any evidence of disease of abdominal organs? no

Inguinal rings (large or small) normal Impulse on coughing? normal

Is there any weakness of abdominal wall, resulting from scar? no

Hernia no Other conditions normal

Genito-urinary organs: Any symptoms of disease of the urinary tract? no

Scrotum: Has applicant varicocele that is painful? no

That interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Undescended no Other conditions normal

Penis: Epispadias no Hypospadias no

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including complications) no

Spine: Mobility normal Curvature no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistula no Other conditions normal

Upper extremity: Missing fingers no

Other conditions normal

Joint movements normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? no

Knock knees? no Varicose veins (degree) no

Flat or weak foot (degree) no

Bunions no Hammertoe no Corns (painful) no

Other conditions normal

Joint movements normal

Muscles: Development normal Coordination of muscular movement normal

Romberg normal Patellar reflex normal Defects of gait no

Agility quick Habit spasms no Chorea no

Urine: (Chemical examination of urine should always be made.)

Color amber Reaction acid Sp. gr. 1015

Albumin no Sugar no Shreds no

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites

Hemoglobin, per cent Other conditions

Result of Wassermann test

(Wassermann test is necessary, only when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo, or other suspicious symptoms. When blood is taken for the Wassermann test, these papers should be held until the result of the test has been obtained.)

Has applicant been successfully vaccinated against smallpox within four years? no

Against typhoid fever within four years? no

Is there any evidence of excessive use of tobacco or alcohol? no

Evidence of drug addiction? no

Is applicant suffering from any general disease? no

Do you consider the applicant mentally sound? yes

2–3850

Parmenter

73-701

MBH

26 February, 1931.

From: Commandant.
To : Commander, Section Base Seven, Gloucester, Mass.
(via Commander, Eastern Division).

Subject: PARMENTER, William P. (106-157) QM 3c; discharge and reenlistment.

Reference: (a) Your letter, 19 February, 1931 (73).

1. Replying to reference (a), you are authorized to discharge subject man upon expiration of enlistment and reenlist him in the special temporary establishment only. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

GEO. E. WILCOX,
Chief, Personnel Section.

ASSIGNMENT OF SERVICE NUMBER

PARMENTER, William Pinkham	QM 3c	Base 7
Name	Rating	Unit

The following service number has been assigned to subject man:

108-157

This service number will be inserted on all records of subject man and will appear on all forms and in all correspondence pertaining to the man indicated.

The following form will be followed in setting forth a man's name, service number and rating in the subject of a letter: i.e.

SMITH, John E. (100-000) Sea 2c

In the event subject man has been transferred the service number will be inserted on all records at your unit and this form transmitted immediately to the unit to which transfer was effected.

B. M. CHISWELL
Captain
Assistant Commandant.

For Headquarters use:
Information:
Pay and Allotment Section ✓
Medical Director
Identification Section ✓
Personnel Records

19 January, 1928.

Honorable C. R. Tupper,
Lincoln Municipal Court,
Boothbay Harbor, Maine.

Sir:-

Replying to your letter of January 14, 1928, relative to the discharge of one William Pinkham Parmenter, a seaman, first class, attached to Coast Guard Section Base 7, Gloucester, Mass., please be advised that an examination of the records in this case indicates that the young man in question was enlisted in the Coast Guard at Section Base 16, Rockland, Maine, on March 4, 1927, by and with the consent of his mother, Theresa Parmenter, who at that time relinquished all claim to his service and compensation for same for a period of three years. It would further appear that this young man was married at the time of his entry into the service and was well aware of the service rates of pay to which he would be entitled to during his enlistment. In view of these facts I regret to advise that this office cannot justifiably approve the release of the man concerned from the service.

Respectfully,

F. C. BILLARD,
Rear Admiral, U.S.Coast Guard,
Commandant.

W. K. THOMPSON,
Enlisted-Personnel Officer.

P.C.B.

73

From C.R.Tupper Judge
Lincoln Municipal Court
Boothbay Harbor, Maine.

Boothbay Harbor, Maine, Jan 14, 1928

United States Coast Guard
Washington, D.C.

U.S. COAST GUARD
REC'D JAN 17 1928 By
ANS'D

Gentlemen;

A young man from this town by name of William Pinkham Parmenter enlisted last March in the U.S.Coast Guard He was stationed for a time at Rockland, but has lately been transferred to Gloucester, Mass.

His mother, and grandfather called on me this morning to see if Mr. Parmenter could be released from his enlistment and come home. They claim that he is married and the pay he receives is not enough to support his wife and the baby they now have. They cannot keep house on what they receive and think it is impossible to get along on the pay.

They say that the young man's uncle will employ him at $25.00 per week and that they can get a small rent in this town where he can be with his family.

Is there any method for him to be released or get a discharge? If so will you please send me the necessary blank application for discharge.

Very truly yours,

C R Tupper

23 December, 1927.

From: Commandant.
To: Commander, Section Base 7, Gloucester, Mass. (via Commander, Eastern Division).

Subject: Cox. Elmer C. Burrows; Y.3c. Howard A. Ludwig; Sea.1c. Everett W. McLaughlin; Sea.1c. William P. Parmenter — Report of Transfer.

Reference: (a) Form 2503 - in case of each of the above-named men.
(b) Article 468(c), Regulations.

Inclosure: (1) Reference (a).

1. Inclosure (1), which was forwarded to Headquarters through error, is hereby returned to be forwarded by you to Section Base 16, the unit from which the men were transferred. Your attention is invited to reference (b).

C. P. CLARK,
By direction.

NCG 2681

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrent officer, and enlisted man upon original entry in the Coast Guard.

PARMENTER, William Pinkham (NAME) 553-607 (SERVEIC NUMBER) B.M. 2/c, USCGR. (RANK, RATING, OR GRADE

EDUCATION:

(a) Grammar School: 8 Grad. 8 th
(Numbers of years attended, graduated) (Grade)

(b) High School: 4 Grad. 12 th
(Number of years attended, grade completed or graduated.)

(c) Other: NONE
(Number of years attended, grade attained, special studies)

persued or completed and degrees received, of any.)

EXPERIENCE:

Indicate in the parenthesis after each of the following, the number of years served at each, including up to present date:

Aviation	( )	Aviation Machanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (Gereral)	( )	Engineer (Steam)	( )
Engineer (disel)	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitters	( )	Secretary	( )
Sign Painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone lineman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (Electric)	( )

Special ability as interperter in foreign languages below.

NONE

Set forth briefly, yet clearly, below any previous experiences or training not covered above, Also set forth such remarks as will indicate more fully the experience you have in trades which you have followed as well as such marks you desire to make regarding education and courses pursued.

Former Q. M. 3/c in U.S.C.G.

Use reversed side of this form when necessary.

William Pinkham Parmenter

WILLIAM PINKHAM PARMENTER

13 August, 1930.

From: Commandant.
To : Commander, Section Base Seven, (via Eastern Division).

Subject: Finger print record of William Pinkham Parmenter, Q.M.3c.

1. This office is unable to locate the original finger print record (Form 2515) of subject man and it is requested that you have one submitted in this case.

F. C. BILLARD.

GEO. E. WILCOX,
Chief, Personnel Section.

WMD

73

2598-E

15 April, 1930.

U.S. COAST GUAR
REC'D APR 17 1930
ANS'D BY

From: Director.
To: William P. Parmenter, Q. M. 3c., (via Commander, Section Base 7, East Gloucester, Mass.)

Subject: Completion of rating course; issue of Educational Certificate.

Inclosure: 1. Educational Certificate.

1. I take pleasure in transmitting herewith an Educational Certificate, dated 15 April, 1930, issued by the U. S. Coast Guard INSTITUTE, Fort Trumbull, New London, Connecticut, upon completion of the rating course "Q.M. 3c. to Q.M. 2c."

2. A copy of this letter will be placed in your file and proper notations made on your contract and record.

Noted 4/23

J. S. BAILIS,
By direction.

Copy to:

HEADQUARTERS.

JSB:a.

PA12-73

15 March, 1930.

From: Commandant.

To: Commander, Section Base 7 (via Eastern Division).

Subject: Q.M.3c. William Pinkham Parmenter; enlistment allowance.

References: (a) Your letter, 5 March, 1930 (73), bearing indorsement of Commander, Eastern Division, 6 March, 1930 (73).

(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 75.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

A. T. THORSON,
By direction.

73.

U. S. COAST GUARD
EASTERN DIVISION
RECD. MAR 7 1930

RECD

FILE 73
F. H. H.

COAST GUARD SECTION BASE
SEVEN.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Gloucester, Mass.,
March 5,1930.

MAR - 8 30 MAR - 8 30

U. S. COAST GUARD
R C'D MAR 7 1930 By
ANS. 3/15/30

From: Commander, Section Base Seven.
To : Commandant (via Eastern Division).

Subject: William P. Parmenter, Q.M.3c.; enlistment allowance.

1. Subject named man was honorably discharged as Q.M.3c. March 4,1930 from an enlistment which commenced March 4,1927, he re-enlisted March 5,1930. Statement of service is requested in order that enlistment allowance may be paid.

m/s

E.A. Coffin.

Eastern Division - 73. 1st Indorsement. Boston, Mass., 6 March, 1930.

1. Forwarded.

V. J. Charte,
By direction.

Returned 3/8/30
Paid
$75.00
3 yrs

MORANDUM TO PAY & ALLOTMENT SE[illegible]ON

Name William Pinkham PARMENTER Date 13 March, 1930

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Enl.	3-4-27	Spec Temp	Three	Sea.1c.	Base 16, Rockland, Maine.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason
1	Phys. condition

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	3-4-30	Base 7, Gloucester, Mass.	Q.M.3c.	3	0	1

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
3-5-30	Spec Temp	One	Q.M.3c	Base 7, Gloucester, Mass.

S. R. MORGAN
In charge of Personnel Records Section.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
RECD MAR 8 1930 By FILE
ANS.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Section Base SEVEN (Unit.) Gloucester, Massachusetts (Place.)

March 5, 1930 (Date.)

FROM: William Pinkham Parmenter, Q.M.3c.

TO: COMMANDANT (via Commander, Base Seven)

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 follows:

Frances E. Parmenter (Full name of wife; if not married, so state.)	19 Calder St., Gloucester, Mass. (Address of wife.)
Frederick L. Parmenter (3 yrs.) (Full name of child; if none, so state.)	19 Calder St., Gloucester, Mass. (Address of child.)
William P. Parmenter, Jr. (1 yr.) (Full name of child; if none, so state.)	19 Calder St., Gloucester, Mass. (Address of child.)
(Full name of child; if none, so state.)	(Address of child.)

RECD MAR 1 1930 COAST GUARD PAY ACCOUNTMENT

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:

Theresa Parmenter (Full name of relative.)	Mother (Relationship.)	Boothbay Harbor, Maine (Address of relative.)

Contributions (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.)

WITNESSED BY:

Oscar Vinje
Oscar Vinje

Rank, Chief Boatswain

SIGNED:

William Pinkham Parmenter
William Pinkham Parmenter,

Rank or rating, Q.M.3c.

2—10348

GOVERNMENT PRINTING OFFICE

WPM 73-701

28 February, 1950

From: Commandant.
To : Commander, Section Base Seven, Gloucester, Mass., (Via Commander, Eastern Division).

Subject: PARMENTER, William P., QM3c - discharge; reenlistment.

Reference: (a) Your letter 24 February, 1950 (73).

1. Replying to reference (a), you are authorized to discharge subject named man and reenlist him the day following in a special temporary enlistment. Report discharge and reenlistment on Form 2599.

F. C. BILLARD

GEO. E. WILCOX
Chief, Personnel Section.

73.

73

U. S. COAST GUARD
EASTERN DIVISION
RECD. FEB 25 1930

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE

SEVEN

Gloucester, Mass.,
24 February, 1930.

U. S. COAST GUARD
REC'D FEB 26 1930 By
ANS. 2-28-30 WFP

From: Commander, Section Base Seven.
To : Commandant (via Eastern Division).

Subject: William P. Parmenter, Q.M.3c - physical status, discharge and reenlistment.

Reference: (a) Article 434, Regulations.
(b) Form 2502, Report of Physical Examination, 24 February, 1930.

Inclosure: (1) Reference (b).

1. The above subject man enlisted in the Coast Guard on 4 March, 1927 at Section Base 16, Rockland, Maine for a period of three years on a special temporary enlistment. He has declared his intention of reenlisting, and in accordance with reference (a) was this day physically examined for reenlistment in the regular establishment and the examining physician found him not qualified by reason of lacking one opposed incisor tooth and his respiratory inspiration is thirty-one inches and should be thirty-three inches.

2. In view of the fact that the physical defects as noted in this case are not of a serious nature and will in no way interfer with the proper performance of the mans' duties it is requested that this unit be granted authority to discharge Parmenter upon the expiration of his present enlistment and reenlist him the following day in his present rating in the regular establishment, to fill the vacancy caused by his discharge.

E. A. COFFIN.

hl:

S T E

Eastern Division - 73. 1st Indorsement. Boston, Mass., 25 February 1930.

1. Forwarded.

V. J. Charte,
V. J. Charte,
By direction.

S T E

Form 2502
TREASURY DEPARTMENT
U. S. Coast Guard
Ed. Nov., 1928

U. S. COAST GUARD
REC'D FEB 26 1930 By
ANS.

REPORT OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Gloucester Mass (Place where examination is held) Feb. 24-1930 (Date)

STATEMENT OF APPLICANT

Name Parmenter William P. (Surname) (Christian name) Age: Years 22 months 11 Color White

Examined for Regular enlistment (State whether for special temporary or regular enlistment, commission, or promotion)

*For what grade or rating Ord. 3c

*If for reenlistment, or promotion to warrant officer, state whether last enlistment was special temporary or regular S.T.

*When were you discharged from your last enlistment in the Coast Guard? Not discharged

*Have you ever been discharged from the Coast Guard or other military service for physical disability? No If so, state circumstances and nature of disability

Have you ever been rejected, on account of physical reasons, for promotion or enlistment in the Coast Guard or other military service? No If so, state cause:

*Family medical history: (To be elicited by the examining medical officer or officers with particular reference to tuberculosis nervous and mental diseases, etc.) No history of disease

*Personal medical history: (To be elicited by the examining medical officer or officers with particular reference to venereal diseases, tuberculosis, nervous and mental conditions. Note any disease of importance.) No history of disease

I certify that the above statement is true to the best of my knowledge and belief.

William P. Parmenter (Signature of applicant)

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Vision: (Applicants requiring eyeglasses are not eligible for enlistment. For other personnel see specific instruction under "Instructions for Medical Officers Relative to Physical Examinations, United States Coast Guard.")

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, ; left eye,

Is applicant color-blind? No Were eyes tested with lantern, woolen skeins, or both? Lantern & skeins

*Not for officers already commissioned

2—3859.

Hearing: (When testing the hearing, the eyes and the opposite ear must be closed.) Can applicant hear conversational speech 30 feet, with right ear? gd; left ear gd?

Whispered speech, 15 feet, with right ear? gd; left ear gd?

Teeth: Give missing teeth by number. If none, so state:

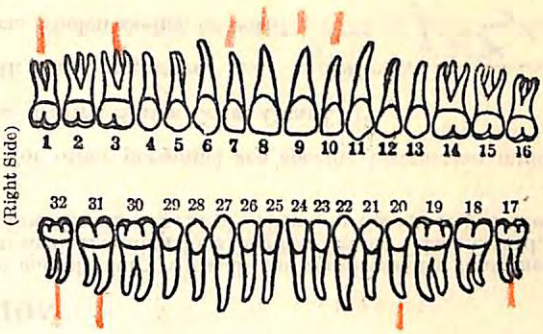
1-2-7-8-9-10-12-31-20-17

Give by number, teeth replaced by plate or bridge. If none, so state:

Plate 7-8-9-10.

Give by number, teeth with unfilled cavities. If none, so state:

None



Condition of gums Normal

General appearance: Good

Height (without shoes) 5 feet 7 inches. **Weight,** stripped, 126 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and allowance deducted for their weight.)

If applicant is overweight, is it due to fat? ..... Is he under weight? No

Skin: (Diseases, etc.) None

Important scars (give location, condition, and cause) None

Distinguishing marks None

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used. If enlarged, cause to be stated.)

Post-occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Abnormalities, etc.) Normal

Hair and scalp Normal

Face: (Abnormalities, etc.) Normal

Eyes and eyelids: (Abnormalities, etc.) Normal

Pupillary reflex (Argyll-Robertson pupil) Normal

Ears: (Abnormalities, etc.) Normal

Mastoid disease? No Condition of external canal Normal Of drum Normal

Nose: Deflection of septum No Obstruction No Chronic nasal catarrh No

Mouth: (Abnormalities, etc.) Normal

Condition of tonsils Normal Do they interfere with speech or swallowing? No Is applicant a mouth breather? No

Has he any defect of speech? No (State nature and degree.)

Neck: Goiter No Other conditions Normal

Chest: Inspection Normal Respiratory rate 18

Measurement: Inspiration 34 inches; expiration 31 inches.

Lungs: Palpation Normal

Percussion Normal

Auscultation Normal

Heart: Palpation Normal

Percussion Normal

Auscultation Normal

Pulse rate 72 Temperature 98.6 Blood pressure: Systolic ..... Diastolic .....
(Blood pressure not required for applicants 35 years of age or under)

Condition of heart and lungs after exercise Normal

2—3850

Abdomen: Circumference at umbilicus 28 Any evidence of disease of abdominal organs? no

Inguinal rings (large or small) normal Impulse on coughing? normal

Is there any weakness of abdominal wall, resulting from scar? no

Hernia no Other conditions normal

Genito-urinary organs: Any symptoms of disease of the urinary tract? no

Scrotum: Has applicant varicocele that is painful? no

That interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Undescended no Other conditions normal

Penis: Epispadias no Hypospadias no

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including complications) no

Spine: Mobility normal Curvature no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistula no Other conditions normal

Upper extremity: Missing fingers no

Other conditions normal

Joint movements normal

Lower extremity: Has applicant bowlegs amounting to noticeable deformity? no

Knock knees? no Varicose veins (degree) no

Flat or weak foot (degree) no

Bunions no Hammertoe no Corns (painful) no

Other conditions normal

Joint movements normal

Muscles: Development normal Coordination of muscular movement normal

Romberg normal Patellar reflex normal Defects of gait no

Agility good Habit spasms no Chorea no

Urine: (Chemical examination of urine should always be made.)

Color amber Reaction acid Sp. gr. 1015

Albumin no Sugar no Shreds no

(Microsopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood: (Examination to be made if there is indication that such examination is necessary.)

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites

Hemoglobin, per cent Other conditions

Result of Wassermann test

(Wassermann test is necessary, only when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo, or other suspicious symptoms. When blood is taken for the Wassermann test, these papers should be held until the result of the test has been obtained.)

Has applicant been successfully vaccinated against smallpox within four years? yes

Against typhoid fever within four years? yes

Is there any evidence of excessive use of tobacco or alcohol? no

Evidence of drug addiction? no

Is applicant suffering from any general disease? no

Do you consider the applicant mentally sound? yes

2—3850

REMARKS

(Describe here any disqualification for which space is not provided elsewhere, or which require fuller description than the space provided permits. Also any remark the medical examiner desires to make) none

CERTIFICATE

~~We~~ / I certify on honor that ~~we~~ / I have carefully examined William P. Pannenter and find—

~~That he is physically qualified for~~ (Enlistment, reenlistment, appointment, or promotion.)

~~That he is physically qualified to perform all the duties of~~ (Rank or rating for which examined)

That he is not physically qualified for reenlistment in the Coast Guard, for the following reasons: Looks one abdomen incontinent, Respiratory expiration slowed to 32 in.

In my ("Our" or "my") judgment these defects are Ent (If not, so state) incident to service.

act Surg E. W. Kelly
Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

Surgeon, U. S. Public Health Service.

WAIVER

I recommend a waiver of the physical disqualifications noted in the above certificate as in my judgment they will not interfere with the performance of his duties in the Coast Guard.

Surgeon, U. S. Public Health Service.

INDORSEMENT

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, Feb. 27, 1930

The finding of the medical board is approved.

The finding of the ~~medical board is not approved for~~ the following reasons:

Com. Officer
The waiver recommended by the ~~medical board~~ is approved. for special temporary enlistment

The waiver recommended by ~~the medical board~~ is not approved for the following reasons:

By direction of the Surgeon General.

C W King
Surgeon, U. S. Public Health Service.

U. S. GOVERNMENT PRINTING OFFICE: 1927 2—3859

5213.

FILE
F.V.H.

73

FILE
S.E.S.

U.S. COAST GUARD
EASTERN DIVISION
REC'D AUG 1 1929

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE NO.

SEVEN

Gloucester, Mass.,
31 July, 1929.

U.S. COAST GUARD
REC'D AUG 5 1929
ANS'D 1a 14576 8/8/29 By FVH

From: Commander, Section Base Seven.
To : Commandant (via Commander, Eastern Division).

Subject: William P. Parmenter, Sea.1c.; request for credit adjustment.

1. Subject named man was paid $18.75 for quarters allowance, in error, on Section Base Seven, May 1929 pay roll which was settled June 3, 1929 by Special Disbursing Agent Raymond N. Gillis. He was assigned to the Base for the entire month and was entitled to receive $23.25 for quarters.

2. Credit adjustment in the amount of $4.50 is requested to cover this underpayment.

Oscar Vinje,
Acting.

M/b

Eastern Division-5213-73. 1st Indorsement. Boston, Mass., 1 August, 1929.

1. Forwarded.

H. R. Searles,
By direction.

CLH/EV

AUG 5 1929
PAY AND ALLOTMENT
COAST GUARD
PM RECD

SEVEN.

Gloucester, Mass.
16 July 1929.

FILE
F. V. H.

From: Commander, Section Base Seven.
To: Commandant (Via Commander, Eastern Division)

Subject: William P. Parmenter, Sea. 1c.; request for credit adjustment.

Reference: (a) Section Base Seven letter dated June 3, 1929 (5213.)

1. Credit adjustment is requested to cover underpayment as outlined in reference (a) which reads as follows;- "Subject named man was paid $18.75 for quarters allowance on Section Base Seven May 1929 payroll which was settled June 3, 1929 by Special Disbursing Agent Raymond N. Gillis. He should have been paid $23.25 for quarters allowance. Credit adjustment in the amount of $4.50 is requested to cover this underpayment."

E.A.COFFIN.

* * -

Eastern Division-5213-73 1st Indorsement Boston, Mass.
17 July 1929.

1. Forwarded.

C.C.PADEN
By direction

CLH/EV

- -

2nd Indorsement. PA12-73
Coast Guard Headquarters.
Washington, 26 July 1929.

From: Commandant.
To: Commander, Section Base Seven (Via Eastern Division).
Reference: (b) Article 62 Pay and Supply Instructions.

1. Returned. Please supply additional information in accordance with reference (b).

E.L.HUTCHISON.
By direction.

AM REC'D

COAST GUARD PAY AND ALLOTMENT JUL 17 29

TREASURY DEPARTMENT
U. S. COAST GUARD
Form No. 9556

Rec'd JUL 15 1929 U. S. COAST GUARD EASTERN DISTRICT

U. S. COAST GUARD JUL 16 1929 BOSTON, MASS. By

REPORT OF EXAMINATION
(Enlisted Personnel)

Ship or Station Section Base 7

Place Gloucester, Mass.

Date July 11, 1929.

William P. Parmenter (Name) Seaman, first class (Rating)

was examined this date for the rating of Quartermaster, third class and was found qualified. The following marks were given:

(Scale of marks: 4, excellent; 3.5, very good; 3, good; 2.5, passing, 1.5, fair; 1, indifferent; 0, bad. In order to be recommended for advancement in rating the candidate must have a minimum mark of 2.5 in each subject. Candidates will be examined in required subjects as given in "Standards of Examinations for Promotion of the Personnel of the United States Coast Guard," together with such other subjects as may be deemed necessary.

SUBJECT	MARK	SUBJECT	MARK
Signals	2.92		
Drills	2.8		
Regulations	3.2		
Ordnance	3.28		
Customs and Navigation Laws	3.0		
Rules of the Road	3.0		
Seamanship	3.0		
Educational	3.4		

Average of marks: 3.08

W. H. Moulton
W. H. Moulton, Boatswain (T)
(Rank and rate of Member)

Approved: Kuly 11, 1929 (Date)

F. P. Stone
F. P. Stone, Boatswain (T)
(Rank and rate of Member)

E. A. Coffin
E. A. Coffin, Lieut. Commander.
(Signature of Commanding Officer)

AM RECD

COAST GUARD PAY AND ALLOTMENT

JUL 17 29

U.S. COAST GUARD
REC'D JUL 16 1929
ANS'D By

TREASURY DEPARTMENT
U. S. COAST GUARD
Form No. 9555.

REPORT OF EXAMINATION
(Enlisted Personnel)

Ship or Station Section Base 7

Place Gloucester, Mass.

Date July 11, 1929.

William P. Parmenter (Name) Seaman, first class

was examined this date for the rating of Quartermaster, (Rating) third class and was found qualified. The following marks were given:

(Scale of marks: 4, excellent; 3.5, very good; 3, good; 2.5, passing, 1.5, fair; 1, indifferent; 0, bad. In order to be recommended for advancement in rating the candidate must have a minimum mark of 2.5 in each subject. Candidates will be examined in required subjects as given in "Standards of Examinations for Promotion of the Personnel of the United States Coast Guard," together with such other subjects as may be deemed necessary.

SUBJECT:	MARK:	SUBJECT	MARK:
Signals	2.92		
Drills	2.8		
Regulations	3.2		
Ordnance	3.28		
Customs and Navigation Laws	3.0		
Rules of the Road	3.0		
Seamanship	3.0		
Educational	3.4		

Average of marks: 3.08

W. H. Moulton
W. H. Moulton, Boatswain (T)
(Rank and rate of Member)

Approved: Kuly 11, 1929 (Date)

F. P. Stone
F. P. Stone, Boatswain (T)
(Rank and rate of Member)

E. A. Coffin
E. A. Coffin, Lieut. Commander.
(Signature of Commanding Officer)

5213.

Rec'd JUN 5 1929
U. S. COAST GUARD
EASTERN DIVISION

13

COAST GUARD SECTION BASE
SEVEN.

COAST GUARD PAY AND ALLOTMENT JUN 7 29

TREASURY DEPARTMENT

UNITED STATES COAST GUARD
Gloucester, Mass.
June 3, 1929.

FILE F.V.H.

U.S. COAST GUARD
REC'D JUN 6 1929
ANS'D By

From: Commander, Section Base Seven.
To : Commandant (via Commander, Eastern Division).

Subject: William P. Parmenter, Sea.1c.; request for credit adjustment.

1. Subject named man was paid $18.75 for quarters allowance on Section Base Seven May 1929 pay roll which was settled June 3,1929 by Special Disbursing Agent Raymond N. Gillis. He should have been paid $23.25 for quarters allowance.

2. Credit adjustment in the amount of $4.50 is requested to cover this underpayment.

E.A. Coffin.

m

Eastern Division- 5213. 1st Indorsement. Boston, Mass., 5 June, 1929.

1. Forwarded.

C.C. PADEN,
By direction.

CLH/EOP.

5213.

FILE 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD SECTION BASE SEVEN

Gloucester Mass.
March 4, 1929.

MAR 5 1929

U.S. COAST GUARD
REC'D MAR 6 1929
ANS'D

From: Commander, Section Base Seven.
To : Commandant (via Commander Eastern Division).

Subject: Credit adjustment; request for.

1. William P. Parmenter, Sea.1c., was carried on Base 7 February 1929 payroll, settled by Special Disbursing Agent Raymond N. Gillis March 2,1929, as being absent in hospital 6 p.m. 24 to 28th. Information received after the payroll had been prepared shows that he returned to duty 8:00 a.m. February 26th.

2. Credit adjustment in the amount of $2.67 in favor of William P. Parmenter, Sea.1c., is requested.

AM RECD
COAST GUARD PAY AND ALLOTMENT
MAR 7 29

m

E.A. Coffin.

Eastern Division-5213 1st indorsement Boston, Mass., 5 March 1929.

1. Forwarded.

CLH/RP

H. R. Searles
By direction.

PARMENTER QM 3/c

PERSEUS

PAY AND PERSONNEL RECORD OF PARMENTER, William P. (108-157)

	YEAR	MONTH	DAY
Original appointment			
Date of current enlistment	1932	3	5

Term of enlistment Two years

Place of acceptance for enlistment Gloucester, Mass.

Monthly rate of pay 66.00

Monthly rate, rent. allow. or daily rate qtrs. allow.

Daily rate, subsistence allowance

Date effective 3/4/31

Date effective	Rank or rating	Duty (Sea or shr.)	Dependents (relationship only)	Regist'r'd by—(Pay officer's initials)	ALLOTMENT (See note) Began	Amount	Stopped	Regist'r'd by—(Pay officer's initials)
7/11/29	QM 3c							

Completed 4 years' service — YEAR 1931 — MONTH 3 — DAY 4

Completed ____ years' service

Completed ____ years' service

Completed ____ years' service

LEAVE ACCOUNT

Date	No. days	Bal.	Date	No. days	Bal.	Date	No. days	Bal.
3/5/31	---	40						
11/15/32	4	36						

Form 2677
Treasury Department
U. S. Coast Guard
Revised Feb., 1929

NOTE.—Under "Allotment" state month and year of first allotment deduction in "Began" column, and month and year of last allotment deduction in "Stopped" column.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—9237

Enclosed Record of 3309 was omitted from the closed out Service Record of William Parmenter (108-157) BM1 who retired on 1 November 1958

file MAA

[redacted]NSFER OF PAY ACCOUNT

Transferred from or separated from—	Date of departure or separation	Paid by me, up to and including—	Credit Balance Retained	Debit Balances: Court sentence	Debit Balances: Sundry	Pay Officer's Signature	Date arrived at new unit or separation from service
Section Base 1	4-20-32	4-19-32	—			[signature]	
RECEIVING UNIT	4-25-32	4-24-32	—	—	—	[signature]	
C1HC Bath Me	4/21/32	Not carried	—	—		[signature]	
PERSEUS	12/20/32	12/20/32	—	—	—	[signature]	

INSTRUCTIONS

1. All entries on this card should be made with pen and ink, or by typewriter. Use new card for each enlistment, special care being taken to transfer allotment entries from old card.
2. Upon transfer of an officer or enlisted person, his pay and personnel record card and memorandum record card (Forms 2677 and 2677A) will be mailed to the next commanding officer. In the case of a person placed on detached duty, his cards should be turned over to him.
3. Never fold this card. In mailing protect it by cardboard.
4. When a person resigns, is given an honorable discharge, or ordinary discharge with recommendation for reenlistment, or dies, file his Forms 2677 and 2677A in "dead" file; upon desertion, discharge other than honorable, or ordinary with recommendation for reenlistment, or retirement, mail them to Headquarters after completing all entries under "Transfer of Pay Account."
5. When entry covers separation from Coast Guard, or when an entry is made in the "Credit Balance Retained" column or "Debit Balances" columns, place signed explanatory statement in "Miscellaneous Memoranda" column of Form 2677A.
6. Payment of a transferred person will be made in accordance with Article 72, Pay and Supply Instructions.

2—9237

U. S. COAST GUARD
REC'D DEC 30 1930 B
ANS.

U. S. Public Health Service,
Relief Station,
Gloucester, Mass.,
Dec. 24, 1930

I certify that William P. Parmenter, QM3c, , U.S.C.G., on this date
(name of applicant)

applied for medical treatment for [redacted] and that
(diagnosis)

he was ordered by me to his home for out-patient treatment for a period

of approximately 5 days. This man is now unfit for duty but his

condition is not severe enough to require inpatient hospital treatment.

[signature]
E. B. Hallett, A. A. Surgeon,
U. S. Public Health Service.

Card No. 092,651
1st IND Mailed 7/20/59
Completed card Mailed 8/12/59

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3505 (Rev 10-57)

APPLICATION FOR RETIRED UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD (DD 1173)

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

DATE: 24 OCTOBER 1958

INSTRUCTIONS

The following identification data must be provided to form the basis for issuance of the new retired identification card (DD Form 1173), currently being issued to replace Form DD2CG (Stamped Retired). In this connection, a suitable photograph (35MM or not larger than 1" by 1¼") will be enclosed.

Perm.

IDENTIFICATION DATA

NAME (Last, First, Middle)	COLOR EYES	COLOR HAIR	HEIGHT	WEIGHT
PARMENTER, William Pinkham	BROWN	BROWN	5'7½"	150

DATE OF BIRTH	GRADE OR RATE	SERVICE NUMBER	RETIREMENT DATE
3-25-07	BM1	108-157	1 NOVEMBER 1958

ADDRESS: Vinalhaven, Maine — check ret. rec. card

SERVICE (Check One): [XX] USCG [ ] USCGR

SIGNATURE: William P Parmenter
William P. Parmenter

RECEIPT FOR CERTIFIED MAIL—15¢ 3-13

No. 2783035

SENT TO: Mr. William P. Parmenter

STREET AND NO.

CITY AND STATE: Vinalhaven, Maine

POSTMARK OR DATE: U.S. COAST OFFICIAL JUL 20 1959

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.

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3646 (12-55)

complete and return to CG

3-13 file noted on retired pay

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until cancelled by me in writing.

RETIRED MEMBERS NAME (Last, First, Middle)	SERVICE NO.	GRADE OR RATE
Parmenter, William Pinkham	108-157	BM1

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
100%	Frances Parmenter	Vinalhaven Maine	Wife
%			
%			

SIGNATURE AND ADDRESS OF WITNESS: Witness must be a disinterested person
Vinalhaven, Maine
F. Bruce Brindle.

SIGNATURE AND ADDRESS OF RETIRED MEMBER: William Parmenter
box 33
Vinalhaven Maine

DATE SIGNED: 11/18/58

1. Stick postage stamps to your letter to pay:
   15-cent certified mail fee
   First-class or airmail postage
   Either return receipt fee (*optional*)
   Restricted delivery fee (*optional*)
   Special-delivery fee (*optional*)
2. If you want this receipt postmarked, stick the gummed stub on the address side of the letter, leaving the receipt attached, and present the letter to a postal employee.
3. If you do not want this receipt postmarked, stick the gummed stub on the address side of the letter, detach and retain the receipt, and mail the letter.
4. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card and attach it to the back of the letter.
5. Save this receipt and present it if you make inquiry.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—71547-2

INSTRUCTIONS

Public Law 147-84th Congress provides that any unpaid retired pay due you in the event of your death may be paid by the Commandant (FP-1) to a beneficiary designated by you. To designate a beneficiary for this purpose, fill in the other side and submit one copy to the Commandant (P), U.S. Coast Guard, Washington 25, D.C.

There are no restrictions on who may be designated as a beneficiary. If you designate more than one beneficiary, show the percentage of your final pay to be paid to each. Beneficiaries may be changed at any time by submission of a new form or by letter including the signature of a witness.

If you do not designate a beneficiary on the reverse side, unpaid retired pay, in the event of your death, will be paid by the Commandant (FP-1) to the beneficiary designated on the last Designation of Beneficiary for Death Gratuity submitted by you while on active duty or, if there is no such designation of beneficiary on file at HQ, claim for payment will be referred to the General Accounting Office for payment in the following order of precedence:

1. To your widow (or widower).

2. If there be no surviving wife (or husband), to your child or children, and descendants of deceased children, by representation.

3. If there be none of the above, to your parents, or to the survivor of them.

4. If there be none of the above, to the duly appointed legal representative of your estate, or if there be none, to the person or persons determined to be entitled thereto under the laws of your domicile.

Form 2515-A
TREASURY DEPARTMENT
U. S. COAST GUARD

IDENTIFICATION RECORD

(On reenlistment of a man in the Coast Guard this blank to be filled out and forwarded immediately to Coast Guard Headquarters.)

Name PARMENTER, Wm. Pinkham

Rate Q.M.3c. (108-157)

Date of last enlistment 5 March, 1930

Date of discharge 4 March, 1931

Character of discharge HONORABLE

Signature William Pinkham Parmenter

Tip of finger this end



Rolled print of right index finger to be taken immediately after signature is written.

U. S. GOVERNMENT PRINTING OFFICE: 1919 2—14416

Photog_____ No._____

Ship_____ Date_____

Location_____

THIS INFORMATION IS REQUIRED

Caption must include Names (left to right), ratings, home towns or cities with street addresses No. AND COMPLETE STORY OF PICTURE:—

PARMENTER
Parmenter, William
(708-157) 11639

Home town newspapers_____

ENCLOSE ONLY ONE NEGATIVE AND ITS CONTACT PRINT. SEND NEGATIVE TO: CHIEF, PUBLIC RELATIONS DIVISION, U. S. COAST GUARD, WASHINGTON 25, D. C.

NAVCG-2816

COAST GUARD.
Form 9545.
REGISTER ENLISTED FORCE.

(1)

PARMENTER, William Pinkham 108 157

(1) 3-3-31

Other creditable service— YRS. MOS. DAYS.

M. Stmt made 9-17-42

Birth, date of, March 25, 1907

Birth, place of, Boothbay Harbor, Maine

Citizenship, Na

GOVERNMENT PRINTING OFFICE 2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	MOS.	DAYS.	REMARKS.
BASE 16	8-4-27	Sea. lc.				SPECIAL TEMPORARY Orig. Enl. THREE YEARS ✓
BASE 7	11-6-27	Sea. lc.				Tr. F. 2599 11-5-27
BASE 7	7-11-29	Q.M.3c.				Enl. ext. awaiting Hdqrs.
BASE 7	3-4-30	Q.M.3c.				HD. decision phys. condition
BASE 7	3-5-30	Q.M.3c.				Not phys. qual. for Regular RE NEW DATE ENL. Auth. HL. 2/28/30
BASE 7	3-4-31	Q.M.3c.				HD
BASE 7	3-5-31	Q.M.3c.				RE Auth. H/L 2-26-31
BASE 7	3-4-32	Q. M. 3c.				HD. Not physical qual. for Regular
BASE 7	3-5-32	Q. M. 3c.				Re. TWO YEARS Auth. HL. 3-1-32
PERSEUS	4-27-32	Q.M.3c.				Tr. HL 3-21-32
PERSEUS	12-20-32	Q.M.3c.	6	9	17	SOD. NRR. Own request HL. 12-7-32

See card 2

-2-

N. C. G.-9541A

PARMENTER, William Pinkham (NAME) 553-607 (SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

PRIOR MILITARY SERVICE YRS. MOS. DAYS

BIRTH, DATE OF 25 March, 1907.
BIRTH, PLACE OF Boothbay Harbor, Maine.
CITIZENSHIP N. ✓

(Previously served in Coast Guard. See attached card).

UNIT	DATE	RANK OR RATING	SERVICE YRS.	MOS.	DAYS	ORIG. ENL. REGULAR RESERVE 4 YEARS ON D.O.L. REMARKS
R. O. BOSTON - ACC-PORTLAND, MAINE	9-2-42	✓ B.M.2c.				ASSIGNED TO ACTIVE DUTY.
REC. STA. BOSTON	9-2-42	✓ B.M.2c				TR.
COTP PORTLAND(BD)	10-9-42	✓ B.M.2c.				T. Boothbay Har. Me. with CGR
COTP-So. Portland	6-17-43	✓ B.M.1c				CR (43001)
COTP-So. Portland	2-4-44	✓ B.M.1c				TR (CG-45004)
Portsmouth Group (01)	2-1-44	B.M.1c.				TR Boone Isl. Lt. Ha.
Rockland Gr (01)	10-9-45	✓ B.M.1c				TR (Cobbite Head Light St. Ha.
Depot ITN.ND	12-19-45	B.M.1c				TR
Depot ITN.ND	12-19-45	B.M.1c	3	2	18	120 Conv Inst Enlist STL

See card 3

SERVICE RECORD CARD OF COAST GUARD RESERVE 16—30829-1 DIEBOLD 2116-595

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
PARMENTER,	William	P.	108-157	BM1	

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
~~12-21-48~~ 12-21-54	6	~~12-20-54~~ 12-20-60				6-6-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
3-25-07	CAU	WIDC	Boothbay Hbr, Me	Same as #15		Boothbay Hbr. Me.

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

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

24. EXPERIENCE (*Months*)
WITHIN CLUS: ASHORE 179 AFLOAT 8
OUTSIDE CLUS: ASHORE ____ AFLOAT ____

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE
12 YRS. 1 MOS. 6 DAYS
c. OTHER SERVICE
0 YRS. 0 MOS. 0 DAYS
d. TOTAL NET SERVICE FOR PAY
12 YRS. 1 MOS. 6 DAYS

26. SERVICE FOR BASIC PAY
COMP. 14 YRS. ON 11-15-50

27. SERVICE FOR RETIREMENT
COMP. 15 YRS. ON 6-6-52

28. OFF DUTY TRAINING
CG Institute Course
QM3-QM2, Comp. 1929,
rating 3.8

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1	PERM.	5-1-43

29. SERVICE SCHOOLS COMPLETED
None

31. REMARKS
None

32. RPTD DIST.
9-2-42 O

33. RPTD UNIT
2-2753

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT	GPO
PARMENTER,	Williams	P.	108-157	BM1	Hern Neck 23	16—66506-1

Form 2677A
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Feb., 1929

MEMORANDUM RECORD OF PARMENTER, William P. (108-157)

CLOTHING ACCOUNT

Date	Invoice No.	Amount	Deducted	Bal. Due
3/5/32	----------	$---------	$---------	$ None
4-8-32	19773-45	80	80	

MISCELLANEOUS MEMORANDA
(SIGN AND DATE EACH ENTRY)

Re. 5th. March, 1932 for two years.
E. F. Iowrie, Pay Clerk (T). U.S.C.G.,
Section Base Seven. Al 1:00 p.m. 4/14/32
to 11 am 4-19-32

To 7.44 am 4-20-32 to Jensens.
Paid pay 1-19; subs & gtys allow
@ 1.20 & 75 day 1-7.44 am 4-20-32
absent on leave 1 pm 14 to 11 am 19 April
1932. Qtrs & fuel deducted on voucher
No other debits or credits. Payaccts.
settled by R N Gillis LDA.
E F Lowrie (T) PayC.

To "Versfos" at 8.00 am on 4-25-32.

CLOTHING BOUNTY BALANCE TRANSFERRED: $ none
CLOTHING INDEBTEDNESS TRANSFERRED: $ none
LAST PAID AT RECEIVING UNIT TO AND
INCLUDING 4-24-32 By Maurice Rice LDA

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929 8—0293

PARMENTER, William P.

MEMORANDUM RECORD—CONT'D. (108-157).

CLOTHING ACCOUNT—Cont'd.

Date	Invoice No.	Amount	Deducted	Bal. Due
Balance		$	$	$NONE.
7-14-32	10210-15	2 00	2 00	July Pay

12/20/32 OD by special order of Headquarters auth: H/L 12-7-32 (73-701). Not recommended for re-enlistment. Paid to and including date of separation from service. by SDA Edward W. Garton (18047).

P. H. Portteus, Pay Clerk.

MISCELLANEOUS MEMORANDA
(SIGN AND DATE EACH ENTRY)

Rptd CINC Batt. Me. 1100 am 4/26/32 fr Persens 950 am 4/27/32. Not carried for pay & allow at this office $1.20 Subs allow due & unpd. No fr allow fr other drs or cr bals.

M Robbins

2—9232

NAME	SERVICE NO.	DATE OF RETIREMENT	RETIRED GRADE OR RATE
PARMENTER, William Pinkham	108-157	11-1-58	BM1

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
3-4-27	3-5-30	4.0	36	144.0	12-21-54	10-31-58	4.0	46	184.0
3-5-30	3-5-31	4.0	12	48.0					
3-5-31	3-5-32	4.0	12	48.0					
3-5-32	12-20-32	4.0	10	40.0					
7-2-42	12-10-45	4.0	40	160.0					
12-20-45	12-21-48	4.0	36	144.0					
12-21-48	12-21-54	4.0	72	288.0					
		TOTAL					TOTAL	204	1056.0

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

DATE	COMPUTED BY	DATE	VERIFIED BY
10-16-58	Helen D Weidman	10-16-58	[illegible]

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

6084 COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL

ENLISTED PERSONNEL DATA CARD

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
PARMENTER,	William	P.	108-157	BM1	

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
~~12-21-48~~ 12-21-52	6	~~12-20-54~~ 12-20-60				6-6-52

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
3-25-07	CAU	WIDC	Boothbay Hbr, Me	Same as #15		Boothbay Hbr. Me.

19. CIVILIAN EDUCATION	20. LANGUAGE QUALIFICATIONS	21. CIVILIAN OCCUPATION	CODING SPACE
HS4	None	Mariner	

22. SPECIAL SKILLS, LICENSES, ETC.: None

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

24. EXPERIENCE (*Months*)
WITHIN CLUS: ASHORE 179 AFLOAT 8
OUTSIDE CLUS: ASHORE ____ AFLOAT ____

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE
12 YRS. 1 MOS. 6 DAYS
c. OTHER SERVICE
0 YRS. 0 MOS. 0 DAYS
d. TOTAL NET SERVICE FOR PAY
12 YRS. 1 MOS. 6 DAYS

26. SERVICE FOR BASIC PAY
COMP. 14 YRS. ON 11-15-50

27. SERVICE FOR RETIREMENT
COMP. 15 YRS. ON 6-6-52

28. OFF DUTY TRAINING
CG Institute Course
QM3-QM2, Comp. 1929,
rating 3.8

29. SERVICE SCHOOLS COMPLETED
None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1	PERM.	5-1-43

31. REMARKS
None

32. RPTD DIST. 9-2-42 O

33. RPTD UNIT 2-2753

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT	GPO
PARMENTER,	Williams	P.	108-157	BM1	Ft Lem Mck 2-5	~~16—66506-1~~

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

108-157	PARMENTER,	William P.	BM1 USCG
(File or service No.)	(Surname)	(First name) (Initial)	(Rank or rating and branch of service)
20 December 1954	CG Group Rockland, Maine.		60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)		(Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct. 52

(Sign original only)

M.O. WRIGHT, CHBOSN, USCG, CO.

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

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

William P. Parmenter

(Signature of applicant)

ENTITLED TO $200.00 MOP

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

(Omit address if service is LESS than 60 days)

Vinalhaven, Maine Box # A

(Number) (Street)

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 3176 (Public voucher) 576,334 (Check number) DEC 21 1954 (Date)

$200.00

R. M. DRUCE, ADO, 1373

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

16—39039-1

DUPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

Whitehead -

11/29

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William P Service Number 553-607
(Surname first)

Age: Years 38 Months 8 Color White

For: Re-enlistment in Regular CG
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BM1c

Place Rockland, Me. Date 13 November, 1945

Personal Medical History Usual childhood diseases; nooperations; denies V.D.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

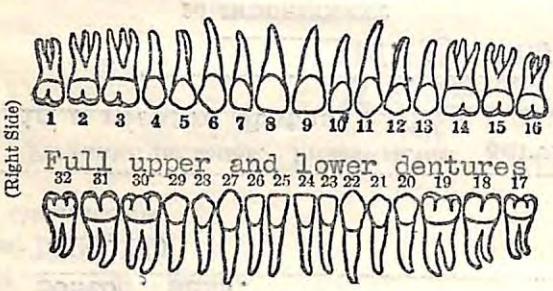
Eyes, eyelids, and reflexes Negative

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, "T".)



Gums Normal Temperature 98.6

Height 68 inches. Weight (stripped) 143 Lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 37½ Expiration 35½

Heart and blood vessels Negative

Blood pressure: Systolic 125 Diastolic 75

Pulse before exercise 80, after exercise 108, after 2 min. ____

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 ____ Sp. Gr. 1.022

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 11-13-45 Result ____

16—27670-1

MASTIC TEST REPORT

SPINAL FLUID DILUTIONS

		1-3	1-6	1-12	1-24	1-48	Control
Complete	100						
Marked	75						
Moderate	50						
Slight	25						
No precipitation							

As per Section 24, Chapter 22, Revised Statutes of 1944, the following fees for laboratory work have been approved by the Advisory Council and the Governor and Council:

The ability of the patient to pay is to be left to the discretion of the attending physician.

FEES FOR LABORATORY WORK

Routine urines	$2.00
Routine urines with microscopial examination	3.00
Incomplete examination of urine	1.00
Blood counts (differential or Malaria, etc.)	2.00
Blood Chemistry	3.00— 5.00
Tissues	5.00—10.00
Kahn pay cases	2.50
Vaccines	5.00
Guinea pig inoculations	2.00
Examination of stomach contents	2.00

REMARKS: ~~-~~

CERTIFICATE

{We / I} certify that {we / I} have personally made this physical examination and find that William P. Parmenter

He is physically qualified for Re-enlistment in Reg. CG
(Enlistment, appointment, promotion) (Rank)

He is physically qualified to perform the duties of
(Use in case of promotion of commissioned officer or annual examination)

He is not physically qualified for

on account of

H. M. KLEINMAN
Surgeon, U.S. Public Health Service.
S. A. Surgeon, USPHS(R)
Section Medical Officer

1st INDORSEMENT

16 November, 1945
(Date)

Place Boston, Mass.

From: DCGO, 1ND

To: Commandant.

1. Forwarded for action. Present status: serving in a reserve status.

D.V.HANMER
Commanding - Dist. Comdr. Off. in Chg.
Lt.(jg) USCG(WR)

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE:
U.S. COAST GUARD, Washington.

21 November, 1945
(Date)

The findings of the certificate are ~~not~~ approved

For STE.

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

23 November, 1945
(Date)

From: Commandant.

To: DCGO, 1ND

1. ENLISTMENT AUTHORIZED STE IN REG. CG

Insert this copy in health record.

By direction,

E. ZOOLE
Chief, Enlisted Assignments Div.
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE
7—27070-1

OK SR2

copy mailed 11-28-45

Rate waived 7-3-5

A. H. MORRELL, M. D., Director, Diagnostic Laboratory
STATE BUREAU OF HEALTH, Augusta, Maine

Purpose For Which Specimen Is Taken
(Kahn; Gonococci; T. B.; Widal; etc.)
HINTON

PATIENT

Name Wm. Parmenter
Street or R. D. Coast Guard
City or Town Rockland, Maine
Age 41 Sex Married?

PHYSICIAN

Name U. S. Coast Guard
Street or R. D.
City or Town Rockland, Maine

SPECIMEN

Date Taken blood 11/18/48
Purpose: ☐ Diagnosis ☐ Treatment Control
☐ Release
Source of Material blood
(Feces; Sputum; Blood; Spinal fluid; Urethra; etc.)

Clinical Diagnosis
Premarital? Prenatal?

LABORATORY REPORT

Received 11/19/48 Reported 11/23/48

Negative

gt

12-6-48

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William P. (Surname first) Service Number 108-157

Age: Years 41 Months 7 Color White

For: Reenlist. fm STE to REG EST CG
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BM1

Place Rockland, Me Date 19 November, 1948

Personal Medical History Usual childhood diseases; no operations; denies V.D.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ L.E. 20/

Color blind? NO Test used Plates

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, "T")

(Right Side) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Full upper and lower dentures.

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Gums Normal Temperature 98.6

Height 67½ inches. Weight (stripped) 150 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38½ Expiration 36

Heart and blood vessels Normal

Blood pressure: Systolic 132 Diastolic 78

Pulse before exercise 74, after exercise 102, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia 0 Sp. Gr. 1.018

Blood cells 0 Pus cells 0 Casts 0

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 11/19/48 Result Negative

16—27070-1

NCG—2525 B RECHECK

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name PARMENTER, William (Surname first) Service Number 553-607

Age: Years 35 Months Color White

For: Regular Reserve Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M. 2c.

Place Portland, Maine. Date 8/28/42

Personal Medical History arthritis from common cold 1933 otherwise ok.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ L.E. 20/

Color blind? no Test used plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes o. k.

Ears: Right o.k. Left o.k.
(Condition of drum, discharge, etc.)

Head, face, and neck o.k.

Mouth, nose, and throat o.k.

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)

(Right Side) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Gums o.k. Temperature 98.6

Height 67 inches. Weight (stripped) 140 Lbs. Obesity no

Skin o.k.

Lymph. glands o.k.

Chest: Inspiration o.k. Expiration o. k.

Heart and blood vessels o.k.

Blood pressure: Systolic 120 Diastolic 80

Pulse before exercise 65, after exercise 73, after 2 min. 68

Lungs o.k.

Abdomen and pelvis o.k.

Genito-urinary organs o.k.

Spine and extremities o.k.

Nervous and mental conditions o.k.

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia 0 Sp. Gr. 1016

Blood cells 0 Pus cells 0 Casts 0

Blood (if indicated) Hb 90% Reds 0 Whites 0

Wassermann or Kahn test: Date 8/19/42 Result neg

16—27070-1

Parmenter, W

REMARKS: /

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that William P. PARMENTER

He is physically qualified for Reenlistment in REG-CG
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

Paul A. Millington, HAS
Surgeon, U.S. Public Health Service.

Paul A. Millington, HAS.

1st INDORSEMENT

27 November, 1948
(Date)

Place CG Group, Whitehead, Spruce Head, Me.

From: CO, CG Group, Whitehead, Maine

To: Commandant.

PIR-3.46 Conduct 4.0

1. Forwarded for action. Present status: Active duty STE.

G. A. Tardif
G. A. TARDIF, CBOSN, USCG
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

12-1-48
(Date)

The findings of the certificate are ~~not~~ approved

FOR REGULAR ESTABLISHMENNT

By direction of the Surgeon General:

Medical Director, U.S Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON. DEC 2 1948
(Date)

From: Commandant.

To: CO, Whitehead Group

1. REENLISTMENT AUTHORIZED; REGULAR ESTAB.

Insert this copy in health record.

By direction,

F. V. HELMER, Comdr., USCG
Acting Chief, Enlisted Personnel Di

12-2-48

REMARKS:

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that _____

He is physically qualified for Enlistment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M. 2/c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

Philip Gregson
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

2 September, 1942
(Date)

Place REC.SUB.STA.PORTLAND, MAINE

From: Officer-in-Charge

To: Commandant.

1. Forwarded for action. Present status:
Regular Reserve Enlistment.
George Foxman, C.W.T.(a) Pro.
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 : 1942 16—27070-1

(3)

PARMENTER, William Pinkham (NAME)

108-157 ~~106-157~~ (SERVICE NUMBER)

SINGLE X
MARRIED
WIDOWED
DIVORCED

Other creditable service—	YRS.	MOS.	DAYS
US COAST GUARD Reg	6	9	17
US Coast Guard Res.	3	3	18

Birth, date of 25 March, 1907
Birth, place of Boothbay Harbor, Maine
Citizenship N

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
DCGO BOSTON	12-20-45	BMlc				SPECIAL TEMPORARY ORIG ENL 3 YEARS OTH
Rockland Grp 01	12-20-45	BMlc				auth 2525 B. 3rd
SZ0 Harbor Grp 01	4-2-48	BM1				A. Whitehead Light
Whitehead Grp 01	7-1-48	BMc				C. PC 36(4)
Whitehead Grp(01)	10-8-48	BM1				Rwrg (whitehead Lt)
Whitehead Grp (01)	12-20-48	BM1				TR. (Heron Neck L/S)
Whitehead Grp (01)	12-21-48	BM1				H.D. E.E. (ART 589 (1) Regs)
						Re 6 yrs Reg Est. HQ3 ind 2525B 12-2-48

16—11203-1

PARMENTER, William Pinkham 108-157 (NAME) (SERVICE NUMBER)

MARITAL STATUS
NUMBER OF DEPENDENTS

Other creditable service—	YRS.	MOS.	DAYS
US COAST GUARD	6	9	17
USCGR	3	3	18

Birth, date of 25 March, 1907
Birth, place of Boothbay Harbor, Maine
Citizenship NB

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
		PRIOR SEA SERVICE				
		PRIOR SHORE SERVICE				
WHITEHEAD L/S TD	10-9-45	BM1				~~EXR~~ Rptd
HERON NECK L/B	10-6-48	BM1				Rptd
WHITEHEAD L/S TD	12-20-51	BM1				Rptd
MOHEGAN L/S TD	4-4-52	BM1				Rptd
WHITEHEAD L.B.S.	4-17-52	BM1				Rptd
MOHEGAN L/S TD	5-2-52	BM1				Rptd
MRRSHAL POINT L/S	5-8-52	BM1				Rptd
WHITEHEAD L.B.S.	5-14-52	BM1				Rptd
CURTIS ISLAND L/S	7-1-52	BML				Rptd
OWLS' HEAD L/S TD	7-11-52	BM1				"
WHITEHEAD LBS	8-21	"				" (TD)
FORT PT LS	8-21	"				Rptd
Rockland Rebuilt	9-29-52	"				

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

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

CG-2996 (Rev. 7-52)

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
PARMENTER, William Pinkham	108-157	BM1	9-2-42

5. EFFECTIVE DATE DATE REPORTED	6. UNIT	7. DATE DEPARTED	8. SERVICE YRS.	8. SERVICE MOS.	8. SERVICE DAYS	9. REMARKS	10. CARD NO. GD1-148
9-29-52	ROCKLAND BREAKWATER	1-20-53				Rptd	
1-20-53	Whitehead LBS	2-25-53					
2-25-53	Heron Neck LS	11-1-58					

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
PARMENTER, William Pinkham	108-157	BM1	9-2-42

16—67555-1

PARMENTER (108-157)
(Surname of recruit.)

William Pinkham
(Christian name in full.)

Race, White; *height,* 67 *ins.*

Date of birth, 25 March, 1907

Record made by

George E. Tobey,
Y.2c.

Enlisted 5 March, 1931, *19*

At Base SEVEN, Gloucester, Mass.

Rating, Q.M.3c.

Previous Coast Guard, Army, Navy, or Marine Corps
(Indicate which service by underlining.)
Service 4 *years.*
Compared with enlistment record and forwarded.

Oscar Trinje
(Signature of enlisting officer.)
Chief Boatswain, *U. S. C. G.*

(Tip of finger this end.)



Rolled print of right index finger, to be taken immediately after signature of recruit is written.

1 A 14
17 Ea 10

William Pinkham
(Signature of recruit.)

TREASURY DEPARTMENT.
U. S. COAST GUARD.
Form 2515.—Ed. June 27-24—15,000.

FINGER PRINT RECORD.

GOVERNMENT PRINTING OFFICE 2—12039

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
			CE-71	

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
USCG COTP OPER	Extractions	8-14-44	8-21-44	IP
PTLAND ME	Carbon monoxide poisoning, obs. for	11-8-44		
	Myositis(Muscles of back) unk. c.		11-16-44	IP

NAME
PARMENTER, William P.

SERVICE NO.
553-607