2026 JUN 29 15.10

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

Date: 07/10/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Triano, Joseph	233-952 Registry	

MILITARY SERVICE

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

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

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

Date & Place of Death:

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location)		
	From:	To:
(Agency & Location)		
	From:	To:
(Agency & Location)		
	From:	To:

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number: C-0007720888

Attendant Signature:

CMRS Search Request Number(s): CG Reg S-[redacted]

Remarks:

'26 JUL 17 AM10:48

SCREENING NOTES

- ☑ Reviewed and Nothing Removed
- ☐ Items Removed and User Informed

Hold Requested:
- ☐ Yes
- ☐ No

Total Requests:

Screened Items:

- ☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

(a) 1

2 Last name	3 First name and middle initial	4 A. S. No.
TRIANO,	Joseph	233-952

(b) 5 Grade	6 Company	7 Regiment and Arm or Service	8 Age
BM 2c	USCG	RESFLOT ONE	21

(b) 9 Race	10 Nativity	11 Service	12 Date of admission
W	NJ	3Y	10-5

FILED
L. LOB

(b) 13 Source of admission

106th General

14 Registered numbers or hospital memoranda:

CHEST PLATE
URINALYSIS COMP. - Neg.
KAHN - Neg

15 Name of Hospital

(a) Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.
(b) Spaces 5 to 13 inclusive *not* to be filled in when form is used for *Register Index in time of peace and in the Zone of the Interior in time of war.*

Form 52a
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1938)
AG ? BR HQ SOS 123015

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

3-14 FILE

TRANSMIT

DATE 19 JULY 1946

FROM
COMMANDANT (PE-AD)

TO (FOR ACTION)
CCGD FIVE (P) NL

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

2ØØ6Ø8

TEXT

DISCH FOR CONV OF GOVT IN ACCORD ALCOAST 60 AUTH CASE OF TRIANO JOSEPH 233 952 COX X EFFECT DISCH IN ACCORD ART 583 CG REGS X TRANSFER IN ACCORD PB 19-46 X CHG TRAVEL HQ SYMBOL 051 20 CITING AUTHORIZATION NC 512601 X INSERT COPY THIS DISPATCH IN SERVICE RECORD X ALCOAST 134-46 NOT REPEAT NOT APPLICABLE X ADVISE LE BEAU QUINTYN E 230 496 S1C REQUEST FOR DISCH NOT APPROVED INASMUCH AS DISCH COUND NOT BE EFFECTED PRIOR 30 JUNE

NIGHT LETTER

E. Van Lopik, Lieut. (J.G.), USCG

TOD 2ØØ6Ø8 176 RB

OPERATOR'S RECORD

OFFICE OF ORIGIN: (PE-AD)
VAN LOPIK:ahj Ret to 3-11

W. C. Capron, Captain, USCG
Chief, Enlisted Personnel Div.
INITIALS OF RELEASING OFFICER:

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23734-1

3-11

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.



ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (p)
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73

1946 JUL 17 JL 2 46 AM

PE-A

Windmill P/
L/S (05)

15 July, 1946

To: The Commandant (PE)

Via: Commander, 5th CG District (p)

Subj: Discharge; request for

1. It is requested that I be discharged from the U. S. Coast Guard in accordance with ALCOAST 93-46. My enlistment expires 23 September, 1946.

2. The reason for this request is that I have a civilian job waiting for me and I would like to get back to civilian life as soon as possible.

Joseph Triano
JOSEPH TRIANO
(233-952) Cox.

Ind-1
O, Commander, 5th CG District
15 July, 1946

Forwarded for Headquarter's consideration.

J. R. STEWART
By direction

Reduced from BM2c to Cox
7-1-46
pn

512601

UNITED STATES COAST GUARD
(p) POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER
FIFTH NAVAL DISTRICT
REFER TO FILE:
15 July, 1946

To: The Commandant (PE)

Via: Commander, 5th CG District (p)

Subj: Discharge; request for

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JOSEPH TRIANO
(233-952) Cox.

Ind-1
O, Commander, 5th CG District
15 July, 1946

Forwarded for Headquarter's consideration.

J. R. STEWART
By direction



UNITED STATES COAST GUARD

(p) POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER
FIFTH NAVAL DISTRICT
REFER TO FILE:
15 July, 1946

To: The Commandant (PE)

Via: Commander, 5th CG District (p)

Subj: Discharge; request for

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2. The reason for this request is that I have a civilian job waiting for me and I would like to get back to civilian life as soon as possible.

JOSEPH TRIANO
(233-952) Cox.

Ind-1
O, Commander, 5th CG District
15 July, 1946

Forwarded for Headquarter's consideration.

J. R. STEWART
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO

REFER TO FILE

JUN 14 '46 AM

June, 7,1946

From: Windmill Pt. Light Station
Grimstead Va.

To: Personal Officer Fifth Coast Guard Office
Norfolk Va.

Sub: Request for discharge, Joesph Triano (233-952) BM2c (Pro)

Dear Sir,

The above named man request's discharge forthe convenience of the goverment, if possible, due to the fact that he does not intend to make the coast guard his career.

This man also claims thatfinancial he cannot afford to be put back to his permanent rateing which is coxswain, he also feels that further time served in the coast guard only tends to hinder his career in civilian life for his brother who awaits his discharge needs his help in athriving busness.

It is requested that a repley be made to this letter, thanking you for your consideration.

Joseph Triano BM2c

Joseph Triano BM2c

B. W. Vogt BM1c Keeper

B. W. Vogt BM1c Keeper

Ind-1
Comdr., 5th CG District
12 June, 1946

To: The Commandant

Forwarded, for headquarters consideration

F. A. MAIER
By direction

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
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG YARD		Curtis Bay, Md.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
155		3 January, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1600

DATE 3 January, 1946

TRANSFERRED TO: DCGO 5ND, Norfolk, Va.

FOR assignment to duty, temp duty in conn with decommissioning CG-83512 completed.

AUTH: H/L 10-26-45 (PEA-A) CG-701-531

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-A

DUTY CODE NO.

12 D

AUTH:

J. B. JOINER

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

00176

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-001	1-5-46

TIME 0800
DATE 1-4-46

REPORTED FROM: CG YARD, Curtis Bay, Md.
FOR assignment to duty.

DUTY CODE NO. 18-D

AUTH: HL(PEA-A), CG-701-531, 10-26-45

TIME 1000
DATE 1-4-46

TRANSFERRED TO: Windmill Point Light Station, Grimstead, Va.
FOR assignment to duty.

AUTH: Art.710, Regs

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

DUTY CODE NO. _____ AUTH. _____

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-A-94

DUTY CODE NO. _____ AUTH: _____

D. E. SPINNEY
By direction (Commanding)
mp-M-94

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

CAPTAIN OF THE PORT
PERSONNEL OFFICE
AUG 17 194
NORFOLK, VA

(pra)

CG-73

21 July, 1945

To: DCGO 3ND

Subj: TRIANO, Joseph (233-952) BM2c, service record; completion of

1. In accordance with PB 37-45, the following information is requested in order to complete service record of subject-named man. Quoted below is an excerpt of Article 1 (Transfers) of subject man's service records:

Departed from		Reported To	
Short Beach LB Sta.	12-29-41	Short Beach Sta.	10-22-41
Bay Shore Sta.	4-14-43	Fire Is. LB. Sta.	3-2-42
NP Indoc Center	5-18-43	N.P. Indoc. Cent.	4-14-43
Bay Shore Sta.	10-26-43	Bay Shore Sta.	5-18-43
		CDCGO, 3ND	10-26-43

Request explanation of lapse of time from 12-29-41, date detached Short Beach LB Sta. to 3-2-42, date reporting to Fire Is. LB. Sta. Your attention is also directed to the fact that there is no detaching entry for Fire Is. LB Station. It is requested information be furnished whether the Fire Island LB Station and Bay Shore Station are the same. If not, detaching date for Fire Island LB Station and reporting date to Bay Shore Station are requested. Changes in Rating indicates "Point of Wood LB Sta., A.S. to Sea. 2c, 1-24-42." Marks assigned for period ending 4-13-43 indicate Fire Island LB Station.

Request marks for period ending 12-31-41.

Absent from Duty Article indicates an entry by Bay Shore LB Station as the unit after the Short Beach LB Station. It is requested that if the Fire Island LB Station and the Bay Shore Station are not the same unit that information be furnished as to any deductible time which attached to Fire Island LB Station.

2. It is requested reply be made by indorsement hereon forwardingoriginal/and two copies to COTP, Norfolk, Va., inasmuch as subject-named man has been transferred to that unit.

CC: HQ(PEA-E-80)
Service Record
File

D. E. SPINNEY
By direction

RD/mrm

Ind-1
ODC GO3rdND
1 August, 1945

To: CO, CG Station, Short Beach, L.I.N.Y.

Forwarded, for compliance.

T. J. DUFFY
By direction

Ind-2
CG GRP.FREEPORT,N.Y.
7 August, 1945

To: CO, CG Grp. Bayshore, L.I.N.Y.

1. Forwarded for compliance.

2. Records at this unit reveal subject man was transferred from the Short Beach Lifesta 10-22-41 to the Fire Island LB Sta.

J.H.KETCHAM.
By direction.

Ind-1
CG GROUP,BayShore,NY
10 August, 1945

To: DOTP, USCG, 5th Naval District, Norfolk, Virginia

Records at this unit reveal that an error was made in subject man's service record in reporting entry of Article 1, as shown in paragraph (1) of basic communication. Triano reported to the Fire Island Lifeboat Station on same date as detached from Short Beach LB Station (12-29-41) and authorization for this correction is hereby given. No detaching entry for the Fire Island LB Station was made inasmuch as that unit was under the command of the Bay Shore Station on 4-14-43. When change in rating was made from A.S. to S.2c., 1-24-42, subject man was on the rolls of the Point O'Woods LB Station another sub-unit under the Bay Shore Station Command. It is requested that under marks assigned upon detachment from the command on 4-14-43, that unit from which detached be made to read Bay Shore Station instead of Fire Island LB Station, and authority is hereby given for this change.

G. E. ANDERSON
Commanding Officer

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

9 - 564

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
TRIANO	Joseph		233-952	BM2c.

CG-83512, CG Patrol Base, (05-013), Municipal Pier, Norfolk, Va. 17 September, 1945
COTP, Norfolk, Va.

(Unit) (Place) (Date)

0800, 17 September, 1945, Transferred with vessel to District Coast Guard Office, 5ND, Norfolk, Va. for duty.

58-D

AUTHORITY:
DCG05, Norfolk, Va./L 9/15/45
CG-23-601

C. M. NATWIG
(Commanding)

By direction
(Title)

NO POSTING REQUIRED PFA-E-65

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29504-1

NCG 2599
U. S. Coast Guard
(Jan. 1943)

8 194

REPORT OF CHANGE IN PERSONNEL

7 - 789

TRIANO (Surname) Joseph (First name) (Middle initial) 233-952 (Service No.) RM2c. (Rank or rating)

CG-83512, CG Patrol Base (05-013), Municipal Pier, Norfolk, Va/
COTP, Norfolk, Va. (Unit) (Place) 26 July, 1945 (Date)

1115 20 July, 1945, Reported for duty from District Coast Guard Office, 5ND, Norfolk, Va. with vessel.
Not entitled to sea dutypay.

58-D
AUTHORITY:

DCGO5/Operational Orders 7/19/45

C. M. NATWIG
(Commanding)

By direction
(Title)

EXAMINED PEA-E-65

DATE	R P	EXP. ENL.	PAY GRADE	NEXT PAY PER.	DIST.	FOR DOM.	DUTY
30/			3		06	2	59

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			PEA-E 62

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

File 3-14

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: C G - 73-650

15 February, 1945

To: TRIANO, Joseph (233-952) BM2c - COTP, Norfolk, Va.
Via: DCGO, 5ND, Norfolk, Va.
Subj: Letter of Appreciation

1. The Commandant is in receipt of the following letter from the Commander Twelfth Fleet, Admiral Harold R. Stark:

4 December, 1944

"Dear Admiral Waesche:

In May, 1944, sixty Coast Guard Cutters manned by Coast Guard officers and men reported in this theater for duty in connection with the invasion of France. This flotilla was ordered to the European Theater of Operations for special duty of a most important nature and the officers, men and ships have served with the greatest efficiency in all their assigned duties throughout the most trying conditions of enemy action and adverse weather.

This flotilla is being decommissioned as a unit today. Upon the occasion of the decommissioning and the assignment of the personnel and ships to other duties, I wish to express to you my great appreciation with and pride in the services that have been rendered by the Coast Guard through this flotilla and to inform you personally of the fine work they have done. Such performance of duty is no more than is to be expected of your organization, but the continued high standard exhibited by your officers, men and ships has been marked through a campaign where a high standard has been the rule, and I feel that their presence here has been a distinct contribution to the success of the Allied invasion of France.

Will you please express to your officers and men concerned my appreciation of their services and convey to them the high esteem that is held of the U. S. Coast Guard by all who have come in contact with them.

Very sincerely yours,

(Signed) H. R. Stark"

2. You may indeed take just pride in the knowledge that you have taken such an important part in this history-making invasion. In forwarding this fine recognition of your participation, I am happy to add my personal appreciation for your contribution. Your performance of duty reflects great credit upon you and the Coast Guard.

3. A copy of this letter will be made a part of your official record.

R. R. Waesche

R. R. WAESCHE
Commandant

2164

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pra)
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73-783
700

C&TP 05
3-14
file

26 July, 1945

To: The Commandant (PEA-E)

Subj: TRIANO, Joseph (233-952) BM2c; service record; correction and completion of

1. HQ is informed that this office under authority granted by HL(PEA-E-1), 7 May, 1945, CG-700, has made entries in the service record of subject-named person as indicated below:

Article 6 (Meritorious Conduct) - Entry has been made authorizing subject man to wear European-African-Middle Eastern Campaign Ribbon with one bronze star thereon. Entry based on USCG Rescue Flotilla One letter dated 8-28-44, copy attached to service record.

J. I. CREWS
By direction

CC: Service Record
File

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pra)
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73-783
700

26 July, 1945

To: The Commandant (PEA-E)

Subj: TRIANO, Joseph (233-952) BM2c; service record; correction and completion of

1. HQ is informed that this office under authority granted by HL(PEA-E-1), 7 May, 1945, CG-700, has made entries in the service record of subject-named person as indicated below:

Article 6 (Meritorious Conduct) - Entry has been made authorizing subject man to wear European-African-Middle Eastern Campaign Ribbon with one bronze star thereon. Entry based on USCG Rescue Flotilla One letter dated 8-28-44, copy attached to service record.

CC: Atlantic Fleet Records Office
90 Varick St.
New York 13, N.Y.

J. I. CREWS
By direction

D. E. MURPHY
Asst Records & Assignment Officer
By direction

CC: Service Record
File

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Permit Domicile	Duty
IV	XIV	XVII	XX	XXI

Officer Personnel			
District	Pay Grade	Permit Domicile	Duty
XI	XIV	XV	XVII

Engineer	
Rating	Code

Machine Accounting
Punched
Verified

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

00817

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83512		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
3ND	23 July, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1100
DATE 7-20-45

TRANSFERRED TO: ~~XXX~~ with vessel, to jurisdiction of COTP, Norfolk, Va.
FOR assignment to duty.

AUTH: Art 710 Regs.

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

CC: Atlantic Fleet Records Office
80 Varick St.
New York 13, N.Y.

D. E. SPINNEY
Ass't Records & Assignment Officer
By direction

DUTY CODE NO. AUTH:

dh-L-55

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
NO POSTING REQUIRED PEA-E-33	

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

UNITED STATES COAST GUARD INSTITUTE

ADDRESS REPLY TO
DIRECTOR (PT)
REFER TO FILE: 29049

GROTON, CONNECTICUT

FILE
C.G.I.

29 May, 1945

To: CO, CG-83512, 5ND

Subj: TRIANO, Joseph (233-952) BM2c
Completion of final examination and waiver of prerequisite courses

1. The CG Institute takes pleasure in certifying that the subject student has completed the final examination of the course shown with the grade of:

Boatswain's Mate 2c (70%).

2. In accordance with the provisions of Personnel Bulletin 76-44, all prerequisite courses are waived; the student is eligible to enroll in the course next above that for which the final examination was completed.

3. A copy of this letter should be placed in subject student's file and proper notation made in the student's Service Record and Continuous Service Certificate.

J. D. HARRINGTON

CC: HQ

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

202
83512

257 102

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83512 (03)		New York, N.Y.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE 6 February, 1945

TIME 1100
DATE 5 Feb. 1945

REPORTED FROM: CG Rescue Flotilla One
FOR assignment to duty.

DUTY CODE NO. 59-S AUTH: ComUSCGResFlotOne

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: EXAMINED PEA-E-33

E. A. KAUMP, By direction
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
301	3	16	3	59
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
PEA-E 33	

Machine Accounting
Punched OPERATOR No. 77
Verified OPERATOR No. 10

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

298

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CB-83512		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
3 ND	15 March, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH.

OTHER CHANGES (SPECIFY)

3-1145: This date, taken up on records of this district with vessel from DCGO, 3ND, N. Y., N. Y. while on authorized 30 days Al, to expire before noon 3-15-45.

D. E. SPINNEY
Asst. Records & Assignment Officer
(Commanding) By direction pmf-L-11

DUTY CODE NO. 59-S

AUTH: COMDR NYESF instructions, March 1945.

EXAMINED PEA-E

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
301	3	16	3	59
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
PEA-E 97	

Machine Accounting	
Punched	OPERATOR No. 65
Verified	OPERATOR No. 83

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

no posting necessary

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

83512 (13) 3-14 file

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO Joseph -	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83512		Norfolk, Virginia
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
3ND		20 March, 1945

TIME 1145
DATE 3-15-45

REPORTED FROM: DCGO, 5ND, Norfolk, Va.
FOR resumption of regular duty, having reported to DCGO 5ND, Norfolk,Va at 0915, 3-15-45, from Al 30 days granted by this vessel.

DUTY CODE NO. 59-S AUTH: Art 710 Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH.

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
Asst. Records & Assignment Office
(Commanding)
By direction gfw-1-17

EXAMINED PEA-E-63

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

PEA-E 57

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

VETERANS ADMINISTRATION
Insurance Form 350a
Rev. Aug. 1942

Form Approved
BUDGET BUREAU No. 76-R003-42

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (d) (1), NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED, AND REGULATIONS OF THE VETERANS ADMINISTRATION WITH REPORT OF PHYSICAL EXAMINATION

For use by: (1) Persons in the active service in the land or naval forces of the United States at any time after expiration of the period of 120 days following the date of entrance into the active service; (2) persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, at any time while in the active service. USE INK OR TYPE.

1. NAME IN FULL (Please print or type) — First: JOSEPH — Middle: — Last name: TRIANO

2. HOME ADDRESS: Number: 616 — Street or rural route: Ripley Place — County, city, town, or post office: Westfield — State: New Jersey

3. I WAS BORN AT — City, town, or post office: Westfield — State: N.J — Day of month: 30 — Month: April — Year: 1923 — Age nearest birthday: 20

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 25 September, 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating: Cox. — Organization, regiment, station, ship, etc.: C.G. 83512, 3ND

6. SERIAL NUMBER: (233-952)

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 $: 5,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO"): Yes — IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $: 5,000 — POLICY NO.: Unknown

(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	Philomena Triano	Mother	5,000	Same as above
CONTINGENT	Lena Triano	Sister	5,000	Same as above

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see Specific Instructions, page 4, paragraph 2)

12. I REQUEST THE POLICY TO BE MAILED TO—(Please print or type)
Mrs. Philomena Triano, 616 Ripley Place, Westfield, New Jersey
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (See Specific Instructions, page 4, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of May, 19 44, 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 _____ premium on the insurance. or
(Write above whether monthly, quarterly, semiannual or annual)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ 3.25 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
$ 6.50	$	$	$	$

SIGNED AT 42 Broadway, New York, ON THE 1st DAY OF April, 19 44

WITNESSED BY: and

INFORMATION AS TO SERVICE CERTIFIED BY: CHARLES S. WOLF, ENSIGN, USCGR
(Rank and organization) (For further information see Specific Instructions, page 4, paragraph 4)

Joseph Triano
Joseph Triano
(APPLICANT SIGN HERE. DO NOT PRINT SIGNATURE)
APPLICANT MUST ALSO SIGN STATEMENT ON PAGE 2

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.)

16—18723-2

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $_____ Premium: Mo. $_____ Qr. $_____ S. A. $_____ A. $_____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

STATEMENT OF APPLICANT

(APPLICANT MUST DATE AND SIGN THIS STATEMENT AT BOTTOM OF THIS PAGE)

The purpose of the questions contained in this form is to secure complete information regarding the condition of the applicant's health. Every question must be answered. All diseases, injuries, abnormalities, deformities, infirmities, or the results thereof on impairment of bodily functions must be stated and fully described. Statements made by the applicant in this application are relied upon in granting insurance. Consequently, any deception or false statement either by inference, omission, or otherwise may result in cancelation of the insurance or in the refusal to pay a claim on the policy. In either case, the premiums are not returnable. 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.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED. IF IN DOUBT AS TO MEDICAL TERMS, CONSULT PHYSICIAN.

15. Have you ever applied to the Veterans Administration or other Government agency for (a) Disability compensation? NO (b) Disability allowance? NO (c) Retirement pay? NO (d) Pension? NO (e) Hospitalization? NO (f) Examination or treatment? NO (Answer "Yes" or "No" to each question.) If answer is "Yes," state number and place of application _____

16. Has any application for insurance on your life ever been declined? NO If answer is "Yes," state name of insurance company and approximate date of your application _____

17. Insofar as you know, have your parents, brothers, sisters, wife, or children ever been afflicted with—Tuberculosis NO Paralysis NO Insanity NO Epilepsy NO Apoplexy NO

18. Have you ever had any of the following (answer "Yes" or "No")—
(a) Surgical operation NO (b) Accident or injury NO (c) Hospitalization for illness NO
If answer is "Yes" to any of the above questions, give nature of operation, accident, injury, or illness, with date and name and address of attending physician _____

19. (a) Have you ever had any of the following: (Answer "Yes" or "No" after each item)
CANCER NO CONSUMPTION (Tuberculosis) NO DIABETES NO FITS OR CONVULSIONS NO GOITER NO
NERVOUS OR MENTAL TROUBLE NO KIDNEY STONES NO PARALYSIS NO RHEUMATISM NO SYPHILIS NO
ANEMIA NO GALL STONES NO DISEASE OF THE STOMACH OR INTESTINES NO

(b) Have you within the last 5 years had any of the following: (Answer "Yes" or "No" after each item)
APPENDICITIS NO ARTHRITIS NO ASTHMA NO CHRONIC BRONCHITIS NO HABITUAL COUGH NO
PLEURISY NO OTHER DISEASES OF THE LUNGS NO FISTULA NO HEMORRHOIDS NO RECTAL ABSCESS NO
TUMOR NO SINUSITIS NO VARICOSE VEINS NO

(c) Have you within the last 5 years had any disease of— (Answer "Yes" or "No" after each item)
BLOOD VESSELS NO HEART NO BLADDER NO KIDNEYS NO LIVER NO PROSTATE NO SKIN NO
BONES NO JOINTS NO EYES NO EARS NO

(d) If you have been treated for any of the above diseases, state approximate dates, duration, names, and addresses of attending physicians _____

20. (a) Do you use alcohol? NO If so, to what extent? _____
(b) Do you use habit-forming drugs? NO If so, to what extent? _____
(c) Have you ever been treated for alcoholism or drug addiction? NO
(If answer is in the affirmative, give details) _____

21. Give all illnesses within the last 5 years together with names and addresses of physicians who treated you NONE
(a) Have you consulted a physician during the last 5 years for any reason concerning your health other than because of the illnesses stated above? NO

22. Time lost from your occupation through illness during the last 5 years NONE

23. To your knowledge have you any disease, disability, physical abnormality, or deformity, congenital, or otherwise? NO

24. Do you understand that the Government will rely on the truth of your answers in deciding whether to grant the insurance applied for? YES

I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, firm, or corporation to whom or to which I have applied for employment may divulge to the Veterans Administration or in any suit against the United States by reason of the foregoing testify as to, or produce in court any information obtained by them, or it, concerning myself.

I HAVE READ ALL OF THE FOREGOING ANSWERS AND SAME ARE TRUE TO MY OWN KNOWLEDGE.

SIGNED ON THIS 1st DAY OF April, 19 44

16—18722-1

_____
(SIGNATURE OF APPLICANT)

MEDICAL EXAMINER'S REPORT

Examination may be made by medical officers in active service with the Army, Navy, Marine Corps, Coast Guard or physicians of the U. S. Public Health Service; examination may also be made by physicians of the Veterans Administration at a Regional Office or Facility or by physicians designated by the Veterans Administration for the purpose of making such examinations, and who are not related to the applicant by blood or marriage, associated with him in business, or pecuniarily interested in the issuance of the policy. This examination report must not be divulged to the applicant.

25. Are you related to applicant by blood or marriage? no (See above)

26. How well and how long have you known him? 10 years

27. By what means are you satisfied with his identity? Card (Give some mark of identification)

28. Have you ever treated the applicant for any disease or injury? no If so, give dates and diagnosis

29. Height in shoes. 5 ft. 11 in.

30. Weight, clothed vest off 151 lbs.

31. Girth of chest, normal 37 in. Forced expiration 34 in.; forced inspiration 39 in.

32. Girth abdomen. 32 in.

THE APPLICANT MUST BE STRIPPED FOR REMAINDER OF EXAMINATION

33. STATE PULSE RATE:
(a) Before exercise 82
(b) Immediately after 90
(c) One minute after 86
(d) Two minutes after 82

34. Blood pressure:
Before exercise
Systolic 130
Diastolic 80
Immediately after exercise
Systolic 140
Diastolic 85
Instrument used
(Take diastolic pressure at the disappearance of all sounds)

35. Report of Heart and Blood Vessels:
Is there a murmur? no If the answer is "Yes," state location and time
Where transmitted Functional or organic
Probable cause Any history of acute rheumatic fever or rheumatism
Any enlargement, dilation, or hypertrophy? Measurements
Any evidence of myocarditis? Dyspnea
How severe? Edema of extremities or lungs Cyanosis
Is there any arteriosclerosis? If answer is "Yes," describe fully and state if same is greater than to be expected consistent with the age of the applicant.
Is there any evidence of kidney disturbance?
State if compensation is maintained or is failing Is there any irregularity of the force of the heartbeats as heard while taking the blood pressure?
If the pulse is irregular or intermittent, state the type of arrhythmia, the number of irregular and missed beats per minute, and if the arrhythmia is affected by exercise.
no

36. Has there been any abnormal variation in weight within the past year? no If so, explain fully

37. After examination do you find any abnormality of the lungs? no (Afternoon temperature is required in slender persons with suspected tuberculosis tendency or with suspicious signs.) Obtain a careful history of every so-called pleurisy case with special reference to duration, effusion, and what disease it followed Record the facts here.

38. Do you, by thorough physical examination and inquiry, find any evidence of disease or impairment—
(a) Of the brain or nervous system? (Examine patella and pupillary reflexes—observe station and gait) no
(b) Of mouth, nose, or throat? no
(c) Of the stomach, liver, other abdominal or genital organs? no
(d) Of the skin, glands, lymph, or endocrine? no
(e) Of the ears? (Test each ear, give degree of any deafness or discharge) no
(f) Of the eyes? (Test each eye separately before and after correction and give cause of any impairment.) no
(a) Is there any abnormality of external structures? no
(b) Is there any nystagmus, conjunctivitus, inequality of pupils, or abnormal reaction to light and accommodation? no
(g) Of the bones and joints? no no

39. Do you find any evidence which in your opinion indicates the applicant ever had —(a) Syphilis no (b) Rheumatism

40. Any deformity or departure from normal in any respect? no

41. URINALYSIS:
Specific gravity 1.018 Albumin neg. Color amber
Reaction acid Sugar neg.
(Microscopic examination is required if albumin is present)

42. Was the specimen passed at the time of the examination? yes

43. Has the applicant lost an eye, hand or arm, foot or leg? no

44. Is the applicant ruptured? no If so, give size type and location Is a suitable support worn?

[OVER]

MEDICAL EXAMINER'S REPORT—Continued

45. FEMALES:			
Any history of uterine or ovarian diseases or any disease of breast?	Married: If pregnant, month advanced _____ Number of pregnancies _____	Date of last menstruation _____ Is menstruation regular and normal? _____ Has she successfully passed the menopause?	Number of miscarriages, if any, and dates.
(Glands, thyroid, etc.)	Were deliveries normal? _____		

46. REMARKS (if you have any facts or impressions gained and not covered in this report, please indicate in detail): _____

Examination of TRIANO, Joseph(233-952) COX made by
(Type or print applicant's name)
S. J. RANDALL, ASST SURG. (R) USPHS
(Type or print examining physician's name and official designation)

this 23 day of March, 1944

S J Randall

New York City (CITY) Manhattan (COUNTY) New York (STATE) S. J. RANDALL, ASST SURG. (R) (SIGNATURE OF EXAMINING PHYSICIAN)

(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.)

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE—FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.
15	$0.63	20	$0.65	25	$0.67	30	$0.71	35	$0.76	40	$0.85	45	$0.99	50	$1.27	55	$1.77	60	$2.60
16	.64	21	.65	26	.68	31	.72	36	.77	41	.87	46	1.03	51	1.35	56	1.90	61	2.82
17	.64	22	.66	27	.69	32	.73	37	.79	42	.89	47	1.08	52	1.44	57	2.05	62	3.07
18	.64	23	.66	28	.69	33	.74	38	.81	43	.92	48	1.14	53	1.54	58	2.21	63	3.34
19	.65	24	.67	29	.70	34	.75	39	.83	44	.95	49	1.20	54	1.65	59	2.40	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 six 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. A tender of the first premium or authorization to allot the first premium from service pay in connection with an application for insurance should be made on or before the date of the report of physical examination incident to the application for insurance.

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, 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 one 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 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 subparagraph (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 16—18722-2

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

COAST GUARD TR. STA.

TIRANO, Joseph (Name, surname first) | 618-519 (Service number) | A.S.(R) (Rank or rating) | Brooklyn, N.Y. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place _____, Date _____, 19

To: Commanding Officer, COAST GUARD TRAINING STATION
(Coast Guard unit)

Manhattan Beach, Brooklyn, N.Y.
(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
Follicular tonsillitis, acute	634-100	2/16/43	2/22/43

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

4 days off duty

CONDUCT REPORT:

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

[signature]
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Co. 13
COAST GUARD TR. STA.
Brooklyn, N.Y.

Tirano

~~TIRANO~~, Joseph (Name, surname first) | 618-619 (Service number) | A.S.(R) (Rank or rating) | (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

COAST GUARD TRAINING STATION
Place Manhattan Beach, Broklyn, N.Y. Date 17 February, 1943., 19

To ~~Medical Officer in Charge~~
USPHS HOSPITAL
~~Sheepshead Bay, Brooklyn, N.Y.~~

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to COMMANDING OFFICER, COAST GUARD TRAINING STATION, Brooklyn, N.Y.

Joseph Tirano (Signature of patient)

Joseph Tirano D.A. JANUARY, P.A. Surgeon, USPHS. *U. S. Coast Guard.*

RETURN MEDICAL CERTIFICATE

Place USPHS Hospital, Sheepshead Bay, Date 17 Feb., 1943

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

~~MENGITIS~~ acute Pharyngitis - Meningismus

(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? {*~~No.~~ / *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 Sheepshead Bay USPS {*hospital / *~~office~~} on 17 Feb., 1943

~~MENGITIS~~

R. L. Lawrence
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

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

TRIANO, Joseph (Name, surname first) | 238-952 (Service number) | Sea.1c. (Rank or rating) | Fire Island Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Bay Shore, N. Y., Date 13 July, 1942.

To: Fire Island Station
(Coast Guard unit)

Bay Shore, N. Y.
(Address)

U. S. COAST GUARD (15)
REC'D JUL 21 1942

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
Infection little finger	0827	7-13-42.	7-13-42.

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.}

H. P. Barringer
A.A.Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

...ATE

...ARTMENT
...T GUARD
...March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE

...IANO, Joseph (Name, surname first) | 238-952 (Service number) | Sea.1c. (Rank or rating) | Fire Island Sta. (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Bay Shore, N. Y., Date 13 July, 193x 42.

REC'D JUL 21 1942
U. S. COAST GUARD (16)

To: Dr. R. H. Barringer

18 Shore Lane, Bay Shore, N. Y.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in Charge, Fire Island LB Station

Joseph Triano
Joseph Triano (Signature of patient)

Bay Shore, N. Y.
John W. Midgett, CBM U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Bay Shore, N.Y., Date 13, July 1942., 193

I CERTIFY that I have examined the above-named person and find him suffering from 0827

Infection little finger (right hand) Insect bite
(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 Bay Shore, N.Y. ..... my {*hospital / *office} on 13 July 1942., 193

H. P. Barringer
A.A.Surgeon U. S. Public Health Service.

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

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

..... U. S. Public Health Service.

*Strike out words not applicable.

2—663

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR6-73

NOTED PR-8

[redacted] DEPARTMENT

UNITED STATES COAST GUARD

Office, Senior Coast Guard Officer,
Third Naval District, New York, N. Y.

23 February, 1942.

Rec'd
FEB 26 1942

U. S. COAST GUARD (22)
REC'D MAR 7 - 1942

From: Commandant.
To: Commanding Officer, Fire Island Station.

Subject: TRIANO, Joseph - (233-952) A.S. - correction of records.

Reference: (a) Enlistment contract dated 25 September, 1941.

1. Reference (a) shows the service number of subject-named man to be 239-952. His correct service number is 233-952. It is requested that your records be corrected accordingly.

F. E. ALLISON,
By direction.

---

73 First Indorsement

Third Naval District.
New York, New York.
26 February, 1942.

From: Senior Coast Guard Officer, Third Naval District.
To: Commanding Officer, Fire Island Station.

1. Forwarded for compliance.

CHARLES JERABECK,
By direction.

---

73 Second Indorsement

Fire Island Station
Bay Shore, N. Y.
3 March, 1942.

From: Commanding Officer, FIRE ISLAND STATION.
To: Commandant.

Via: Senior Coast Guard Officer, THIRD NAVAL DISTRICT.

1. Returned, complied with.

P. H. SIMPSON.

NOTED PR-8

pef

PR6-73

23 February, 1942.

From: Commandant.
To: Commanding Officer, Fire Island Station.

Subject: TRIANO, Joseph - (233-952) A.S. - correction of records.

Reference: (a) Enlistment contract dated 25 September, 1941.

1. Reference (a) shows the service number of subject-named man to be 239-952. His correct service number is 233-952. It is requested that your records be corrected accordingly.

F. E. ALLISON,
By direction.

[redacted]

FEB 24 [illegible]

Rec'd B.A.S.

Form No. 2599
TREASURY DEPARTMENT
U.S. COAST GUARD

683

U. S. COAST GUARD (7)
REC'D JAN 3 1942

REPORT OF CHANGE IN PERSONNEL

TRIANO	Joseph	233-952	A.S.
(Surname)	(First name)	(Mid.Initial) (Service No.)	(Rating)

NEW YORK RECEIVING STATION	Ellis Island, N. Y.	30 December, 1941
(Unit)	(Place)	(Date)

1430 22 December, 1941 -

Completed temporary duty on the Swedish Ship KUNGSHOLM and returned to the JONES BEACH STATION for resumption of regular duty.

AUTHORITY:

SCGO 3rd ND verbal orders
22 December, 1941

R. RIDGELY,
Lieut., (j.g.)

SPACE BELOW IS FOR HEADQUARTERS USE ONLY

LAW PERSONNEL RECORDS H. E. WEYRAUCH, Pay Clerk
Statistics Correspondence Records

NOTED
W.P.S.

FORM NO. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Edition 1937)

U. S. COAST GUARD (13)
REC'D JAN 3 19[illegible]

REPORT OF CHANGE IN ENLISTED PERSONNEL

TRIANO	JOSEPH		233-952	A.S.
(Surname)	(First name)	(Middle initial)	(Service No)	(Rank or rating)

(FIRE ISLAND STATION)
Point of Woods LB Sta. (Unit) | Bay Shore, N.Y. (Place) | 29 December, 1941 (Date)

1430 29 DECEMBER, 1941: Subject man reported Point of Woods Lifeboat Station (FIRE ISLAND STATION) on transfer from JONES BEACH STATION.

AUTHORITY: S.C.G.O. Third Naval District, letter 26 December, 1941. (701)

John W. Midgett
JOHN W. MIDGETT, CBM.
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	INDEX	UNIT	RATING

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

U.S. COAST GUARD (7)
RECD DEC 30 1941

REPORT OF CHANGE IN PERSONNEL

TRIANO, Joseph (233-952) A.S.
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

Short Beach LB Station
(Jones Beach Station) Freeport, N.Y. 22 December, 1941
(Unit) (Place) (Date)

1845, 22 December, 1941: Returned from temporary duty at New York Receiving Station, Ellis Island, N.Y.

AUTHORITY: Verbal Orders, Senior Coast Guard Officer, Third Naval District.

C.O. Gray
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
			FILE T. J. T.

U. S. GOVERNMENT PRINTING OFFICE 10935

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

318

U. S. COAST GUARD
RECD OCT 23 1941

REPORT OF CHANGE IN PERSONNEL

TRIANO	Joseph	none	233-952	A.S.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

NEW YORK RECEIVING STATION	Ellis Island, New York	20 October, 1941
(Unit)	(Place)	(Date)

1300 20 October, 1941

Reported for assignment to duty from the NEW ORLEANS TRAINING STATION, Algiers, New Orleans, Louisiana.

AUTHORITY:

Headquarters' dispatch 171658 October, 1941

(Commanding)
R. RIDGELY,
Lieut. (j.g.)
(Title)

H. L. WEYRAUCH, Pay Clerk

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE

FILE
C.M.

Form 2522
U.S.Coast Guard.

"FINAL MEDICAL CERTIFICATE"

NEW ORLEANS TRAINING STATION
Algiers, La.
OCT 16 1941

TRIANO, Joseph.	233-952	A.S.
Name, surname first.	Service number.	Rate.

Special Temporary
Enlistment.

OFFICE
OCT 28 1941
INSPECTOR IN CHIEF

To: Commandant, U.S.Coast Guard,
Washington, D.C. (Medical Section).

The above-named man received out-patient treatment as follows:.

Diagnosis:	Diagnosis number.	Treatment. Began.	Treatment Ended.
Anti-smallpox vaccination.	0119	OCT 2 1941	OCT 2 1941
Antityphoid inoculation.	0122	OCT 2 1941	OCT 16 1941

Remarks: Fit for duty.

R. W. McComas.
Assistant Surgeon, USPHS.
Medical Officer.

Triano, Joseph

REMARKS: ~~Remarks~~

CERTIFICATE

{We / I} certify that {we / I} have personally made this physical examination and find that TRIANO, JOSEPH

He is physically qualified for S T E
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of AS
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for

on account of

F. D. Sherwood
per SS

Asst Surgeon, U.S. Public Health Service.

1st INDORSEMENT

25 September, 1941
(Date)

Place New York, N.Y.

From: Recruiting Officer, New York.

To: Commandant.

1. Forwarded for action. Present status: Enlisted this date for three yrs as A.S., STE.

R. W. BUTCHER.

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE:
U.S. COAST GUARD, Washington.

SEP 26 1941
(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

U. S. COAST GUARD (18)

RECD SEP 27 1941

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name Triano, Joseph (Surname first) Service Number 233-952

Age: Years 18 Months 5 Color White

For: S.T.E.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating A.S.

Place New York, N.Y. Date Sept 25, 1941

Personal Medical History Fractured left elbow, age 5 years

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? no Test used i.p.

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes ok

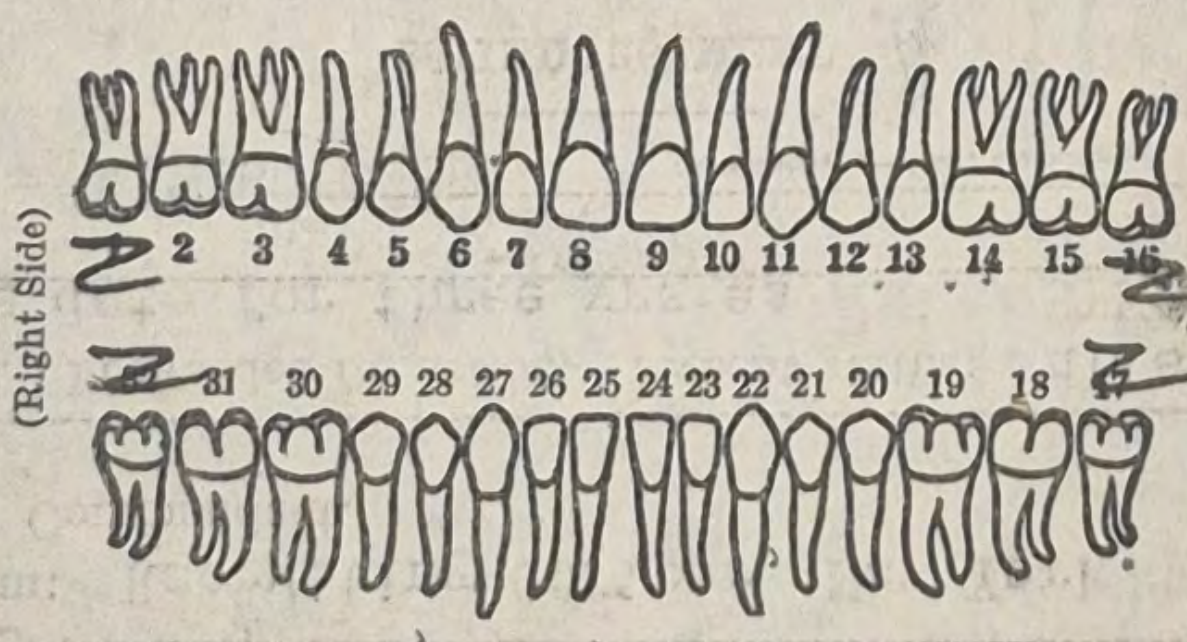
Ears: Right ok Left ok
(Condition of drum, discharge, etc.)

Head, face, and neck ok

Mouth, nose, and throat ok

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums ok Temperature 37°

Height 68 inches. Weight (stripped) 129 lbs. Obesity no

Skin ok

Lymph. glands ok

Chest: Inspiration 33 Expiration 30

Heart and blood vessels ok

Blood pressure: Systolic 114 Diastolic 68

Pulse before exercise 84, after exercise 120, after 2 min. 82

Lungs ok

Abdomen and pelvis ok

Genito-urinary organs ok

Spine and extremities No impairment of function at elbow

Nervous and mental conditions ok

Urine: Albumin neg Sugar neg Shreds none

Microscopical exam. (if indicated) epithelia neg Sp. Gr. 1/016

Blood cells neg Pus cells neg Casts none

Blood (if indicated) Hb — %. Reds — Whites —

Wassermann Kahn test: Date Sept 18 Result 1941 Neg

Form No. 2681
TREASURY DEPARTMENT
U. S. Coast Guard

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

TRIANO, Joseph — 239-952 — A.S.
(NAME) (SERVICE NUMBER) (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: 8 Yrs. — Graduate — 8th
(Number of years attended, graduated) (Grade)

(b) High School: 2 Yrs. — Did Not Graduate — 10th
(Number of years attended, grade completed or graduated)

(c) College: .....
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following, the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )	Accountant	( )
Bookkeeper	( )	Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician(telephone)	( )	Electrician (general)	( )
Engineer (diesel)	( )	Engineer (steam)	( )	Lathe Operator	( )
Machinist	( )	Mechanical Engineer	( )	Pharmacist	( )
Photographer (general)	( )	Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )	Sign painter	( )
Stenographer	( )	School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )	Welder (acetylene)	( )
Welder (electric)	( )				

Specify ability as interpreter in foreign languages below:

ITALIAN 2.0

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Mechinical drawing in school.

Use reverse side of this form when necessary.

Joseph Triano
JOSEPH TRIANO.
(SIGNATURE)

CODED
NO. 1

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

USCG RESCUE FLOTILLA ONE
UNIT 202, FLEET POST OFFICE, N.Y.
25 September, 1944
(date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, JOSEPH TRIANO (Name of Applicant) 233-952 (Serial Number)

BM2c. (Rating), having on 25 September, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of THREE years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of TWO years from the date of expiration thereof and / or for the duration of the war and six months thereafter, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is Expiration of Enlistment

Joseph Triano
Joseph Triano
(signature of applicant)


(tip of right forefinger)

Voluntarily agreed and subscribed to before me this 25 day of September A.D., 1944.

ALEXANDER STEWART, Lt.Comdr.USCGR
(Commanding Officer or notary public)

USCG RESCUE FLOTILLA ONE
UNIT 202, FLEET POST OFFICE, N.Y.
25 September, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

ALEXANDER STEWART, Lt.Comdr.USCGR
(Officer authorized to accept Extension)

Personnel Bulletin 103-44

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

USCG RESFLOTONE
(Unit)

TRIANO, Joseph
(Name in full—surname to the left)

25 September, 1944
(Date)

233-952
(Service number)

BM2c, EOE
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	41	9	25
Enlistment extended (for 2 years from)	44	9	25
Date of discharge (_____) (Character of discharge)			
Total time of last enlistment period 3 yrs.			

NUMBER OF—		
Years	Months	Days
3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)	0	0	0
Creditable time served during last enlistment period 3 yrs.	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Alexander Stewart.
ALEXANDER STEWART
Lieut.Comdr. R
(Rank), U. S. C. G.
Commanding officer.

Date 25 September, 19 44

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 September, 19 44

USCG RESFLOTONE
(Unit and place)

I CERTIFY that the above-named man Ext. enl. for
(Reenlisted or voluntarily extended his enlistment)

a period of TWO years from this date.

Alexander Stewart.
ALEXANDER STEWART
Lieut.Comdr. R
(Rank), U. S. C. G.
Commanding officer.

16—20908-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
TRIANO,	Joseph		233-952	BM2c.

(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)
USCG RESCUE FLOTILLA ONE	c/o Fleet Post Office, N.Y.		7 October, 1944 ~~25 September, 1944~~

CG-83512
(Minor unit)

24 September, 1944

Three year enlistment in the Special Temporary Establishment expired this date. Enlistment extended for two (2) years effective 25 September, 1944 with duration clause included.

Form of Discharge otherwise entitled To: Honorable.

PAFE: New York, N.Y. POD: New York, N.Y.

Entitled to enlistment allowance in the sum of $150.00

DUTY CODE No.: 59 ResFlotOne
AUTHORITY:
PB 103-44

Alvin G. Lane
ALVIN G. LANE,
(Commanding)
By direction.

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

Record of TRIANO, Joseph 233-952

Date	Rate	Pro. In Rate	Seamanship	AIOM	Conduct
					4.0
9-30-41	A.S.	Less than one month			4.0
10-18-41	A.S.	Less than one month			4.0
12-29-41	A.S.	2.9	2.8		4.0
3-31-42	S2c.	2.9	2.8		4.0
6-30-42	S2c.	2.9	2.9		4.0
9-30-42	S1c.	3.0	3.0		4.0
12-31-42	S1c.	3.0	3.1		4.0
3-31-43	Cox.	3.1	3.3	3.0	4.0
4-14-43	Cox.	3.1	3.3	3.0	4.0
5-18-43	Cox.	3.1	3.0	3.3	4.0
6-30-43	Cox.	3.1	3.0	3.3	4.0
9-30-43	Cox.	3.2	3.0	3.3	4.0
10-26-43	Cox.	3.2	3.0	3.3	4.0
12-11-43	Cox.	3.2	3.0	3.3	4.0
12-16-43	Cox.	3.2	3.0	3.3	4.0
12-31-43	Cox.	Less than one month			4.0
1-12-44	Cox.	Less than one month			4.0
2-3-44	Cox.	Less than one month			4.0
3-31-44	BM2c.	3.2	3.0	3.3	4.0
6-30-44	BM2c.	3.2	3.0	3.2	4.0

CERTIDIED TO BE A TRUE COPY

Alvin G. Lane

ALVIN G. LANE, Lieutenant (j.g.)USCG

PERSONNEL BULLETIN NO. 86-44.

"CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD"

DATE: 25 September, 1944

UNIT: USCG RESCUE FLOTILLA ONE. ADDRESS: c/o FPO, New York, N. Y.

SURNAME,	FIRST NAME,	INITIAL	SER. NO.	RATE
TRIANO,	Joseph		233-952	BM2c.

has completed a continuous period of three years' active service on 24 September, 1944, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate (ribbon)(star) in lieu of issue of actual award at this time.

Alexander Stewart.

ALEXANDER STEWART,
Lieutenant Commander, USCGR,
Commanding Officer.

PERSONNEL BULLETIN NO. 86-44.

"CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD"

DATE: 25 September, 1944

UNIT: USCG RESCUE FLOTILLA ONE. ADDRESS: c/o FPO, New York, N. Y.

TRIANO, Joseph [illegible] 2c. RATE
SURNAME, FIRST NAME, INITIAL SERIAL NO.

has completed a continuous period of three years' active service on _____, with no mark in conduct of less than 4.0. Accordingly, 24 September, 1944 appropriate entry has been made in the service record and above named person has been authorized to wear appropriate (ribbon)(star) in lieu of issue of actual award at this time.

Alexander Stewart.

ALEXANDER STEWART,
Lieutenant Commander, USCGR,
Commanding Officer.

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name TRIANO, Joseph (Surname first) Service Number 233-952

Age: Years 21 Months 5 Color White

For: REENLISTMENT
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M. 2c

Place USCGRF ONE Date 5 October, 1944

Personal Medical History Fracture, Elbow.
UCD, TONSILLECTOMY

Vision: R.E. 20/ 15 L.E. 20/ 15 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plate

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes Normal

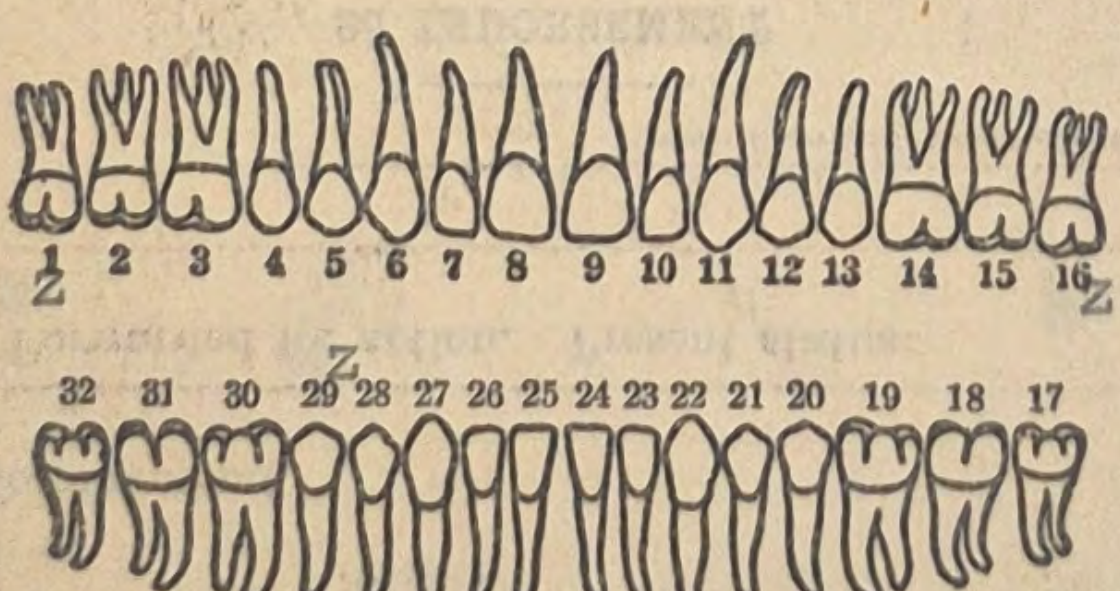
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



Gums Normal Temperature 98.6

Height 70 inches. Weight (stripped) 130 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 36½ Expiration 34

Heart and blood vessels Normal

Blood pressure: Systolic 128 Diastolic 70

Pulse before exercise 80, after exercise 110, after 2 min. 82

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 Neg Sp. Gr. 1.015

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 10-5-44 Result Neg

16—27070-1

REMARKS: CHEST PLATE: NEGATIVE

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that TRIANO, Joseph

He is physically qualified for REENLISTMENT
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of BM 2c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

John S. Micelli
JOHN S. MICELI, Asst Surg
USPHS(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

---

1. Forwarded for action. Present status:

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction of the Surgeon General:

Medical

3d INDORSEM

HEADQUARTERS, WASHINGTON.

From: Commandant.
To:
1.

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name TRIANO, Joseph Service Numb 233-9!
(Surname first)

Age: Years 21 Months 5 Co White

For: REENLISTMENT
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M. 2c

Place USCGRF ONE Date 5 October, 1944

Personal Medical History Fracture, Elbow.
UCD, TONSILLECTOMY

Vision: R.E. 20/15 L.E. 20/ 15 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plate

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

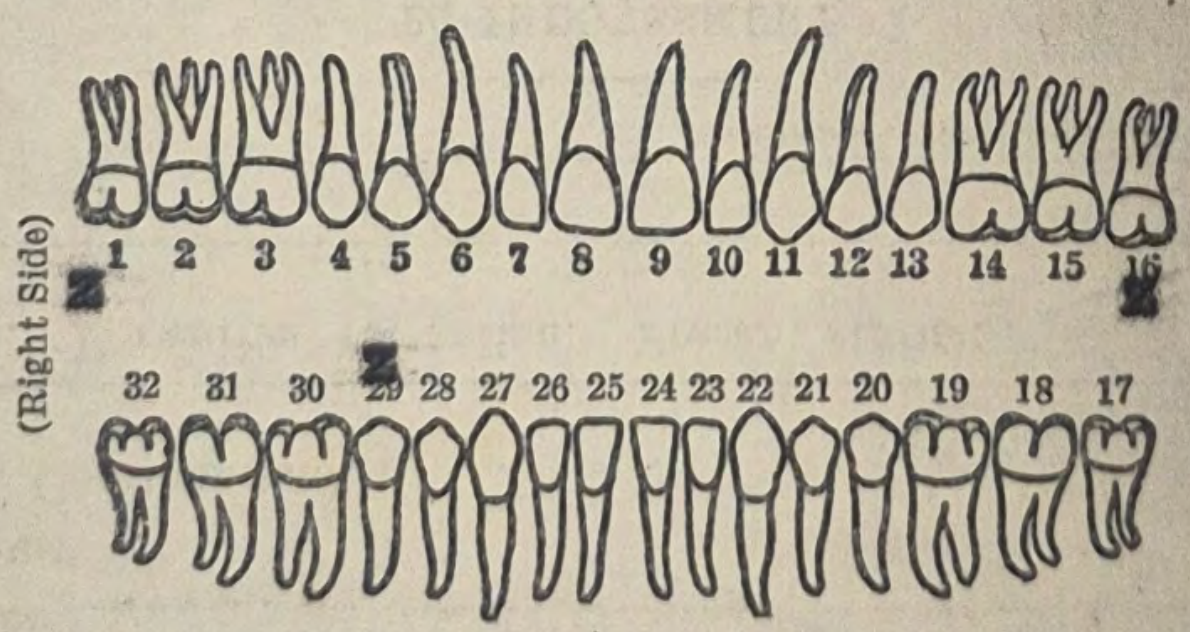
Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums Normal Temperature 98.6

Height 70 inches. Weight (stripped) 130 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 36½ Expiration 34

Heart and blood vessels Normal

Blood pressure: Systolic 128 Diastolic 70

Pulse before exercise 80, after exercise 110, after 2 min. 82

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 Neg Sp. Gr 1.015

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Dat 10-5-44 esult Neg

16—27070—

REMARKS: CHEST PLATE: NEGATIVE

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that TRIANO, Joseph

He is physically qualified for REENLISTMENT
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of BM 2c
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

John S. Micheli
JOHN S. MICHELI, Asst Surg
USPHS(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 163

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG YARD	CG-83512	Curtis Bay, Md.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
155		7 November, 1945

TIME 1045 REPORTED FROM: DCGO 5ND, Norfolk, Va.

DATE 6 November, 1945 FOR temp duty in conn with decommissioning of CG-83512

DUTY CODE NO. 12 D AUTH: H/L 10-25-45 (O) CG-23

TIME TRANSFERRED TO:

DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PEA-E-33

DUTY CODE NO. AUTH:

R. J. Chevrier

R. J. CHEVRIER

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

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

FILE

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: JOSEPH; Middle: ; Last name: TRIANO

2. HOME ADDRESS: Number, Street or rural route: 616 Ripley Place; County, city, town, or post office: Westfield,; State: New Jersey

3. I WAS BORN AT — City, town, or post office: Westfield,; State: New Jersey; Day of month: 30; Month: April; Year: 1923; Age nearest birthday: 20

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 25 September, 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating: Coxwain(T); Organization, regiment, station, ship, etc.: U. S. Coast Guard

6. SERIAL NUMBER: 233-952

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 $ 5,000.00

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: Philamina Triano	Mother	Full	616 Ripley Place, Westfield, N.J.
CONTINGENT: Lena Triano	Sister		616 Ripley Place, Westfield, N.J.

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)
Mrs. Philamina Triano (Full name) — 616 Ripley Place, Westfield, N. J. (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1 day of September, 1943, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by money order (Check, draft, or money order) in the amount of $ 3.25
in payment of the first monthly premium on the insurance, or
(Write above whether monthly, quarterly, semiannual, or annual)

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 $ ..... on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 3.25	$	$	$	$

SIGNED AT Bay Shore Station, Bay Shore, N.Y. ON THE 9 DAY OF August 19 43

WITNESSED BY James A. Baker, Yo. 3/c
INFORMATION AS TO SERVICE CERTIFIED BY: J. O. Bartnett, Jr.
Ensign(R), U. S. Coast Guard
(Rank and organization. See reverse side, paragraph 4.)

Joseph Triano
(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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

01328

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE	CG-83512	BM2c

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
(05-001)	(5ND)	31 October, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1030 - 10-31-45: Transferred with vessel to CG YARD, Curtis Bay, Md. for purposes of decommissioning.

NO POSTING REQUIRED PEA-E-SD

DUTY CODE NO. 59-D

AUTH: HL 9-25-45(0)
CG-23

D. E. SPINNEY
Commanding Officer
By direction rmd-L-68

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

(pra)

CG-73

21 July, 1945

To: DCGO 3ND

Subj: TRIANO, Joseph (233-952) BM2c, service record; completion of

1. In accordance with PB 37-45, the following information is requested in order to complete service record of subject-named man. Quoted below is an excerpt of Article 1 (Transfers) of subject man's service records:

Departed from		Reported To	
Short Beach LB Sta.	12-29-41	Short Beach Sta.	10-22-41
Bay Shore Sta.	4-14-43	Fire Is. LB. Sta.	3-2-42
NP Indoc Center	5-18-43	N.P. Indoc. Cent.	4-14-43
Bay Shore Sta.	10-26-43	Bay Shore Sta.	5-18-43
		ODCGO, 3ND	10-26-43

Request explanation of lapse of time from 12-29-41, date detached Short Beach LB Sta. to 3-2-42, date reporting to Fire Is. LB. Sta. Your attention is also directed to the fact that there is no detaching entry for Fire Is. LB Station. It is requested information be furnished whether the Fire Island LB Station and Bay Shore Station are the same. If not, detaching date for Fire Island LB Station and reporting date to Bay Shore Station are requested. Changes in Rating indicates "Point of Wood LB Sta., A.S. to Sea. 2c, 1-24-42." Marks assigned for period ending 4-13-43 indicate Fire Island LB Station.

Request marks for period ending 12-31-41.

Absent from Duty Article indicates an entry by Bay Shore LB Station as the unit after the Short Beach LB Station. It is requested that if the Fire Island LB Station and the Bay Shore Station are not the same unit that information be furnished as to any deductible time which attached to Fire Island LB Station.

2. It is requested reply be made by indorsement hereon forwarding original and two copies to COTP, Norfolk, Va., inasmuch as subject-named man has been transferred to that unit.

CC: HQ(PEA-E-80)
Service Record
File

D. E. SPINNEY
By direction

RD/mrm

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

11 159 00559

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT ~~OFFICE~~ Small Craft.	CG-83512	Norfolk, Va.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
05-001 5ND		9-18-45

TIME 0800
DATE 9-17-45
REPORTED FROM: COTP, Norfolk, Va. with vessel
FOR duty.

DUTY CODE No. 59-D AUTH: Art 710 Regs

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH.

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
(Commanding)
By direction eap-M-39

EXAMINED PEA-E-81

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
301	3	05	2	59
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
REA-E 57	

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

233-952	TRIANO	Joseph		Cox. USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

8-7-46	CG RecSta. Ellis Island, N. Y.	60 days or more.
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

(Sign original only)

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.

M J Sullivan Lt (SC) USCG

(Name and signature of officer authorized to sign in accordance with article 3025(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? Yes. (Enter Yes or No)

Joseph Triano

(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

616 Ripley Place

(Number) (Street)

Westfield xx New Jersey.

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 403-1017 (Public voucher) 6837 (Check number) 8/7/46 (Date)

E. J. BRENNAN, SYM. NO. 18-405.

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

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

ED	DISCHARGED	RATING	PROF.	CONDUCT	SOBRIETY	A. L. M.	HEALTH	ADAPTABILITY FOR WARRANT GRADE

U. S. TREASURY DEPARTMENT. COAST GUARD FORM #9533 DIEBOLD 1116-100

MISCELLANEOUS DATA

1-31-44 rept fm the CG STA., Fort Hancock,N.J., for duty on 83' patrol boat 1098

ASSIGNMENTS					COURTS		
ASHORE	YRS.	MOS.	da	AFLOAT	YRS.	MOS.	
N. O. TRG. STA	0	0	22				

UNIT TO WHICH ATTACHED N.O. Trg Sta DATE 9-27-41

TOTAL SEA DUTY

TOTAL SHORE DUTY

	YRS.	MOS.	DAYS
	0	0	22
	YRS.	MOS.	DAYS

DATE COMPUTED 10-18-41

CHARACTER OF ENLISTMENT STE 9-25-41

PREVIOUS EXPERIENCE None

EDUCATION 8 GRADED 2½ HIGH 0 COLLEGE

ENLISTMENT OR EXTENSION OF ENLISTMENT EXPIRES 9-24-44

MARRIED OR SINGLE Single

DEPENDENTS None

ENUMERATE AND GIVE RELATIONSHIP

TRADE SCHOOL OR C.G.I. COURSES COMPLETED

RACE White MEDALS

SPECIAL REQUESTS Machinist

REMARKS: CSC-1

NAME TRIANO, Joseph SERVICE NUMBER (239-952) RATING Sea 1/c

Postindex PAT. APR. 3, '23 FEB. 8, '27 # 1616508 97-OB-894-9
U. S. TREASURY DEPARTMENT, COAST GUARD FORM # 9578

U. S. TREASURY DEPARTMENT, COAST GUARD FORM # 9578

LEAVE ACCOUNT

DEPARTED	RETURNED	DAYS TAKEN	CHARGED TO ANNUAL	CHARGED TO REENLISTMENT	BALANCE DUE	R E
Enlisted	9-25-41				30	

CSC-1

NAME: TRIANO, Joseph

SERVICE NUMBER: (239-952)

RATING: Seaman 2-c

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (REV. 10-45)

CODED
NO.10 amc

NAME	SERVICE NUMBER	RATING
TRIANO, Joseph	233-952	Cox.
UNIT CG Receiving Unit USCG PERSONNEL SEPARATION CENTER NO.	LOCATION Ellis Island, N. Y.	DATE REPORTED 2 August, 1946.
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING 3.36	CONDUCT 4.0

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance)

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED (Explanation below)

ID CARD SENT TO IDENT SEC(INT

Joseph Triano
Joseph Triano (Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
8-7-46	HONORA BLE	B144768

REASON	AUTHORITY
CONV. OF GOVT.	H/D 200608Z July, 1946.

PEA-E 15

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)

[X] HONORABLE DISCHARGE BUTTON [X] HONORABLE SERVICE BUTTON [X] HONORABLE SERVICE

SIGNATURE OF DISCHARGEE

Joseph Triano
Joseph Triano

MUSTERING OUT PAY (Check)

[X] ENTITLED TO & CERTIFIED FOR M.O.P. [ ] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE FROM: —	TO: —	E. J. BRENNAN	TOTAL TRAVEL ALLOWANCE NONE
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of Discharge) $18.00	CHECK NO. ~~9482~~ 9483	NAME OF PAYMASTER CHIEF DISBURSING OFFICER 12-403	

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	4	10	~~12~~ 13

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE	
Joseph Mazzotta JOSEPH MAZZOTTA, Lieut. Comdr., USCG	CG RecSta, Ellis Island, NY USCG PERSONNEL SEPARATION CENTER NUMBER

(P)

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE

NAVPERS-553 (REV. 8-45)

1. SERIAL OR FILE NO. 2. NAME (LAST) (FIRST) (MIDDLE) 3. RATE AND CLASS/OR RANK AND CLASSIFICATION 4. PERMANENT ADDRESS FOR MAILING PURPOSES

233-952

TRIANO, Joseph Cox.

616 Ripley Place,
Westfiedd, New Jersey.

5. PLACE OF SEPARATION

CG Rec Sta.,Ellis Island, N.Y.

6. CHARACTER OF SEPARATION

HONORABLE.

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT

Same as #4.

8. RACE	9. SEX	10. MARITAL STATUS	11. U.S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
White	M	Single	Yes.	4-30-23 Westfield, New Jersey.

RECORD OF NAVAL SERVICE

Sel. Ser. Data

13. REGISTERED [ ] YES [X] NO

14. SELECTIVE SERVICE BOARD OF REGISTRATION

------

15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE

616 Ripley Place, Westfield, N.J.

16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)

[X] ENLISTED DATE 9-25-41 [ ] INDUCTED DATE [ ] COMMISSIONED DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE

9-25-41

18. NET SERVICE (FOR PAY PURPOSES) (YRS., MOS., DAYS)

4 -10 -12

19. PLACE OF ENTRY INTO ACTIVE SERVICE

NEW YORK, N.Y.

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.

CG Inst.Course for BM2c

21. RATINGS HELD

A.S.;S2c;S1c;Cox.;BM2c;Cox.

22. FOREIGN AND/OR SEA SERVICE WORLD WAR II

[X] YES [ ] NO

23. SERVICE SCHOOLS COMPLETED

Seamanship and Navigation.

WEEKS

8

24. SERVICE (VESSELS AND STATIONS SERVED ON)

NOTrg Sta; Short Beach LB; Fire Island LB Sta., N.P.Indoc Cent. Bay Shore Sta, DCGO,3ND; Ft. Hancock; CG RecSta,EI; CG 83512;CGRESFLO,COTP, NorVa; DCGO,5ND; Windmill Pilot Sta.,DCGO,5ND; CG RecSta, EINY.

PAY & INSURANCE DATA

IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTOR'S SUBDIVISION. VETERAN'S ADMINISTRATION, WASHINGTON 25, D. C

25. KIND OF INSURANCE	26. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE	27. MO. NEXT PREMIUM DUE	28. AMOUNT OF PREMIUM DUE EACH MONTH	29. INTENTION OF VETERAN TO CONTINUE INS.

30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER
$	$		

34. REMARKS

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)

M. J. Seibert

M. J. SEIBERT, Lieut.(j.g.), USCG

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER

STUDENT

37. DATES OF LAST EMPL'MT. FROM TO

38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.

STUDENT.

39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA)

Bartender

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)

Bartender School.

41. NON-SERVICE EDU. (YRS. SUCCESSFULLY COMPLETED) GRAM.: 8 H. S. 2½ COLL. 0

42. DEGREES

0

43. MAJOR COURSE OR FIELD

44. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE)

Shop (Westfield H.S. 2½ yrs.)

45. RIGHT INDEX FINGERPRINT

46. OFF DUTY EDUCATIONAL COURSES COMPLETED

None

47. DATE OF SEPARATION

8-7-46

48. SIGNATURE OF PERSON BEING SEPARATED

Joseph Triano

TO: BUREAU OF NAVAL PERSONNEL

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	Cox.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE, 5th CG DISTRICT		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 05-001

DATE: 1 August, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1300

DATE 8-1-46

TRANSFERRED TO: Comdr. 3rd CG District

FOR discharge.

AUTH: HD 311326, July, 1946

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

F. A. MAIER

By direction (Commanding)

COPY 2599
SERVICE RECORD

MCT

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	Cox.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE, 5th CG DISTRICT		Norfolk, Va.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE
05-001		30 July, 1946

TIME 1330
DATE 7-29-46

REPORTED FROM: Windmill Point Light Station
FOR further transfer to appropriate CG District for discharge.

DUTY CODE NO. 18-D AUTH: Art 710 Regs

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

F. A. MAIER
By direction (Commanding)
dcg-w-74

COPY: 2599
SERVICE RECORD

OF CHANGE IN PERSONNEL
D STATES COAST GUARD
CG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
THANO, Joseph	233-952	Cox.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
WINDMILL POINT LIGHT STATION		Grimstead, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-147	30 July, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1200
DATE 7-27-46

TRANSFERRED TO: Commander, 5th CG District
FOR further transfer to appropriate CG District for discharge.

AUTH: Art 710 Regs

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

F. A. MAIER
Records & Assignment Officer
By direction (Commanding) dcg-w-74

COPY 2599
SERVICE RECORD

20 JULY 1946

MFJ V MF 48

MFJC V WNJC NR 176 NL

FROM- COMDT CG HDQTRS 2006ØBZ

TO- COMDR 5TH CG DIST NRFK

DISCH FOR CONV OF GOVT IN ACCORD ALCOAST 60 AUTH CASE
OF TRIANO JOSEPH 233 952 COX X EFFECT DISCH IN ACCORD ART 583
CG REGS X TRANSFER IN ACCORD PB 19-46 X CHG TRAVEL HQ SYM Ø51-20
CITING AUTHORIZATION NO 512601 X INSERT COPY THIS DISPATCH IN
SERVICE RECORD X ALCOAST 134-46 NOT REPEAT NOT APPLICABLE X
ADVISE LE BEAU QUINTYN E 230 496 S1C REQUEST FOR DISCH NOT APPROVED
INASMUCH AS DISCH COULD NOT BE EFFECTED PRIOR 30 JUNE

Ø608/20 JUL RB
NR 48 R AD MFJC Ø705

ACTION-PERSONNEL.

1884

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	Cox.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
WINDMILL POINT LIGHT STATION		Grimstead, Va.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-147	1 July, 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)

7-1-46 Reduced from temporary rating of BM2c., rating held 6-30-46, having originally been advanced to that temporary rating 3-28-44, to permanent rating of Cox. effective 7-1-46

DUTY CODE NO. 30-D

AUTH: ALCOAST#119-46

Lieut.(jg) USCG.
F.A.MAIER (Commanding) By direction

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
WINDMILL POINT LIGHT STATION		Grimstead, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-147	31 January, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1-29-46, This date, rating of Cox made permanent.

DUTY CODE NO. 30-D AUTH: ALCOAST 143-45

D. E. SPINNEY
Asst's Records & Assignment Officer
By direction

wbp-p-18

COPY 2599
SERVICE RECORD

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
WINDMILL POINT LIGHT STATION		Grimstead, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 05-147

DATE: 25 January, 1946

TIME: 1600
DATE: 1-4-46

REPORTED FROM: DCGO 5ND
FOR: assignment to duty

DUTY CODE NO.: 30-D AUTH: Art 710 Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
Asst Records & Assignment Officer
(Commanding)
By direction

dh-P-15

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT: 05-001

DATE: 1-5-46

TIME 0800
DATE 1-4-46

REPORTED FROM: CG YARD, Curtis Bay, Md.
FOR assignment to duty.

DUTY CODE NO. 18-D

AUTH: HL(PEA-A), CG-701-531, 10-26-45

TIME 1000
DATE 1-4-46

TRANSFERRED TO: Windmill Point Light Station, Grimstead, Va.
FOR assignment to duty.

AUTH: Art.710, Regs

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
By direction (Commanding) mp-M-94

COPY 2599
SERVICE RECORD

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 20

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG YARD		Curtis Bay, Md.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
155		3 January, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1600

DATE 3 January, 1946

TRANSFERRED TO: DCGO 5ND, Norfolk, Va.

FOR assignment to duty, temp duty in conn with decommissioning CG-83512 completed.

AUTH: H/L 10-26-45 (PEA-A) CG-701-531

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 12 D

AUTH: J. B. JOINER
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

SERVICE RECORD

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

No. 163

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG YARD	CG-83512	Curtis Bay, Md.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
155		7 November, 1945

TIME 1045 REPORTED FROM: DCGO 5ND, Norfolk, Va.
DATE 6 November, 1945 FOR temp duty in conn with decommissioning of CG-83512

DUTY CODE NO. 12 D AUTH: H/L 10-25-45 (O) CG-23

TIME TRANSFERRED TO:
DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

R. J. CHEVRIER
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

SERVICE RECORD

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE	CG-83512	BM2c

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
(05-001)	(5ND)	31 October, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1030 - 10-31-45: Transferred with vessel to CG YARD, Curtis Bay, Md. for purposes of decommissioning.

DUTY CODE NO. 59-D
AUTH: HL 9-25-45(0)
CG-23

D. E. SPINNEY
(Commanding)
By direction rmd-L-68

COPY 2599
SERVICE RECORD

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE	CG-83512	Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
05-001	5ND	9-18-45

TIME 0800
DATE 9-17-45

REPORTED FROM: COTP, Norfolk, Va. with vessel
FOR duty.

DUTY CODE NO. 59-D AUTH: Art 710 Regs

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
Commander
By direction sep-M-39

COPY 2599
SERVICE RECORD

TRIANO Joseph 233-952 BM2c.

CG-83512, CG Patrol Base, (05-013), Municipal Pier, Norfolk, Va. 7 September, 1945
COTP, Norfolk, Va.

0800, 17 September, 1945, Transferred with vessel to District Coast Guard Office, 5ND, Norfolk, Va. for duty.

58-D

DCG05, Norfolk, Va./L 9/15/45
CG-23-601

C. M. NATWIG

By direction

25 25 B

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

USCG RESCUE FLOTILLA ONE
UNIT 202, FLEET POST OFFICE, N.Y.

25 September, 1944
(date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, JOSEPH TRIANO (Name of Applicant) 233-952 (Serial Number)

BM2c. (Rating), having on 25 September, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of THREE years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of TWO years from the date of expiration thereof and / or for the duration of the war and six months thereafter, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is Expiration of Enlistment

Joseph Triano
Joseph Triano
(signature of applicant)



(tip of right forefinger)

Voluntarily agreed and subscribed to before me this 25 day of September A.D., 1944.

Alexander Stewart.
ALEXANDER STEWART, Lt.Comdr.USCGR
(Commanding Officer, or notary public)

USCG RESCUE FLOTILLA ONE
UNIT 202, FLEET POST OFFICE, N.Y.

25 September, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

Alexander Stewart.
ALEXANDER STEWART, Lt.Comdr.USCGR
(Officer authorized to accept Extension)

Personnel Bulletin 103-44

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

USCG RESFLOTONE
(Unit)

...o. Joseph
(Name in full—surname to the left)

25 September, 1944
(Date)

...33-952
(Service number)

BM2c. EOE
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	41	9	25
Enlistment extended (for 2 years from)	41	9	25
Date of discharge (_____) (Character of discharge)			
Total time of last enlistment period 3 yrs.			

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		

REPORT OF CHANGE IN PERSONNEL

TRIANO, Joseph 233-952 BM2c.
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

USCG RESCUE FLOTILLA ONE c/o Fleet Post Office, N.Y. 7 October, 1944
~~25 September, 1944~~
(Major unit) (Unit Item No. or vessel's assigned district) (Place) (Date)

CG-83512
(Minor unit)

24 September, 1944

Three year enlistment in the Special Temporary Establishment expired this date. Enlistment extended for two (2) years effective 25 September, 1944 with duration clause included.

Form of Discharge otherwise entitled To: Honorable.

PAFE: New York, N.Y. POD: New York, N.Y.

Entitled to enlistment allowance in the sum of $150.00

DUTY CODE No.: 59 ResFlotOne
AUTHORITY:
PB 103-44

Alvin G. Lane
ALVIN G. LANE,
(Commanding)
By direction.

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

25 September.

1944 TRIANO, Joseph (233-952) BM2c.

9-25-41

Enl. ext. (2) yrs. fm.
9-25-44
Now Serving

3 0 1

3 0 1

3 24 September, 1944

...ARTMENT
...ST GUARD
...ed June 1939

SPECIAL TEMPORARY ENLISTMENT CONTRACT

N/D 031448

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 TRIANO, Joseph 233-952 as A.S.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station RECRUITING OFFICE NEW YORK District, NEW YORK, N. Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at NEW YORK, N. Y.
(Place)

1. I, JOSEPH TRIANO, this 25th day of SEPTEMBER, 19 41, desiring
(Full name)

to enlist in the United States Coast Guard do declare 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, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: -

2. I was born in Westfield, N.J., on 30th April, 1923 Citizenship[b] NB

If naturalized, place and date of naturalization - Certificate number -

If intentions declared, place and date of declaration -

Occupation or trade Student Home address 616 Ripley Place, Westfield, N.J.

Full name and address of the following: NOT MARRIED
NONE
(Wife, if any)

(Children under 21 years of age. Specify ages of children)

LENA TRIANO, 616 Ripley Place, Westfield, N.J. Widowed? Yes
(Mother, if living)

(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil court; and that I have never been confined or imprisoned in any reform school, jail, or penitentiary, except as follows:

NEVER
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have Not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on -, 19....., from ~~Cutter~~ Station -
(Strike out one)

with - discharge, herewith submitted, serial No. -
(Kind of discharge)

9. I agree to and with the United States of America, represented by R.W.BUTCHER, Chief Boatswain, 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 (3) 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 or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE (3) 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, or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by R.W.BUTCHER, Chief Boatswain, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the said Joseph Triano who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."

[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—3476 U. S. GOVERNMENT PRINTING OFFICE

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.

I FURTHER AGREE TO THE EXTENSION OF THIS ENLISTMENT BY THE SECRETARY OF THE TREASURY FOR SUCH ADDITIONAL TIME AS MAY BE DEEMED NECESSARY IN THE PUBLIC INTEREST IN TIME OF WAR OR NATIONAL EMERGENCY DECLARED BY THE PRESIDENT TO EXIST SUCH ADDITIONAL TIME NOT TO EXTEND BEYOND SIX MONTHS AFTER THE DATE OF TERMINATION OF THE WAR OR NATIONAL EMERGENCY.

Joseph Triano
Joseph Triano
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By R.W.BUTCHER, Chief 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.

R.W.BUTCHER,
Chief Boatswain, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, JOSEPH TRIANO, 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.

Joseph Triano
Joseph Triano
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of SEPTEMBER, A. D. 1941

R. W. BUTCHER, Chief Boatswain, U.S.C.G.

Recruiting Officer, New York.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 18 years 4 months. Height 5 feet 8 inches. Weight 129 pounds. Eyes Blue

Hair Brown Complexion Ruddy Color White Married No

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.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

Sheet 1

SERVICE RECORD

RECORD OF TRIANO, Joseph 233-952
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
R. O. New York	9-25-41		N.O. TRG. STA.	SEP 27 1941	Lieut.
N. O. TRG. STA.	10-18-41		Short Beach St.	10/22/41	
Short Beach LB Sta.	12/29/41		Fire Is. LB Sta.	5/2/42	
BAY SHORE STA.	4-14-43.		N.P. INDOC. CENT.	APR 14 1943.	
N.P. INDOC. CENT.	MAY 18 1943		BAY SHORE STA.	5-18-43	
BAY SHORE STATION.	10-26-43		ODCGO, 3rdND	10-26-43	
ODCGO, 3rd N.D	12-16-43		Ft. Hancock Sta.	12-16-43	
FT HANCOCK STATION	1-12-44		C. G. REC. STA. E. I.	JAN 13 1944	
Receiving Sta. E. I.	FEB 3 1944		CG-83512	2-3-44	
C. G. RESFLO.	11-22-44		G. G RES FLO	4-29-44	
CG-83512 became part of CG-835 12(DCGO,5ND)	7-20-45		*CG-83512 6DCGO,3ND	2-5-45	KAUME, Lieut.
COTP NORFOLK	9-17-45		COTP NORFOLK, VA	7-20-45	
DCGO, 5th NAVDIST	10-31-45		DCGO, 5ND	9-17-45	
CG83512 YARD	1/3/46		CG-83512 YARD	11/6/45	By direction
1-4-46		RPTD ODCGO 5ND NORVA. DRTD 1-4-46			ATTACHED LESS THAN 48
		NO MARKS ASSIGNED. NO DEDUCTIBLE TIME. NO BREACH OF DISCIPLINE.			
WINDMILL PT LT STA (5TH CGD)	7-27-46	By Dir.	Windmill Pt. Lt. Sta. NORVA, DCGO 5ND	1-4-46	
Dist. Off., 5th CGD	8-1-46	By Dir.	Dist. Off., 5th CGD	7-29-46	By Dir.
	AUG 2 1946	Actg. Cmdr., 3CGD, Dist.	AUG 2 1946	Attached less than 48	
		No marks assigned. No deductible time. No breach of discipline.			E. H. Lane Ship Clerk USCG.
*CG-83512	2-5-45		*CG-83512	11-22-44	

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Point Of Wood LB Sta.	A.S. to Sea.2c.	1/24/42	Lieut. j.g.
Fire Is. LB Sta.	Sea.2c. to Sea.1c.	5/8/42	
BAY SHORE STA.	to Cox. (pro).	2-16-43.	
CG-87512	B.M.2c	3-28-44	
Windmill Pt Lt Sta (DCGO, 5ND)	Rating of Cox made permanent	1-29-46	S/D. E. SPINNEY, Ensign, USCGR(W). By dir. W. A. MAIER Lieut., USCG
WINDMILL PT. LT. STA. (COMDR. 5 CGD)	REDUCED TO PERMANENT RATE OF COX. 7-1-46 ALCOAST 119-46		

16—9676

Record of TRIANO, Joseph (Full name, surname to the left) 233-952 (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
9-30-41	A. S.	LESS THAN ONE MONTH- - - - - - - - - - - - - - -					4.0	Lt. Comdr.
10-18-41	A. S.	LESS THAN ONE MONTH- - - - - - - - - - - - - - -					4.0	Lt. Comdr.
12/29/41	A.S.	2.9	2.8	2.1	- -		4.0	
12-31-41	A S	2.9	2.9	2.1			4.0	
3-31-42	Sea.2c.	2.9	2.8	2.1	--	Fire Island Station	4.0	
6-30-42	Sea.1c.	2.9	2.9	2.1	--	Fire Island Station	4.0	
9-30-42	Sea.1c.	3.0	3.0	2.1	--	Fire Island Station.	4.0	
12-31-42	Sea.1c.	3.0	3.1	2.1	--	Fire Island LB Sta.	4.0	
3-31-43	Cox.	3.1	3.3	2.2	3.0	Fire Is. LB Sta.	4.0	
4-14-43	Cox.	3.1	3.3	2.2	3.0	~~Fire Is. LB Sta.~~ BAY SHORE STATION	4.0	
5-18-43	Cox.	3.1	3.0	--	3.3	N P INDOC. CENTER	4.0	
6-30-43	Cox.	3.1	3.0	--	3.3	BAY SHORE STATION.	4.0	
9-30-43	Cox.	3.2	3.0	—	3.3	Bay Shore Sta	4.0	
10-26-43	Cox.	3.2	3.0	--	3.3	BAY SHORE STATION.	4.0	
DEC 13 1943	Cox.	3.2	3.0	--	3.3	ODCGO, 3rd N.D.	4.0	
12-16-43	Cox.	3.2	3.0	-	3.3	ODCGO, 3rd N.D.	4.0	
12-31-43	Cox.	LESS THAN ONE MONTH Ft. Hancock Station					4.0	
1-1-44	Cox.	LESS THAN ONE MONTH FT HANCOCK STATION					4.0	
2-3-44	Cox.	LESS THAN ONE MONTH CG REC.STA.,E.I.					4.0	
3-31-44	BM2c.	3.2	3.0		3.3	USCG RESFLOTONE	4.0	
6-30-44	BM2c.	3.2	3.0		3.2	USCG RESFLOTONE	4.0	
9-30-44	BM2c	3.5	3.6		3.6	US CG ResFlotOne	4.0	
11-22-44	BM2/c.	3.5	3.6		3.6	C. G. RESFLO.	4.0	
~~Average~~								

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

Record of _____ _____
(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special detail	Conduct	Signature
12-31-44	BM2c	3.7	3.7	3.6	3.7	CG-83512	4.0	
2-5-45	BM2c	3.7	3.7	3.6	3.7	CG-83512	4.0	
3-31-45	BM2c	3.7	3.7	3.6	3.7	CG-83512	4.0	
6-30-45	BM2c	3.6	3.6	3.5	3.6	CG 83512	4.0	
7-20-45	BM2c	3.6	3.6	3.5	3.6	CG 83512 (Debarked)	4.0	
9-19-45	BM2c	3.6	3.6	3.5	3.6	COTP NORFOLK	4.0	
9-30-45	BM2c	3.3	3.3	3.2	3.3	CG-83512	4.0	
10-31-45	BM2c	3.5	3.5	3.4	3.5	DCGO. 5th NAVDIST	4.0	
12/21/45	BM2c	3.5	3.5	3.4	3.5	YARD	4.0	By direction.
1/3/46	BM2c	Less than One Month				YARD	4.0	By direction.
3-31-46	BM2c	3.5	3.5		3.0	Windmill Pt. L.S.	4.0	F. A. MAIER Lieut., USCG By dir.
JUN 30 1946	BM2c	3.5	3.5		3.0	Windmill Pt. LS.	4.0	F. A. MAIER Lt. (jg) By dir.
7-27-46	COX	LESS THAN ONE MONTH				WINDMILL PT L.S. (5th CGD)	4.0	F. A. MAIER Lt. (jg) By Dir.
8-1-46	COX	LESS THAN ONE MONTH				Dist. Off. 5th CGD	4.0	
		3.36					4.0	

...e

... receipt of Enlistment record it shall be checked to see that previous ...ave been entered. The last unit at which service is rendered will be held ...ible for the completeness of the marks.

U. S. COAST GUARD RESCUE FLOTILLA ONE

Address reply to:
Commander,
USCG RESCUE FLOTILLA ONE
Coast Guard Unit 202
c/o Fleet Post Office, N.Y.
Refer to File No. 73-783

28 August 1944

Subj: TRIANO, Joseph. (233-952)B.M.2c.
Area Campaign Medal and Bar; authority for wearing of

Ref : (a) Personnel Bulletin No. 44-44

In accordance with reference (a), the subject-named man is entitled to the European-African-Middle Eastern Area campaign medal, and is authorized to wear the campaign bar in lieu thereof with one bronze star thereon for the invasion of FRANCE.

Alexander Stewart.

ALEXANDER STEWART
Lieutenant Commander, USCGR

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June 1938

RECORD OF TRIANO, Joseph 233-952
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
C. G. RESFLO.	9-15-44	Serving outside Cont. U.S.	
C. G. RESFLO.	9-25-44	Ent. to Good Good Conduct Medal, authorized to wear bar in lieu thereof.	Lt.(j.g.)
CG-83512(DCGO 5ND)	7-25-45	Entitled to wear European-African-Middle Eastern Ribbon with one bronze star device - per USCG Resflo #1 ltr. 8-28-44 Copy inclosed - Auth: PB 44-44	
CG-83512(DCGO 5ND) Auth: NAV-7-45, CG-700	7-26-45	Entitled to wear American Area Campaign Ribbon. Auth: PB 44-44	
DCGO, 5thNAVDIST	9-7-46	Authorized to wear World War Two Victory Medal. Auth: ALNAV 352, 1945	F. A. MAIER Lieut., USCG By dir.

16—9676

RECORD OF TRIANO, Joseph 233-952

(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
CG Brks. Seaman's Church Institute ODCGO 3rd ND	DEC 11 1943	Successfully completed a course of instruction in the Advanced Seamanship and Navigation School Attitude -80 Work Accm -75 Final Exam -78 Rating -77	R N Larson
DCGO, 5ND	5-29-45	Completed BM2c course, CG Inst., Groton, Conn. with final mark of 70%.	

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
Fire Is. LB Station.	5-1-42	5-31-42	Messman.	
Fire Is. LB Station.	6-1-42	6-30-42	Messman.	
ODCGO, 3rd N.D.	10-26-43	DEC 11 1943	CG Brks. Seaman's Church Institute ODCGO 3rd ND	R N Larson
FORT HANCOCK STATION	12-16-43	1-12-44	83' Patrol Boat Pool	
COAST GUARD ACADEMY	FEB 21 1944	MAR 2 1944	CG-83512	By Dir.
CGTP NORFOLK, VA CG 83512	7-20-45 9-17-45	9-17-45 10-31-45	CG 83512	
WINDMILL PT LT STA (CGOOSTHS)	2-6-46	2-12-46	6 days AA (C)	D. E. SPINNEY Ens., USCGR (W) By dir.
WINDMILL PT LT STA (5TH CGD (at)	3-25-46	3-31-46	6 days AA (C)	F. A. MAIER, Lt. (jg) By Dir.
Windmill Pt Lt Sta (5th CG D)	6-29-46	7-6-46	6 days AA (C)	

U. S. GOVERNMENT PRINTING OFFICE 16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF TRIANO, Joseph 233-952
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
R. O. New York	Enl.	9-25-41	30	30	0	
Fire Is. LB Station	7-26-42	8-7-42	11	19		
FIRE ISLAND STATION	2nd yr cr	9-25-42	- - - -	30		
BAY SHORE STATION.	2-8-43	2-19-43	-10-	-20-		
BAY SHORE STATION	8-20-43	8-31-43	-10-	-10-		
BAY SHORE STATION.	9-25-43	3rd yr credit.		-30-	-0-	
USCG RESFLOTONE	9-25-44	Enl.ext.(2)	yrs.	30	30	
CG-83512	2-13-45	3-15-45	30	0	30	E. KAUMP, Lieut.
CG-83512 (CCG05no)	9-19-45	9-25-45	6	24	30	
CG-83512 (CCG05no)	9-25-45	Credit		30	30	
CG-83512 (CCG05no)	9-25-45	10-5-45	9	21	30	
WINDMILL PT LT STA (CCG)	2-12-46	2-15-46	3	19	30	D. E. SPINNEY
WINDMILL PT LT STA (CCG)	3-31-46	4-3-46	2	17	30	D. E. SPINNEY
WINDMILL PT LT STA (CCG)	5-9-46	5-25-46	AL(REENL.)15	17	15	D. E. SPINNEY
Windmill Pt Lt Sta (CCG)	7-6-46	7-8-46	2	15	15	

(5)

16—9676

RECORD OF TRIANO, Joseph 233-952

(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.)

Ship or station	Mos.	Number of days	From—	To—	Remarks	Dis
* CG-83572 (DEGO, 5TH)			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			
COTP NORFOLK * CG-83512			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			
			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			
DCGO. 5th NAVDIST YARD CG83512 WINDMILL PT. LYSA (3rd CG)			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			
			"No deductable time while attached to this unit."			
			NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT			
Mail Off. 5th CGD			NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT			

By direction,
F. A. MAIER, Lt. (jg)
By Dir.
F. A. MAIER, Lt. (jg)
By Dir.

USCG RESFLOTONE	2yrs.	Duration clause included: 9/24/44 3yrs. enl. exp. 9/25/44 Enl. ext. fr. (2) yrs. PB 103-44	agFaire Lt.(j.g.)

12. ON DISCHARGE

Date ....., 19.... Place ..... Serial No. .....

Kind of discharge ..... Authority for .....

Discharged on account of .....

Is ..... recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE .....

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE

RECORD OF TRIANO, Joseph 233-952
(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

(On ... desertion, imprisonment under ...

Unit	Months	Days	From—	To—	Remarks	Signature
N. O. TRG. STA.			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			Lt. Comdr.
Short Beach LB			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			
BAY SHORE STA.			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			
N.P, INDOC.CENT.			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			
BAY SHORE STATION			NO DEDUCTIBEL TIME WHILE ATTACHED TO THIS UNIT.			
DCGO, 3rd. ND.			No deductible time while attached to this unit			
FORT HANCOCK STATION			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			
Receiving Sta. N. L.			No unauthorized absence while attached to this unit			
C. G. RESFLO,			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
USCG RESFLOTONE	2yrs.	Duration clause included; 9/24/44 3yrs. enl. exp. 9/25/44 Enl. ext. fr. (2) yrs. PB 103-44	Lt.(j.g.)

12. ON DISCHARGE

Date ....., 19.... Place ..... Serial No. .....

Kind of discharge ..... Authority for .....

Discharged on account of .....

Is ..... recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE .....

13. ON DESERTION

Unit	Date	Remarks	Signature

7 - 789

TRIANO Joseph 233-952 BM2c.

CG-83512, CG Patrol Base (05-015), Municipal Pier, Norfolk, Va/
COTP, Norfolk, Va. 26 July, 1945

1115 20 July, 1945, Reported for duty from District Coast Guard Office, 5ND, Norfolk, Va. with vessel.
Not entitled to sea dutypay.

56-D

DCG05/Operational Orders 7/19/45 C. M. HATWIG

By direction

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pra)
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73

21 July, 1945

To: DCGO 3ND

Subj: TRIANO, Joseph (233-952) BM2c, service record; completion of

1. In accordance with PB 37-45, the following information is requested in order to complete service record of subject-named man. Quoted below is an excerpt of Article 1 (Transfers) of subject man's service records:

Departed from		Reported To	
Short Beach LB Sta.	12-29-41	Short Beach Sta.	10-22-41
Bay Shore Sta.	4-14-43	Fire Is. LB. Sta.	3-2-42
NP Indoc Center	5-18-43	N.P. Indoc. Cent.	4-14-43
Bay Shore Sta.	10-26-43	Bay Shore Sta.	5-18-43
		ODCGO, 3ND	10-26-43

Request explanation of lapse of time from 12-29-41, date detached Short Beach LB Sta. to 3-2-42, date reporting to Fire Is. LB. Sta. Your attention is also directed to the fact that there is no detaching entry for Fire Is. LB Station. It is requested information be furnished whether the Fire Island LB Station and Bay Shore Station are the same. If not, detaching date for Fire Island LB Station and reporting date to Bay Shore Station are requested. Changes in Rating indicates "Point of Wood LB Sta., A.S. to Sea. 2c, 1-24-42." Marks assigned for period ending 4-13-43 indicate Fire Island LB Station.

Request marks for period ending 12-31-41.

Absent from Duty Article indicates an entry by Bay Shore LB Station as the unit after the Short Beach LB Station. It is requested that if the Fire Island LB Station and the Bay Shore Station are not the same unit that information be furnished as to any deductible time which attached to Fire Island LB Station.

2. It is requested reply be made by indorsement hereon forwarding original and two copies to COTP, Norfolk, Va., inasmuch as subject-named man has been transferred to that unit.

CC: HQ(PEA-E-80)
Service Record
File

D. E. SHINKEY
By direction

Ind-1
ODCGO3rdND
1 August, 1945

To: CO, CG Station, Short Beach, L.I.N.Y.

Forwarded, for compliance.

T. J. DUFFY
By direction

Ind-2
CG GRP.FREEPORT,N.Y.
7 August, 1945

To: CO, CG Grp. Bayshore, L.I.N.Y.

1. Forwarded for compliance.

2. Records at this unit reveal subject man was transferred from the Short Beach Lifesta 10-22-41 to the Fire Island LB Sta.

J.H.KETCHAM.
By direction.

Ind-1
CG GROUP,BayShore,NY
10 August, 1945

To: DCTP, USCG, 5th Naval District, Norfolk, Virginia

Records at this unit reveal that an error was made in subject man's service record in reporting entry of Article 1, as shown in paragraph (1) of basic communication. Triano reported to the Fire Island Lifeboat Station on same date as detached from Short Beach LB Station (12-29-41) and authorization for this correction is hereby given. No detaching entry for the Fire Island LB Station was made inasmuch as that unit was under the command of the Bay Shore Station on 4-14-43. When change in rating was made from A.S. to S.2c., 1-24-42, subject man was on the rolls of the Point O'Woods LB Station another sub-unit under the Bay Shore Station Command. It is requested that under marks assigned upon detachment from the command on 4-14-43, that unit from which detached be made to read Bay Shore Station instead of Fire Island LB Station, and authority is hereby given for this change.

G. E. ANDERSON
Commanding Officer

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June 1938

RECORD OF TRIANO, Joseph 233-952
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

UNITED STATES COAST GUARD
NORTHPORT INDOCTRINATION CENTER
Third Naval District

Name TRIANO, Joseph Rate Cox.(P)

Service Number 238-952

TESTS

	Score
Otis Intelligence	
Bennett Mechanical Aptitude	
Navy Mechanical Aptitude	74
Arithmetic	55
Social Studies	66

PRACTICAL WORK

	Mark
Seamanship	3.0
Signal Work	2.9
Ordinance	3.3
Military Efficiency	3.3
Conduct	4.0

This man IS / IS NOT recommended for a Coast Guard Service School.

This man is best fitted for ..... School.
(name the school)

Comments: .....

G. H. AUSTIN, Bos'n., USCG
Training Officer, 3rd N. D.

E

to $ NONE

to —

discharge. Name of

Street,

State.

Commanding Officer—Officer in Charge.

RECORD OF TRIANO, Joseph (Full name, surname to the left) 233-952 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

_____ (Years) _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 105.00

The within-named man has been furnished travel allowance amounting to $ NONE

at the rate of ____ cents per mile from ____ to ____

____ and paid $ 18.00 in full to date of discharge. Name of pay officer E. J. BRENNAN CHIEF DISBURSING OFFICER 18-403

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { To / Not to } REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19____

_____
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pra)
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73-783
700

26 July, 1945

To: The Commandant (PEA-E)

Subj: TRIANO, Joseph (233-952) BM2c; service record; correction and completion of

1. HQ is informed that this office under authority granted by HL(PEA-E-1), 7 May, 1945, CG-700, has made entries in the service record of subject-named person as indicated below:

Article 6 (Meritorious Conduct) - Entry has been made authorizing subject man to wear European-African-Middle Eastern Campaign Ribbon with one bronze star thereon. Entry based on USCG Rescue Flotilla One letter dated 8-28-44, copy attached to service record.

J. I. CREWS
By direction

CC: Service Record
File

COPY

UNITED STATES COAST GUARD

POST OFFICE BOX 540

NORFOLK 1, VA.

ADDRESS REPLY TO THE
CO CG-83512
REFER TO FILE: CG-73-783

26 July, 1945

To: The Commandant (PEA)

Via; DCGO 5ND(pra), Norfolk, Va.

Subj: American Area Campaign Ribbon; authorization to wear

In accordance with instructions contained in PB 44-44, HQ is hereby notified that the below listed men are entitled to wear the American Area Campaign Ribbon:

ANTISDEL, John J.	623-424	SC3c
BALESTRIERI, Ernest D.	505-775	Cox
BIERNACKI, Edward	616-382	GM3c
BURGARD, Floyd F.	637-464	SM3c
DRENNAN, Edward T.	625-931	MoMM1c
MILLER, Lawrence K.	554-089	Flc(MoMM)
SMITH, Max	232-270	MoMM1c
STRANSCAK, Frank S.	7008-982	Slc(SoM)
TURNER, Charles E.	608-704	MoMM3c
TRIANO, Joseph	233-952	BM2c

/s/ FRANK V. MAZZOTTA
Commanding Officer

Ind-1
DCGO, 5ND (pra)
26 July, 1945

Forwarded. In accordance with the instructions contained in PB 44-44, the information contained in the basic communication has been placed in the service records of tha bove listed men.

D. E. SPINNEY
By direction

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
USCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO, Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83512		Norfolk, Va.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT: 3ND

DATE: 23 July, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1100
DATE 7-20-45

TRANSFERRED TO: ~~Xxx~~ with vessel, to jurisdiction of COTP, Norfolk, Va.
FOR assignment to duty.

AUTH: Art 710 Regs.

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

CC: Atlantic Fleet Records Office
80 Varick St.
New York 13, N.Y.

DUTY CODE NO. AUTH:

D. E. SPINNEY
Ass't Records & Assignment Officer
(Commanding)
By direction dh-1-55

COPY 2599
SERVICE RECORD

(prs)

CG-73

21 July, 1945

To: DCGO 3ND

Subj: TRIANO, Joseph (233-952) BM2c, service record; completion of

1. In accordance with PB 37-45, the following information is requested in order to complete service record of subject-named man. Quoted below is an excerpt of Article 1 (Transfers) of subject man's service records:

Departed from		Reported To	
Short Beach LB Sta.	12-29-41	Short Beach Sta.	10-22-41
Bay Shore Sta.	4-14-43	Fire Is. LB. Sta.	3-2-42
NP Indoc Center	5-18-43	N.P. Indoc. Cent.	4-14-43
Bay Shore Sta.	10-26-43	Bay Shore Sta.	5-18-43
		ODCGO, 3ND	10-26-43

Request explanation of lapse of time from 12-29-41, date detached Short Beach LB Sta. to 3-2-42, date reporting to Fire Is. LB. Sta. Your attention is also directed to the fact that there is no detaching entry for Fire Is. LB Station. It is requested information be furnished whether the Fire Island LB Station and Bay Shore Station are the same. If not, detaching date for Fire Island LB Station and reporting date to Bay Shore Station are requested. Changes in Rating indicates "Point of Wood LB Sta., A.S. to Sea. 2c, 1-24-42." Marks assigned for period ending 4-18-43 indicate Fire Island LB Station.

Request marks for period ending 12-31-41.

Absent from Duty Article indicates an entry by Bay Shore LB Station as the unit after the Short Beach LB Station. It is requested that if the Fire Island LB Station and the Bay Shore Station are not the same unit that information be furnished as to any deductible time which attached to Fire Island LB Station.

2. It is requested reply be made by indorsement hereon forwardingoriginaland two copies to COTP, Norfolk, Va., inasmuch as subject-named man has been transferred to that unit.

CC: HQ(PEA-E-80)
Service Record
File

D. E. SPINNEY
By direction

RD/mrm

UNITED STATES COAST GUARD INSTITUTE

ADDRESS REPLY TO
DIRECTOR (PT)
REFER TO FILE:
29049

GROTON, CONNECTICUT

29 May, 1945

To:
CO, CG-83512, 5ND

Subj:
TRIANO, Joseph (255-952) BM2c
Completion of final examination and waiver of prerequisite courses

1. The CG Institute takes pleasure in certifying that the subject student has completed the final examination of the course shown with the grade of:

Boatswain's Mate 2c (70%).

2. In accordance with the provisions of Personnel Bulletin 76-44, all prerequisite courses are waived; the student is eligible to enroll in the course next above that for which the final examination was completed.

3. A copy of this letter should be placed in subject student's file and proper notation made in the student's Service Record and Continuous Service Certificate.

J. D. HARRINGTON

CC: HQ

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO Joseph -	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG-83512		Norfolk, Virginia

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
3ND	20 March, 1945

TIME 1145
DATE 3-15-45

REPORTED FROM: DCGO, 5ND, Norfolk, Va.
FOR resumption of regular duty, having reported to DCGO 5ND, Norfolk, Va at 0915, 3-15-45, from #1 30 days granted by this vessel.

DUTY CODE NO. 59-S AUTH: Art 710 Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
Asst. Records & Assignment Office
By direction (Commanding) gfw-1-17

COPY 2599
SERVICE RECORD

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
TRIANO Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-001	15 March, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

0915, 3-15-45: Reported from Al granted by CG-83512.

0930, 3-15-45: Transferred to CG-83512 for resumption of regular duty.

DUTY CODE NO. 59-S AUTH: Art 710 Regs. P.B. 107-44

D. E. SPINNEY
By direction (Commanding) pmf-L-11

COPY 2599
SERVICE RECORD

...F CHANGE IN PERSONN...
...STATES COAST GUARD
...2599 (REV. 6-44)

...URNAME, FIRST NAME, INITIAL		SERVICE No.	PRESENT RANK OR RATING
TRIANO	Joseph	233-952	BM2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CB-83512		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
3 ND	15 March, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

3-1145: This date, taken up on records of this district with vessel from DCGO, 3ND, N. Y., N. Y. while on authorized 30 days Al, to expire before noon 3-15-45.

DUTY CODE NO. 59-S
AUTH: COMDR NYESF instructions, March 1945.

D. E. SPINNEY
Asst. Records & Assignment Officer
(Commanding) By direction pmf-L-11

COPY 2599
SERVICE RECORD

FILE IN SERVICE RECORD 606

TRIANO, Joseph 233-952 HM2c

CG-83512 New York, N.Y.

03- 13 March, 1945

10 Mar. 1945 xx as a member of the crew of the CG-83512 xxxx to the 5thNavDist, Norfolk, Virginia for assignment to duty, while in an Absent Leave status.

CTG 02.3/D 061922 Mar., 1945 CONFIDENTIAL)(DCGO3rdND/VO 3-12-45.

59-S

E. A. KAUMP, By direction

TRIANO, Joseph 233-952 BM2c

CG-83512 New York, N.Y.

6 February, 1945

1100
5 Feb. 1945 CG Rescue Flotilla One
assignment to duty.

59-S ComUSCGResFlotOne

E. A. KAUMP, By direction

From compensation of

APPLICATION FOR ALLOTMENT

TRMC

TRIANO, Joseph (233-95[illegible]

PAYABLE TO

Monthly allotment in the amount of

SIX DOLLARS AND FIFTY CENTS (Words) ($ 6.50 (Figures)) Dollars.

Name Treasurer of the United States

Street and No.

Post office Washington State D.C.

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

Name

Reason for allotment Our Payment of N.S.L.I. premium

First payment: Month APRIL, 1944

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

Joseph Triano

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

1st April, 1944

Approved, allotment granted.

CHARLES S. WOLF, ENSIGN USCGR
By Direction

Commanding C.G. 83512.

Commander, Third Naval District.

Witnessed and registered APR 3, 1944

W. H. REED, Pay Clerk, USCG
Asst. Pay Officer, DCGO, 3ND

Pay officer.

New York, N. Y.

16—12642—1

Vessels, 3rd Dist. (CHARLIE)

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

A. M. M.

Allotment Disbursing Officer.

DO NOT FOLD—MAIL FLAT

* Allotter or member immediate family

From compensation of

APPLICATION FOR ALLOTMENT

mjj

TRIANO, Joseph (233-952)

PAYABLE TO

Monthly allotment in the amount of

SIXTY DOLLARS AND NO CENTS ($ 60.00) Dollars.
(Words) (Figures)

Name Formina Triano (mother)

Street and No. 616 Ripley Place

Post office Westfield JUNE State New Jersey

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

Name

Reason for allotment Savings

First payment: Month ~~APRIL~~ MAY, 19 44

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

Joseph Triano

Rank or rating B.M.2c. U. S. C. G.

7 April, 19 44

Approved, allotment granted.

By direction CHARLES S. WOLF, ENSIGN, USCGR

Commanding C.G. 83512

Commander, Third Naval District.

Witnessed and registered 13 JUN 1944, 19

Pay officer, J. E. DEVITT, Lt.

16—12642—1

U.S. COAST GUARD RESCUE FLOTILLA 1

FPO. N.Y.

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

© DO NOT FOLD—MAIL FLAT

* Allotter or member immediate family

VETERANS ADMINISTRATION
Insurance Form 350a
Rev. Aug. 1942

Form Approved
BUDGET BUREAU No. 76-R003-42

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (d) (1), NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED, AND REGULATIONS OF THE VETERANS ADMINISTRATION WITH REPORT OF PHYSICAL EXAMINATION

For use by: (1) Persons in the active service in the land or naval forces of the United States at any time after expiration of the period of 120 days following the date of entrance into the active service; (2) persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, at any time while in the active service. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL (Please print or type) — First: JOSEPH — Middle: — Last name: TRIANO

2. HOME ADDRESS: Number / Street or rural route: 616 Ripley Place — County, city, town, or post office: Westfield — State: New Jersey

3. I WAS BORN AT — City, town, or post office: Westfield — State: N.J — Day of month: 30 — Month: April — Year: 1923 — Age nearest birthday: 20

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 25 September, 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating: Coz. — Organization, regiment, station, ship, etc.: C.G. 83512, 3ND

6. SERIAL NUMBER: (233-952)

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 $ 5,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") Yes IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ 5,000 POLICY NO. Unknown

(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	M Philomena Triano	Mother	5,000	Same as above
CONTINGENT	Lena Triano	Sister	5,000	Same as above

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see Specific Instructions, page 4, paragraph 2)

12. I REQUEST THE POLICY TO BE MAILED TO—(Please print or type)
Mrs. Philomena Triano, 616 Ripley Place, Westfield, New Jersey
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (See Specific Instructions, page 4, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of May, 1944, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual or annual) premium on the insurance. or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $_____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ 3.25 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
$ 6.50	$	$	$	$

SIGNED AT 42 Broadway, New York, ON THE 1st DAY OF April, 1944

WITNESSED BY: and

INFORMATION AS TO SERVICE CERTIFIED BY: CHARLES S. WOLF, LT(JG), USCGR
(Rank and organization)

Joseph Triano
Joseph Triano
(APPLICANT SIGN HERE. DO NOT PRINT SIGNATURE)
APPLICANT MUST ALSO SIGN STATEMENT ON PAGE 2
(For further information see Specific Instructions, page 4, paragraph 4)

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.)

16—18722-2

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $_____ Premium: Mo. $_____ Qr. $_____ S. A. $_____ A. $_____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

STATEMENT OF APPLICANT

(APPLICANT MUST DATE AND SIGN THIS STATEMENT AT BOTTOM OF THIS PAGE)

The purpose of the questions contained in this form is to secure complete information regarding the condition of the applicant's health. Every question must be answered. All diseases, injuries, abnormalities, deformities, infirmities, or the results thereof on impairment of bodily functions must be stated and fully described. Statements made by the applicant in this application are relied upon in granting insurance. Consequently, any deception or false statement either by inference, omission, or otherwise may result in cancelation of the insurance or in the refusal to pay a claim on the policy. In either case, the premiums are not returnable. 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.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED. IF IN DOUBT AS TO MEDICAL TERMS, CONSULT PHYSICIAN.

15. Have you ever applied to the Veterans Administration or other Government agency for (a) Disability compensation? NO (b) Disability allowance? NO (c) Retirement pay? NO (d) Pension? NO (e) Hospitalization? NO (f) Examination or treatment? NO (Answer "Yes" or "No" to each question.) If answer is "Yes," state number and place of application

16. Has any application for insurance on your life ever been declined? NO If answer is "Yes," state name of insurance company and approximate date of your application

17. Insofar as you know, have your parents, brothers, sisters, wife, or children ever been afflicted with—Tuberculosis NO Paralysis NO Insanity NO Epilepsy NO Apoplexy NO

18. Have you ever had any of the following (answer "Yes" or "No")—

(a) Surgical operation NO (b) Accident or injury NO (c) Hospitalization for illness NO

If answer is "Yes" to any of the above questions, give nature of operation, accident, injury, or illness, with date and name and address of attending physician

19. (a) Have you ever had any of the following: (Answer "Yes" or "No" after each item)

CANCER NO CONSUMPTION (Tuberculosis) NO DIABETES NO FITS OR CONVULSIONS NO GOITER NO
NERVOUS OR MENTAL TROUBLE NO KIDNEY STONES NO PARALYSIS NO RHEUMATISM NO SYPHILIS NO
ANEMIA NO GALL STONES NO DISEASE OF THE STOMACH OR INTESTINES NO

(b) Have you within the last 5 years had any of the following: (Answer "Yes" or "No" after each item)

APPENDICITIS NO ARTHRITIS NO ASTHMA NO CHRONIC BRONCHITIS NO HABITUAL COUGH NO
PLEURISY NO OTHER DISEASES OF THE LUNGS NO FISTULA NO HEMORRHOIDS NO RECTAL ABSCESS NO
TUMOR NO SINUSITIS NO VARICOSE VEINS NO

(c) Have you within the last 5 years had any disease of— (Answer "Yes" or "No" after each item)

BLOOD VESSELS NO HEART NO BLADDER NO KIDNEYS NO LIVER NO PROSTATE NO SKIN NO
BONES NO JOINTS NO EYES NO EARS NO

(d) If you have been treated for any of the above diseases, state approximate dates, duration, names, and addresses of attending physicians

20. (a) Do you use alcohol? NO If so, to what extent?

(b) Do you use habit-forming drugs? NO If so, to what extent?

(c) Have you ever been treated for alcoholism or drug addiction? NO

(If answer is in the affirmative, give details)

21. Give all illnesses within the last 5 years together with names and addresses of physicians who treated you NONE

(a) Have you consulted a physician during the last 5 years for any reason concerning your health other than because of the illnesses stated above? NO

22. Time lost from your occupation through illness during the last 5 years NONE

23. To your knowledge have you any disease, disability, physical abnormality, or deformity, congenital, or otherwise? NO

24. Do you understand that the Government will rely on the truth of your answers in deciding whether to grant the insurance applied for? YES

I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, firm, or corporation to whom or to which I have applied for employment may divulge to the Veterans Administration or in any suit against the United States by reason of the foregoing testify as to, or produce in court any information obtained by them, or it, concerning myself.

I HAVE READ ALL OF THE FOREGOING ANSWERS AND SAME ARE TRUE TO MY OWN KNOWLEDGE.

SIGNED ON THIS 1st DAY OF April, 19 44

36—18722-1

X Joseph Franco
(SIGNATURE OF APPLICANT)

MEDICAL EXAMINER'S REPORT

Examination may be made by medical officers in active service with the Army, Navy, Marine Corps, Coast Guard or physicians of the U. S. Public Health Service; examination may also be made by physicians of the Veterans Administration at a Regional Office or Facility or by physicians designated by the Veterans Administration for the purpose of making such examinations, and who are not related to the applicant by blood or marriage, associated with him in business, or pecuniarily interested in the issuance of the policy. This examination report must not be divulged to the applicant.

25. Are you related to applicant by blood or marriage? no (See above)

26. How well and how long have you known him?

27. By what means are you satisfied with his identity? ID Card (Give some mark of identification)

28. Have you ever treated the applicant for any disease or injury? no If so, give dates and diagnosis

29. Height in shoes. 5 ft. 11 in.

30. Weight, coat and vest off 151 lbs.

31. Girth of chest, normal 37 in. Forced expiration 36 in.; forced inspiration 39 in.

32. Girth of abdomen. 32 in.

THE APPLICANT MUST BE STRIPPED FOR REMAINDER OF EXAMINATION

33. STATE PULSE RATE:
(a) Before exercise 82 (c) One minute after 86
(b) Immediately after 90 (d) Two minutes after 82

34. Blood pressure:
Before exercise: Systolic 130 Diastolic 80
Immediately after exercise: Systolic 140 Diastolic 85
Instrument used
(Take diastolic pressure at the disappearance of all sounds)

35. Report of Heart and Blood Vessels:
Is there a murmur? no If the answer is "Yes," state location and time
Where transmitted Functional or organic
Probable cause Any history of acute rheumatic fever or rheumatism
Any enlargement, dilation, or hypertrophy? Measurements
Any evidence of myocarditis? Dyspnea
How severe? Edema of extremities or lungs Cyanosis
Is there any arteriosclerosis? If answer is "Yes," describe fully and state if same is greater than to be expected consistent with the age of the applicant.
Is there any evidence of kidney disturbance?
State if compensation is maintained or is failing Is there any irregularity of the force of the heartbeats as heard while taking the blood pressure?
If the pulse is irregular or intermittent, state the type of arrhythmia, the number of irregular and missed beats per minute, and if the arrhythmia is affected by exercise.

36. Has there been any abnormal variation in weight within the past year? no If so, explain fully

37. After examination do you find any abnormality of the lungs? no (Afternoon temperature is required in slender persons with suspected tuberculosis tendency or with suspicious signs.) Obtain a careful history of every so-called pleurisy case with special reference to duration, effusion, and what disease it followed. Record the facts here.

38. Do you, by thorough physical examination and inquiry, find any evidence of disease or impairment—
(a) Of the brain or nervous system? (Examine patella and pupillary reflexes—observe station and gait.) no
(b) Of mouth, nose, or throat? no
(c) Of the stomach, liver, other abdominal or genital organs? no
(d) Of the skin, glands, lymph, or endocrine? no
(e) Of the ears? (Test each ear, give degree of any deafness or discharge) no
(f) Of the eyes? (Test each eye separately before and after correction and give cause of any impairment.) no
(a) Is there any abnormality of external structures? no
(b) Is there any nystagmus, conjunctivitis, inequality of pupils, or abnormal reaction to light and accommodation? no
(g) Of the bones and joints? no

39. Do you find any evidence which in your opinion indicates the applicant ever had —(a) Syphilis no (b) Rheumatism no

40. Any deformity or departure from normal in any respect? no

41. URINALYSIS:
Specific gravity 1.018 Albumin neg. Color amber
Reaction acid Sugar neg.
(Microscopic examination is required if albumin is present)

42. Was the specimen passed at the time of the examination? yes

43. Has the applicant lost an eye, hand or arm, foot or leg? no

44. Is the applicant ruptured? no If so, give size type and location Is a suitable support worn?

[OVER]

MEDICAL EXAMINER'S REPORT—Continued

45. FEMALES: Any history of uterine or ovarian diseases or any disease of breast? (Glands, thyroid, etc.)	Married: If pregnant, month advanced ____ Number of pregnancies ____ Were deliveries normal?	Date of last menstruation ____ Is menstruation regular and normal? ____ Has she successfully passed the menopause?	Number of miscarriages, if any, and dates.

46. REMARKS (if you have any facts or impressions gained and not covered in this report, please indicate in detail): ____

Examination of TRIANO, Joseph (233-952) COX made by
(Type or print applicant's name)
S. J. RANDALL, ASST SURG. (R) USPHS
(Type or print examining physician's name and official designation)

this 23 day of March, 19 44

S J Randall

New York City (CITY) | Manhattan (COUNTY) | New York (STATE) | S. J. RANDALL, ASST SURG. (R) (SIGNATURE OF EXAMINING PHYSICIAN)

(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.)

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE—FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.
15	$0.63	20	$0.65	25	$0.67	30	$0.71	35	$0.76	40	$0.85	45	$0.99	50	$1.27	55	$1.77	60	$2.60
16	.64	21	.65	26	.68	31	.72	36	.77	41	.87	46	1.03	51	1.35	56	1.90	61	2.82
17	.64	22	.66	27	.69	32	.73	37	.79	42	.89	47	1.08	52	1.44	57	2.05	62	3.07
18	.64	23	.66	28	.69	33	.74	38	.81	43	.92	48	1.14	53	1.54	58	2.21	63	3.34
19	.65	24	.67	29	.70	34	.75	39	.83	44	.95	49	1.20	54	1.65	59	2.40	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 six 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. A tender of the first premium or authorization to allot the first premium from service pay in connection with an application for insurance should be made on or before the date of the report of physical examination incident to the application for insurance.

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, 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 one 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 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 subparagraph (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 16—18722-2

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)- NAME (PRINT CLEARLY): TRIANO (LAST) JOSEPH (FIRST) (MIDDLE) | SERVICE NUMBER: 233-952 | HEIGHT: FT. 5 IN. 9 3/4 | WEIGHT: LBS. 154 | RACE: W

(2) HOME ADDRESS: 616 Ripley Place, Westfield, New Jersey

(3) BIRTHPLACE: New Jersey
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)- DATE OF BIRTH: April 30, 1923 | HOW LONG IN U. S. | YEARS

(5) CITIZEN [X] L-29 | NON-CITIZEN [ ] L-28 | TAKEN OUT FIRST PAPERS [ ]

(6)- MARITAL STATUS: S | (7)- NUMBER OF DEPENDENTS: None

(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	9	x		New Jersey		
HIGH SCHOOL	2		x	" "		
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)- TOTAL SCHOOL YEARS	11	X X X X X X X X X X X X				

(10)- LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23)	FRENCH (L-24)	GERMAN (L-25)	OTHER LANGUAGES (L-26)	
FAIRLY WELL	S R W	S R W	S R W	S R W	S R W
FLUENTLY (L-27)	S R W	S R W	S R W	S R W	S R W

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: New York City | DATE: Sept. 25, 41

(12)- BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
x				

(13)- MAIN OCCUPATION: STUDENT | YEARS AT IT | WKLY. WAGE: $
D. O. T. CODE
JUST WHAT DID YOU DO?

LAST DATE OF EMPLOYMENT
EMPLOYER (FIRM NAME)
ADDRESS OF EMPLOYER
DEPT., SHOP OR BRANCH | KIND OF BUSINESS

(14)- SECOND BEST OCCUPATION | YEARS AT IT | WKLY. WAGE: $
D. O. T. CODE
JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)- 66	(16)- 55	(17)- 74				

(18)- SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)- SERVICE SCHOOLS DESIRED
1.
2.
3.

(24) RATING
(4) (6) TOP ROW: YEAR OF BIRTH
BOTTOM ROW: NUMBER OF SCHOOL YEARS
NON-ENGLISH SPEAKING 3
ILLITERATE 2

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:

(24)-(R) RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
9/41	Algiers	A.S.	Basic Train.
10/41	Short Beach	"	Drill
12/41	Pt. O' Woods	"	
3/42	L.B. Station	Cox	Maintenance
6/43	Pt. O'Woods	Cox	

(25) DATE OF INTERVIEW July 6, 1943 UNIT Pt. O' Woods F.I.

SIGNATURES

INTERVIEWER E. Kenny BM1/c jp

ENLISTED PERSON

(23) NEXT OF KIN

NAME Mrs. P. Triano

ADDRESS 616 Ripley Place

CITY Westfield, STATE New Jersey

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

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.)

RECEIVED
SEP 25 1941
RECRUITING OFFICE
NEW YORK, N. Y.

ENLISTMENT OF JOSEPH TRIANO

RECRUITING OFFICE NEW YORK (Ship or Station) 18 SEPTEMBER, 1941 (Date)

I,[1] ~~LANE~~ Philomena TRIANO, residing in the Town of Westfield, County of Union and State of NEW JERSEY, do hereby consent to the enlistment of[2] JOSEPH TRIANO to serve for a period of THREE (3) 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 Westfield, N. J., on the 30th day of APRIL, 1923

And I, the said[1] ~~LANE~~ Philomena TRIANO do solemnly swear (or affirm) that I am the[4] MOTHER of the said[2] JOSEPH TRIANO, to be enlisted by my consent as[3] APPRENTICE SEAMAN, and that he has no other legal guardian but myself. So help me God.

***(SIGN) ~~LANE~~ Philomena TRIANO Her Philomena X Triano mark
(Signature of Parent or Guardian)

Address: 616 Ripley Place (Street and Number) Westfield (City or Town) New Jersey (State)

Personally appeared before me[1] ~~LANE~~ Philomena TRIANO, a resident of Westfield, N. J., in the County of Union, and State of NEW JERSEY, 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 23rd day of September, 1941

Lena Triano
(Signature of Officer administering oath)
A Notary Public N J
My Commission Expires Nov. 8, 1945

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

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING OFFICE NEW YORK (Unit)

NEW YORK, N. Y., (Place)

25 SEPTEMBER, 1941. (Date)

FROM: TRIANO, Joseph (239-952) A.S.

TO: COMMANDANT (via Recruiting Officer, New York.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

NOT MARRIED (Full name of wife; if not married, so state) ____ (Address of wife)

NONE (Full name of child; if none, so state) ____ (Address of child)

(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:

LENA TRIANO (Full name of relative) | MOTHER (Relationship) | 616 Ripley Place, Westfield, N.J. (Address of relative)

Potential (State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

LENA TRIANO (Full name of relative) | SISTER (Relationship) | SAME AS ABOVE. (Address of relative)

Potential (State briefly wherein dependency exists)

WITNESSED BY: R.W. Butcher

R.W. BUTCHER,
Rank Chief Boatswain, U.S.C.G.

SIGNED: Joseph Triano

JOSEPH TRIANO
Rank or Rating A.S.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form No. 2681
TREASURY DEPARTMENT
U. S. Coast Guard

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

TRIANO, Joseph | 239-952 | A.S.
(NAME) (SERVICE NUMBER) (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: 8 Yrs. | Graduate | 8th
(Number of years attended, graduated) (Grade)

(b) High School: 2 Yrs. | Did Not Graduate | 10th
(Number of years attended, grade completed or graduated)

(c) College:
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following, the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )	Accountant	( )
Bookkeeper	( )	Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician(telephone)	( )	Electrician (general)	( )
Engineer (diesel)	( )	Engineer (steam)	( )	Lathe Operator	( )
Machinist	( )	Mechanical Engineer	( )	Pharmacist	( )
Photographer (general)	( )	Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )	Sign painter	( )
Stenographer	( )	School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )	Welder (acetylene)	( )
Welder (electric)	( )				

Specify ability as interpreter in foreign languages below:

ITALIAN 2.0

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Mechinical drawing in school.

Use reverse side of this form when necessary.

Joseph Triano
JOSEPH TRIANO.
(SIGNATURE)

NEW ORLEANS
TRAINING STATION
Algiers, Louisiana

RECRUIT QUESTIONNAIRE

Company C-1

Reported 9-27-41

Triano	Joseph	None	233-952	AS
(Last Name)	(First) (Name)	(Middle) (Initial)	(Service No.)	(Rating)

Date of Enlistment: Sept. 25 Place of Enlistment N.Y. City

Home Address: 616 Ripley Place, Westfield, N. J.
(Street or Avenue) (City) (State)

Married or Single: Single

Dependents: None
(Enumerate and give relationship, i.e.-2 Mother & Father)

Give any previous military experience such as Army, Navy, Marine, Corps, Coast Guard, any Reserve Corps, National Guard or private military schools, etc. Give number of years, rating, or rank, name of service, institution, and place.

WHAT EDUCATION HAVE YOU HAD

Grade School:	Westfield N. J. (Give City and State)		8 (Years)	8 (Grade)
High School:	Westfield (Give City and State)	(Course)	2½ (Years)	10 (Grade)
College or University:	(Give City and State)	(Course)	(Years)	(Grade)
Private Technical School:	(Give City and State)	(Course)	(Years)	(Grade)
Private Commercial School (Business College):	(City and State)	(Course)	(Years)	(Grade)

After leaving school what kind of work have you done; give approximate length of time on each job, including, if any, service in C.C.C. or N.Y.A.

ALSO ANSWER QUESTIONS ON OTHER SIDE

Considering your schooling and the work you have done in civil life, if given the opportunity, what kind of work would you like to follow in the coast guard? Machinist

What musical instruments, if any, do you play? How good?

In what sports are you interested in, and how proficient? None

Baseball - Good

Proficiency in foreign languages, if any, stating which ones, and ability therein:

LANGUAGES Italian

How good are you at speaking this language? Good
(Fair, good or excellent)

How good are you at reading this language? _____
(Fair, good or excellent)

How ggod are you at writing this language? _____
(Fair, good or excellent)

Could you act as a translator? _____
(Yes or No)

Could you act as an interpretor? _____
(Yes or No)

Social Security Account Number

CAMP ADDRESS U. S. C. G. Trng. Sta. Algiers, La.

HOME ADDRESS 616 Ripley, Westfield, N. J.

I ENTERED MILITARY SERVICE ON Sept. 25 _____ 1941
(Month) (Day) (Year)

DURING THE 2 YEARS PRIOR TO THIS DATE I WORKED IN THE FOLLOWING STATES:

_____ _____ _____ _____

I LAST WORKED FOR _____
(Employer's Name)

_____
(Address)

Joseph Trainor
(Signature)

NEW ORLEANS TRAINING [redacted]TION AL[redacted]ERS, NEW ORLEANS, LOUISIANA

October 16th., 1941.

NAME TRIANO, Joseph (233-952) A. S.

Check sub-division addording to merits of man concerned. Merit increases from left to right.

RESPONSIVENESS TO DISCIPLINE				Fin. Mk.
Habitual of serious offender	Requires continual correction	Normal	Responsive	Outstanding
WILLINGNESS				
Sullen to a marked degree	Sometimes sullen	Usually willing and cheerful	Always shows willingness cheerfulness	Outstanding
REACTION TO TROUBLE OR DIFFICULTY				
Always gloomy and downcast	Often gloomy, worried and downcast	Seldom gloomy, responds to encouragement	Always shows willingness, cheerfulness	Outstanding
INTEGRITY				
Deceitful	Evasive	Straight forward	With sense of honor	Outstanding
PERFORMANCE OF ASSIGNED TASKS				
Poor worker, full time supervision	Requires supervision det. instr.	Does them will	Shows initiative	Outstanding
AMBITION AND PERSEVERANCE IN ADAPTING HIMSELF TO COAST GUARD				
No perseverance, learns only when forced	Enthusiasm usually short lived	Steady going average	Determined to study and learn	Outstanding
NEATNESS AND CLEANLINESS				
Always dirty in person and effects	Corrected often for being dirty	Dirty under unfavorable conditions	Clean. Effects clean and neatly stowed	Outstanding
APTITUDE FOR SERVICE				
Not fitted	Casual interest	Gaining in value	Enthusiastic, well fitted	Outstanding
DEPORTMENT				
Course and vulgar	Careless in language and actions	Respectful in manner toward others	Very courteous and tactful	Outstanding
COOPERATION				
Obstructive	Responsive to leadership, works in harmony with others		Works harmoniously with others to a common end	Outstanding

(OVER)

REMARKS

RECOMMENDED MARKS ON TRANSFER:

Prof. In Rating: 2.8 Conduct: 4.0

Submitted:

Clifford T. Adams, Chief Gunners Mate
Company Commander

Approved:

J. J. Hutson, Jr.
J. J. Hutson, Jr., Lieut.
Recruit Adjutant

Form 2500 B
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1939

SPECIAL TEMPORARY ENLISTMENT CONTRACT

10-6-41 H/D 031448

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 TRIANO, Joseph ~~233-952~~ 233 952 as A.S.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station RECRUITING OFFICE NEW YORK District, NEW YORK, N. Y.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at NEW YORK, N. Y.
(Place)

1. I, JOSEPH TRIANO (Full name), this 25th day of SEPTEMBER, 19 41, desiring to enlist in the United States Coast Guard do declare 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, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: -

2. I was born in Westfield, N.J., on 30th April, 1923 Citizenship [b] NB

If naturalized, place and date of naturalization - Certificate number -

If intentions declared, place and date of declaration -

Occupation or trade Student Home address 616 Ripley Place, Westfield, N.J.

Full name and address of the following: NOT MARRIED (Wife, if any)
NONE (Children under 21 years of age. Specify ages of children)

U. S. COAST GUARD (12)
RECD SEP 27 1941

LENA TRIANO, 616 Ripley Place, Westfield, N.J. (Mother, if living) Widowed? Yes

(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:

NEVER
(State fully nature of arrest, crime, confinement, or imprisonment involved)

6. I have Not (If "not," so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on -, 19....., from Cutter Station (Strike out one) -
with - (Kind of discharge) discharge, herewith submitted, serial No. -

9. I agree to and with the United States of America, represented by R.W.BUTCHER, Chief Boatswain (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 (3) 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 or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE (3) 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, or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by R.W.BUTCHER, Chief Boatswain (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said Joseph Triano (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.

I FURTHER AGREE TO THE EXTENSION OF THIS ENLISTMENT BY THE SECRETARY OF THE TREASURY FOR SUCH ADDITIONAL TIME AS MAY BE DEEMED NECESSARY IN THE PUBLIC INTEREST IN TIME OF WAR OR NATIONAL EMERGENCY DECLARED BY THE PRESIDENT TO EXIST SUCH ADDITIONAL TIME NOT TO EXTEND BEYOND SIX MONTHS AFTER THE DATE OF TERMINATION OF THE WAR OR NATIONAL EMERGENCY.

Joseph Triano
Joseph Triano
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By R.W. Butcher
R.W.BUTCHER, Chief 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.

R.W. Butcher
R.W.BUTCHER, Chief Boatswain, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, JOSEPH TRIANO, 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.

Joseph Triano
Joseph Triano
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of SEPTEMBER, A. D. 1941

R. W. Butcher
R. W. BUTCHER, Chief Boatswain, U.S.C.G.

Recruiting Officer, New York.
(Comdg. officer, officer in charge of a unit, or notary public)

X-R-M

12. DESCRIPTIVE LIST

Age 18 years 4 months. Height 5 feet 8 inches. Weight 129 pounds. Eyes Blue

Hair Brown Complexion Ruddy Color White Married No

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.

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 JOSEPH TRIANO

RECRUITING OFFICE NEW YORK (Ship or Station) 18 SEPTEMBER, 1941 (Date)

I,[1] ~~LANE~~ Philomena TRIANO, residing in the Town of Westfield, County of Union and State of NEW JERSEY, do hereby consent to the enlistment of[2] JOSEPH TRIANO to serve for a period of THREE (3) 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 Westfield, N. J. Philomena, on the 30th day of APRIL, 1923

And I, the said[1] ~~LANE~~ Philomena TRIANO do solemnly swear (or affirm) that I am the[4] MOTHER of the said[2] JOSEPH TRIANO, to be enlisted by my consent as[3] APPRENTICE SEAMAN, and that he has no other legal guardian but myself. So help me God.

***(SIGN) ~~LANE~~ Philomena TRIANO Philomena her V Triano mark
(Signature of Parent or Guardian)

Address: 616 Ripley Place (Street and Number) Westfield (City or Town) New Jersey (State)

Personally appeared before me[1] ~~LANE~~ Philomena TRIANO, a resident of Westfield, N.J., in the County of Union, and State of NEW JERSEY, 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 23rd day of September, 1941

Lena Triano
(Signature of Officer administering oath)
a Notary Public of N. J.
My Commission Expires Nov 8, 1945

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

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

WRITE "APPRENTICE SEAMAN" ON LINE BELOW.

Position desired APPRENTICE SEAMEN

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.

PRINT INFORMATION BELOW.

New York - New York
(Place)
Sept. 19, 1941
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 18 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 JOSEPH TRIANO

Date of birth APRIL 30 1923

Place of birth WESTFIELD - New Jersey Citizenship YES

Home address 616 RIPLEY PLACE TELEPHONE NUMBER —
Westfield N.J.

Are you married? NO Number and relationship of persons dependent on you for support?
INDICATE ABSOLUTE DEPENDENCY ONLY.

Are you prepared to support your dependents on service pay?

Are your parents living? Mother only Are your parents dependent on you for support?

FATHER'S NAME AND ADDRESS IF LIVING.

Name and address of next of kin MRS. JANE TRIANO

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—
STUDENT					
Miss De Wolff	420 Union ave Cranford N.J.	teacher	1937	1941	Student

Do you drink intoxicating liquors? If so, to what extent? — NO

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? —

(OVER)

2—13413

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

Circle Highest grade completed. Also circle "G" if graduated.

Grammar School	High School	College
1 2 3 4 5 6 7 (8) G	1 (2) 3 4 G	1 2 3 4 G

NAMES OF SCHOOLS	ADDRESSES	DATES ATTENDED
WESTFIELD HIGH	EAST ELM ST.	June 16 1941
Roosevelt Junior HIGH	CLARK ST	1940
LINCOLN SCHOOL	WESTFIELD AVE	1937
ALL WESTFIELD, N. J.		

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? NO

If so, state which

Are you now or have you been a member of the National Guard? NO

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? NO.

When did you apply? Where?

Were you accepted or rejected? If rejected, state why

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

(Sign your full name here) Joseph Triano.

Accepted or rejected Accepted Cause of rejection

Date 25 September, 1941.

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

DO NOT GIVE RELATIVES AS REFERENCES.

PERSONAL REFERENCES:

R. W. BUTCHER, Chief Boatswain,
U. S. C. G.

NAMES	STREET & NUMBER	CITY & STATE
1. ANDREW VIGLIANTI	502 CENTRAL AVE	Westfield New Jersey
2. CHARLES SALTIA	132 CLIFTON ST	WESTFIELD N.J.
3. MIKE SCHMALEY	520 CENTRAL AVE	WESTFIELD N.J.

STATE YOUR HEIGHT (WITHOUT SHOES 66 STATE YOUR WEIGHT WITHOUT CLOTHING 132

COLOR WHITE WERE YOU EVER REJECTED FOR ENLISTMENT IN THE ARMY, NAVY, OR MARINE CORPS? NO IF SO? WHY?

2—13412

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF POLICE RECORD

U.S. COAST GUARD
RECEIVED
SEP 25 1941
NEW YORK, N. Y.

Coast Guard Recruiting Station, New York, N. Y.
(Place)

18 September, 1941
(Date)

To Chief of Police, Westfield, N. J.

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard, and it is requested that you fill in the following from the records of your office:

Joseph Triano — 616 Ripley Place, Westfield, N. J.
JOSEPH TRIANO
(Name of applicant)

18 yrs. 5 mos.	68"	132	White
(Age)	(Height)	(Weight)	(Color)

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? single

R.W. BUTCHER, Chief Boatswain, U.S.C.G.
Recruiting Officer.

9/24/41
(Date)

To Recruiting Officer, R. W. Butcher,

The above information is submitted from the records of this office.

John R. Schreiber
Chief of Police.

by: W. Sheehan, Police Clerk.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FORM

Classification No. ----------

RIGHT HAND

16—9747

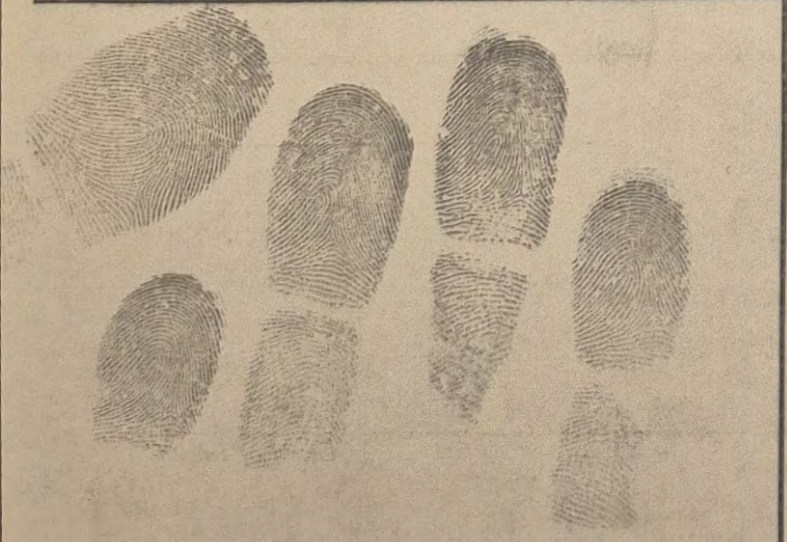
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

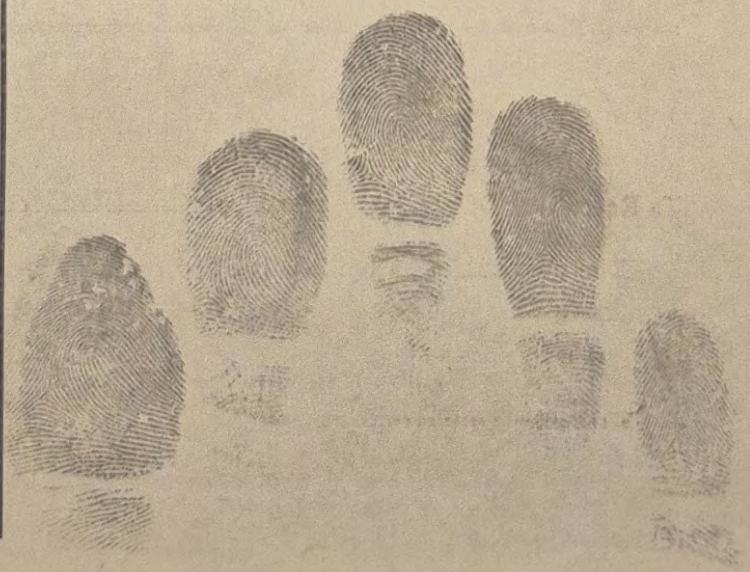
LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



Form No. 2678
TREASURY DEPARTMENT
U. S. Coast Guard
June 1938

REPORT OF FITNESS OF APPLICANT

U. S. COAST GUARD
RECEIVED
SEP 23 1941
RECRUITING OFFICE
NEW YORK, N.Y.

Coast Guard Recruiting Station NEW YORK (Place)

From: U. S. Coast Guard Recruiting Officer.

19 Sept. 1941 (Date), 19

To: Roosevelt Jr. High School (Name) Clark St. Westfield, N.J. (Address)

The man whose name appears below states he was (employed)—(taught) by you at

_____ (Firm)—(School), _____ (Place)

from to and including Graduation (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.

Paul Butcher
Recruiting Officer.

(Name of applicant) Joseph TRIANO BORN 4-30-23 (Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (~~employ~~)—(charge)? Yes (Yes—No) When? ~~1937—1940~~ September, 1937 to June, 1940 Where? Public School As Pupil

What was his (weekly wage)—(scholastic record)? Fair

Why did he (leave)—(~~quit~~)? Graduated from Junior High School

How do you rate his—

	CHECK ONE		
	Good	*Average*	*Poor*
Trustworthiness?	✓		
General intelligence?			✓
Ability?		✓	
Skill as a Athletics?	✓		

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 —

What was his reputation and standing when in your (~~employ~~)—(charge)? Good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars —

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.

George A. Smith
(Signature of reference)

September 22, 1941 (Date)

301 Clark St. (Post-office address)
Westfield, N.J.

U. S. GOVERNMENT PRINTING OFFICE 16—9746

Form 2682
TREASURY DEPARTMENT
U. S. Coast Guard

CHARACTER REFERENCE

U.S. COAST GUARD
RECEIVED
SEP 23 1941
RECRUITING OFFICE
NEW YORK, N.Y.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

NEW YORK

19 Sept. 1941

Joseph TRIANO has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Paul Butler

Recruiting Officer

1. How long have you known the applicant? . . . . . 12 years
2. What is his general reputation in the community? . . . . . good
3. Is he industrious? . . . . . yes
4. Is he trustworthy? . . . . . yes
5. Is he married? . . . . . no
6. What are his usual habits as regards to sticking to his job? . student
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . no
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . no
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . no
10. Are you related to the applicant? . . . . . no

Andrew Vigliante

(SIGNATURE)

516 Central Ave

(STREET or BOX NUMBER)

Westfield N.J.

(CITY) (STATE)

U.S. COAST GUARD
RECEIVED
SEP 23 1941
RECRUITING OFFICE
NEW YORK, N. Y.

Form 2682
TREASURY DEPARTMENT
U. S. Coast Guard

CHARACTER REFERENCE

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

NEW YORK
19 Sept. 1941

Joseph TRIANO has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Recruiting Officer

1. How long have you known the applicant?. . . . . 3-4 years
2. What is his general reputation in the community?. . . . . Good
3. Is he industrious? . . . . . Yes
4. Is he trustworthy? . . . . . Yes
5. Is he married? . . . . . No
6. What are his usual habits as regards to sticking to his job? . . . . . a good reliable worker
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . No
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . No
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . No
10. Are you related to the applicant? . . . . . No

A. Saitta
(SIGNATURE)

137 Clifton St
(STREET or BOX NUMBER)

Westfield N.J.
(CITY) (STATE)

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING OFFICE NEW YORK (Unit)

NEW YORK, N. Y., (Place)

25 SEPTEMBER, 1941. (Date)

FROM: TRIANO, Joseph 233-952 ~~(239-952)~~ A.S.

To: COMMANDANT (via Recruiting Officer, New York.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

NOT MARRIED (Full name of wife; if not married, so state)	(Address of wife)
NONE (Full name of child; if none, so state)	(Address of child)
(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)
LENA TRIANO	MOTHER	616 Ripley Place, Westfield, N.J.

Potential
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
LENA TRIANO	SISTER	SAME AS ABOVE.

Potential
(State briefly wherein dependency exists)

WITNESSED BY:

R.W. Butcher
R.W.BUTCHER,
Rank Chief Boatswain, U.S.C.G.

SIGNED:

Joseph Triano
JOSEPH TRIANO
Rank or Rating A.S.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name TRIANO, Joseph (Surname first) Service Number 233-952

Age: Years 23 Months 4 Color White

For: Separation (Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Cox.

Place Ellis Is., N.Y. Date 8/2/46

Personal Medical History Frac. elbow in childhood. Tonsillectomy in childhood. Denies others.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used I plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

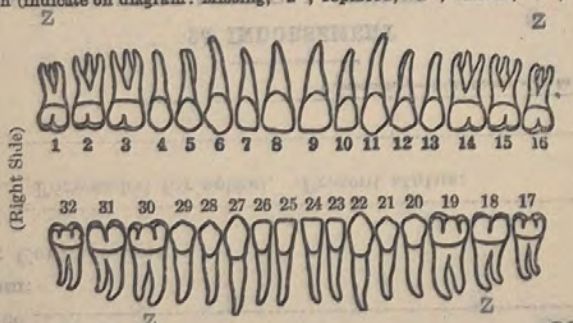
Eyes, eyelids, and reflexes Normal

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

Height 68 inches. Weight (stripped) 154 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37½ Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 125 Diastolic 70

Pulse before exercise 76, after exercise 98, after 2 min. 78

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 ____ Sp. Gr. 1.020

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____%. Reds ____ Whites ____

Wassermann or Kahn test: Date 8/2/46 Result Negative.

16—27070-1

Form 2525-A—TREASURY DEPARTMENT

DENTAL RECORD

(To be filled in by the Dental Officer)

TRIANO (Surname)

JOSEPH (Given name-s)

A. S. (Rank or rate) 233-952 (Service number)

INSTRUCTIONS

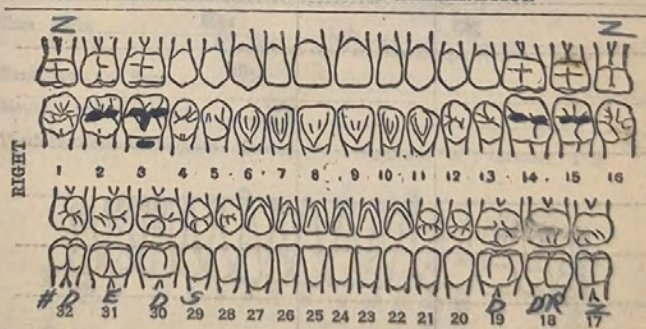
The Dental Record will be inserted as the top sheet in the Health Record.

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.

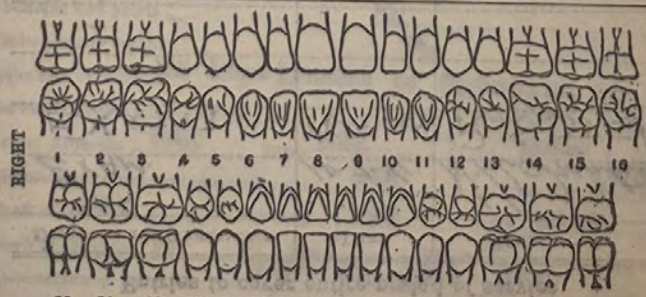
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

10-7-46 N.H. Trautman (Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



Catholic

2—16140

REMARKS: Chest xray 8/2/46 Negative.

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that TRIANO, Joseph

He is physically qualified for Separation
(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 _____

account of _____

J.A. SALMONS

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

Medical Director, U.S. Public Health Service.

3d INDORSEMENT
HEADQUARTERS, WASHINGTON.

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name TRIANO, Joseph (Surname first) Service Number 233-952

Age: Years 23 Months 4 Color White

For: Separation (Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Cox.

Place Ellis Is., N.Y. Date 8/2/46

Personal Medical History Frac. elbow in childhood. Tonsillectomy in childhood. Denies others.

Vision: R.E. 20/20 L.E. 20/20 Corrected: R.E. 20/ L.E. 20/

Color blind? No Test used I plates

Hearing: Conversational speech R.E. 30/30 L.E. 30/30

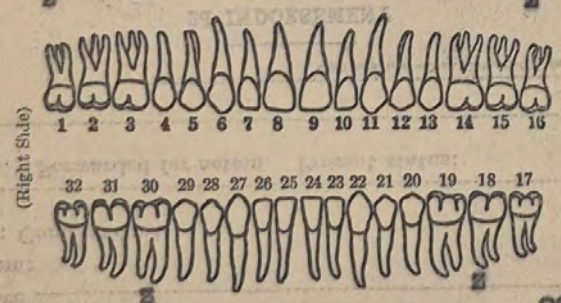
Eyes, eyelids, and reflexes Normal

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

Height 68 inches. Weight (stripped) 154 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37½ Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 125 Diastolic 70

Pulse before exercise 76, after exercise 98, after 2 min. 78

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 -- Sp. Gr. 1.020

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 8/2/46 Result Negative.

16—27070-1

Form 2525-A—TREASURY DEPARTMENT

DENTAL RECORD

(To be filled in by the Dental Officer)

TRIANO (Surname)

JOSEPH (Given name-s)

A. S. (Rank or rate) 233-952 (Service number)

INSTRUCTIONS

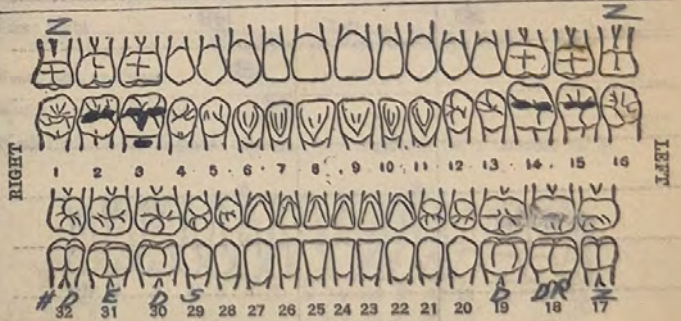
The Dental Record will be inserted as the top sheet in the Health Record.

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.

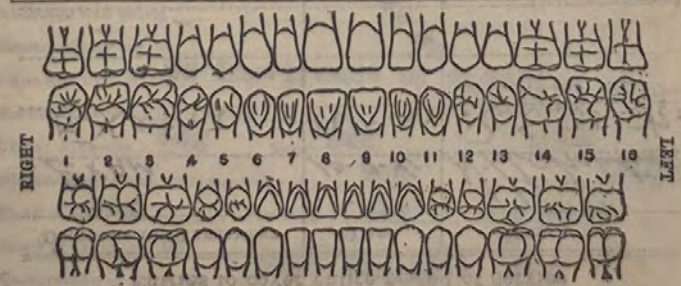
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

10-7-46 N.H. Trautman (Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



Catholic

2—16140

REMARKS: Chest xray 8/2/46 Negative.

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that TRIANO, Joseph

He is physically qualified for Separation
(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 _____

J. A. SALMONS
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

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:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

ADQUARTERS, WASHINGTON.

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name TRIANO, Joseph (Surname first) Service Number 233-952

Age: Years 23 Months 4 Color White

For: Separation (Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Cox.

Place Ellis Is., N.Y. Date 8/2/46

Personal Medical History Frac. elbow in childhood.
Tonsillectomy in childhood. Denies others.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used I plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

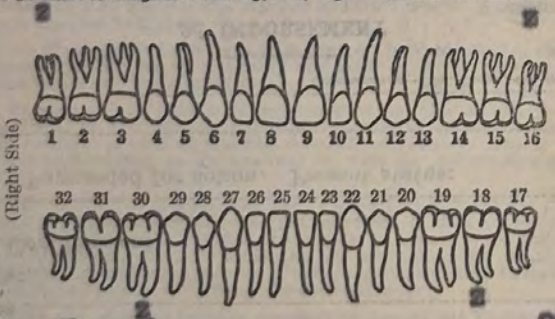
Eyes, eyelids, and reflexes Normal

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, "I".)



Gums Normal Temperature 98

Height 68 inches. Weight (stripped) 154 Lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37½ Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 125 Diastolic 70

Pulse before exercise 76, after exercise 96, after 2 min. 78

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 -- Sp. Gr. 1.020

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____ %. Reds ____ Whites ____

Wassermann or Kahn test: Date 8/2/46 Result Negative.

16—27070-1

Form 2525-A—TREASURY DEPARTMENT

DENTAL RECORD

(To be filled in by the Dental Officer)

TRIANO (Surname)

JOSEPH (Given name-s)

A. S. (Rank or rate) 233-952 (Service number)

INSTRUCTIONS

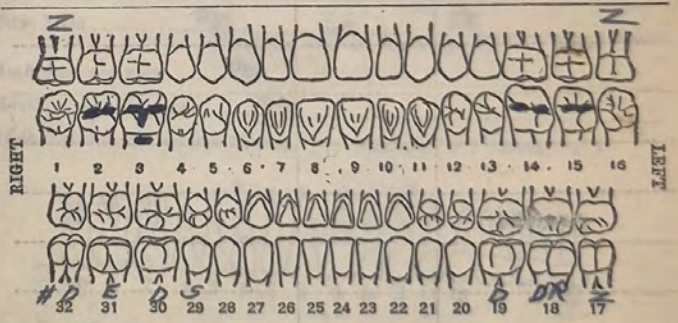
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Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

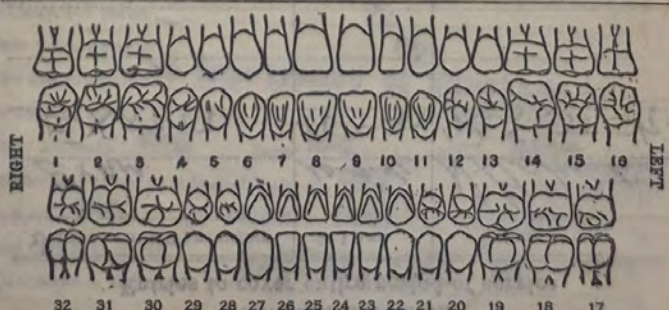
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

10-7-46 H.B. Trautman
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



Catholic

2—16140

REMARKS: Chest xray 8/2/46 negative.

CERTIFICATE

We / I } certify that { we / I } have personally made this physical examination and find that TRIMNO, Joseph

He is physically qualified for _____
(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 _____

J. E. Salmon

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

(Date)

Place _____

From:

To: Commandant.

---

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved _____

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

QUARTERS, WASHINGTON.

(Date)

1: Commandant.

:

1.

DENTAL RECORD

Entries to cover entire period of service

Diagnosis and Treatment	Date	Signature
EXAM.	10-7-41	H. G. Trautman
EXAM	11-8-42	R. E. Stookey

TREASURY DEPARTMENT
U.S. COAST GUARD

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name Triano, Joseph (Surname first) Service Number 233-952

Age: Years 18 Months 5 Color White

For: S.T.E. (Special temporary or regular enlistment, appointment or promotion)

Rank or Rating A.S.

Place New York, N.Y. Date Sept 25, 1941

Personal Medical History Fractured left elbow, age 5 years

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? no Test used i.p.

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes ok

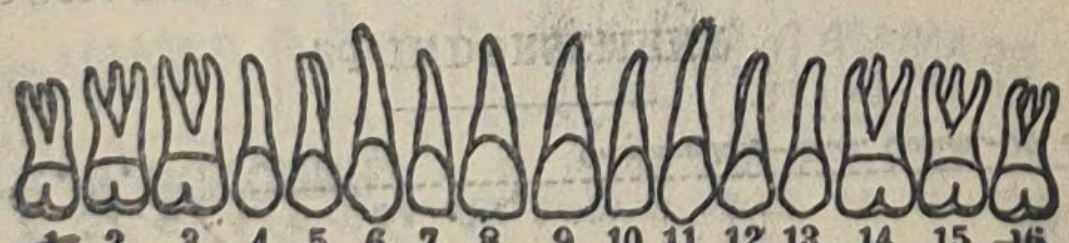
Ears: Right ok Left ok
(Condition of drum, discharge, etc.)

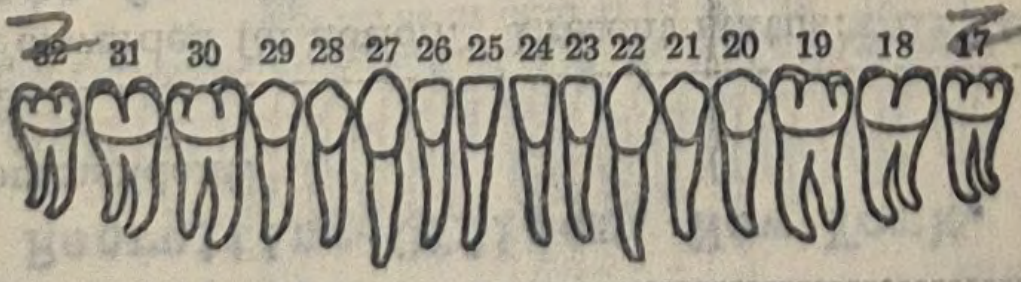
Head, face, and neck ok

Mouth, nose, and throat ok

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "T".)

(Right Side)





Gums ok Temperature 37°

Height 68 inches. Weight (stripped) 129 Lbs. Obesity no

Skin ok

Lymph. glands ok

Chest: Inspiration 33 Expiration 30

Heart and blood vessels ok

Blood pressure: Systolic 114 Diastolic 68

Pulse before exercise 84, after exercise 120, after 2 min. 82

Lungs ok

Abdomen and pelvis ok

Genito-urinary organs ok

Spine and extremities No impairment of function at elbow

Nervous and mental conditions

Urine: Albumin neg Sugar neg Shreds none

Microscopical exam. (if indicated) epithelia neg Sp. Gr. 1/016

Blood cells neg Pus cells neg Casts none

Blood (if indicated) Hb - %. Reds - Whites -

Wassermann or Kahn test: Date Sept 18, 1941 Result Neg

2—16141

REMARKS: ---

CERTIFICATE

~~We~~ I } certify that { ~~We~~ I } have personally made this physical examination and find that TRIANO, JOSEPH

He is physically qualified for S T E
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of AS
(Use in case of promotion of commissioned officer or annual examination) (Rank)

~~He is not physically qualified for~~

~~on account of~~

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

25 September, 1941
(Date)

Place New York, N.Y.

From: Recruiting Officer, New York.

To: Commandant.

1. Forwarded for action. Present status: Enlisted this date for three yrs as A.S., STE.

R. W. BUTCHER.

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:

NCG—2525 B

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name TRIANO, Joseph (Surname first) Service Number 233-952

Age: Years 21 Months 5 Color White

For: REENLISTMENT
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating R.M. 2c

Place USCGHP ONE Date 5 October, 1944

Personal Medical History Fracture, Elbow.
VCD, TONSILLECTOMY

Vision: R.E. 20/ 15 L.E. 20/ 15 Corrected

Color *blind?* No Test used Plate

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

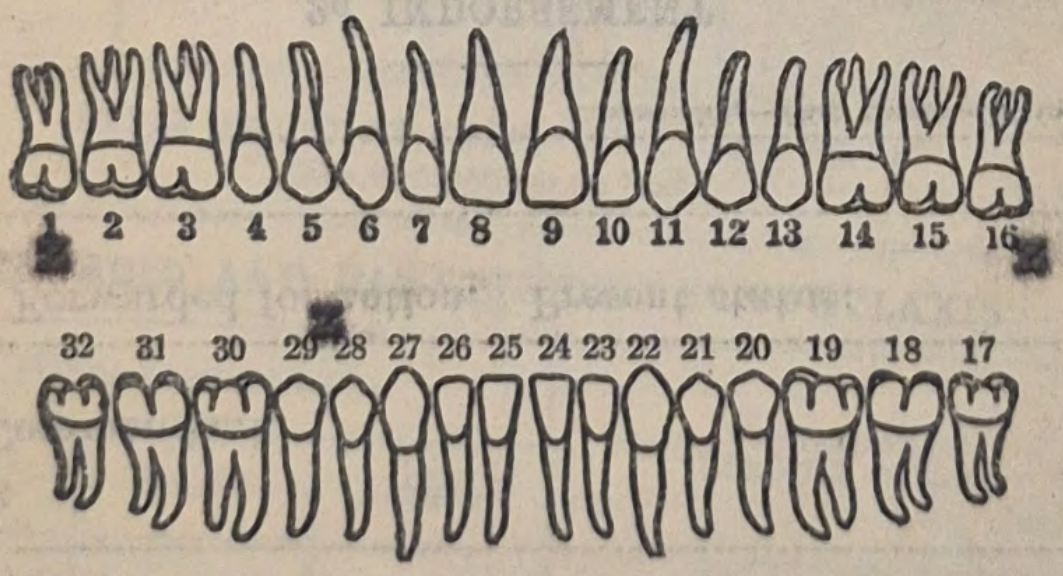
Eyes, eyelids, and reflexes Normal

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 70 inches. Weight (stripped) 130 lbs. Obesity None

Skin Normal

Lymph. glands Normal

Chest: Inspiration 36½ Expiration 34

Heart and blood vessels Normal

Blood pressure: Systolic 128 Diastolic 70

Pulse before exercise 80, after exercise 110, after 2 min. 82

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 Neg Sp. Gr. 1.015

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 10-5-44 Result Neg

16—27070-1

REMARKS: CHEST PLATE: NEGATIVE

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that TRIANO, Joseph

He is physically qualified for REENLISTMENT
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of BM 2c.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for ---

on account of ---

JOHN S. MICHELI, Asst Surg
USPHS(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

(Date)

Place ---

From:

To: Commandant.

---

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

(Date)

The findings of the certificate are not approved ---

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

VACCINATION AND INOCULATION RECORD

Name TRIANO, Joseph
(Surname first)

Rank or rating A.S. Service number 233-952

SMALLPOX VACCINATION

Number of prior scars 1

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
10-2-41	R Cuvm	IR	R Cuvm
3-23-44	JSG.		

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	
10-2-41	10-11-41	10-16-41	R Cuvm & Caruso
Booster	typhoid		3-23-44
6-4-44	B. Johnson.		J Cooke, Lt. M.C.

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Booster tetanus - 3-23-44
J Cooke Lt. M.C.

1st. typhus - 3-23-44
J Cooke Lt. M.C.

2nd Typhus - 3/31/44 Duong Lt M C

2—16142 (Signature of medical officer)

BLOOD TYPE O GROUP IV

Typhus/Booster - 10/4/44
Agalatola

Page

Surname TRIANO Service No. 233-952

Christian name-s Joseph

STATE NAME OF PLACE DATE EACH NEW ENTRY

Dispensary, Fire Island DF Sta.,
Bay Shore, N.Y.
Diagnosis: #0121 Antitetanic-
Inoculation(TETANUS TOXOID).
DATE:
2-8-42: 1st injection(1cc)given.
3-24-42: 2nd injection(1cc)given.
Tetanus prophylaxis completed.
Ralph Runavaar
Ralph Runavaar, PhM1c.
6/2/43 1/5 cc Tetanus Booster
6/2/43 1/5 cc Typhoid Booster
Ralph Runavaar PhM 2/C

Seamen's Church Institute
~~25 South St., N.Y.C.~~
12 November, 1943
C.C. Cough
Diagnosis: Common Cold. 0331
Treatment: Syrup of White Pine,
~~Throat and Nasal Spray, 10grs.~~
of Extract of Cascara.
~~DD~~/30/43 Patient has not returned
~~for treatment. Discharged this~~
date.
L.P. Inconiglios
~~Ph. Mate 1c.~~

2—16143

Seamen's Church Institute
25 South Street
NewYork, N.Y.
19 November, 1943
C.C. Sore Gums
Diagnosis: Vincents Infection
Treatment: Chromic Acid. 3%.
11/20/43 Routine treatment.
11/22/43 Routine treatment.
11/23/43 No further treatment required.

L.P. Inconiglios
Ph. Mate 1c.

Seamen's Church Institute
25 South Street, N.Y.C.
27 October, 1943
Admitted to outpatient treatment this date.
Incident of Service: Yes.
Diagnosis: Poison Ivy.
Present History: Patient state that he had poison ivy about a month ago, while training on Long Island.
Examination: Patient has slight traces of rash and vesicles.
Treatment: Vesicles punctured, Calamine Lotion applied.
10/28/43 Routine treatment.
10/29/43 No further treatment required.

L.P. Inconiglios
Ph. Mate 1c.

No further treatmen

T. B. Incomplete
Ph. - Mate 46.

Surname TRIANO Service No.

Christian name-s

STATE NAME OF PLACE	DATE EACH NEW ENTRY
DISTRICT MEDICAL OFFICE, 3rd ND 42 Broadway, New York, N. Y.	23 March, 1944
Examined this date and found to be physically qualified for sea duty. S. J. Randall S. J. Randall A. Surgeon (R)	

16—25658-1

March 1938

TERMINATION OF HEALTH RECORD

Name TRIANO, Joseph

Rating Cox Service Number 233-952

Place Ellis Is, N Y Date 8/6/46

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted none

In my opinion those numbered ____ are incident of service.

In my opinion those numbered ____ are not incident of service.

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) none

That I have the following defect(s) none

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

Cox

Rank or Rating, U.S. Coast Guard.

Service terminated 7 August, 1946.
(Date)

At CG RecSta Ellis Island, N.Y.
(Place)

By reason of Conv. of Govt.
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

JOSEPH MAZZOTTA,

Lieut.Comdr., Custodial Officer.
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
R. O. New York.	9-25-41	9-25-41 OCT 16 19
N.O. TRG. STA.	SEP 27 19	
Short Beach LB Station.	10/22/41	12/29/41
BAY SHORE STATION	12-29-41	4-14-43
N.P.INDOC.CENT.	APR 14 1943	MAY 18 1943
BAY SHORE STAION. (FILE.	5-18-43.	10-26-43
ODCGO, 3rdND	10-26-43	
Seamans Institute, New York, N. Y.	10-26-43	DEC 11 19
FORT HANCOCK STA.	12-16-43	1-12-44 FEB 3 19
C. G. REC. STA. E. I	JAN 13 1944	
CG-83512	2-3-44	
COTP NORFOLK		9-17-45

N. C. G. 9545
Revised Sept. 1941

(2)

2419011

SINGLE X
MARRIED
WIDOWED
DIVORCED

TRIANO, Joseph
(NAME)

233-952
(SERVICE NUMBER)

Other creditable service—

	YRS.	MOS.	DAYS

Birth, date of 30 April, 1923

Birth, place of Westfield, New Jersey

Citizenship N.

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
CG Unit 202	4-29-44	✓ BM2c				Tr CG-83512
CG Unit 202	9-25-44	BM2c				Enlist-2400
CG-83512 (03)	2-5-45	✓ BM2c				TN
CG-83512 (05)	3-11-45	BM2c				TN (with boat)
Cot & Norfolk (03)	7-20-45	✓ BM2c				TN CG-83512
Norfolk Small Craft (05)	9-17-45	✓ BM2c				TR CG-83512 with mail
Windmill A.L.S. (07)	1-4-46	✓ BM2c				Tr.
Windmill Pt. Lt. Sta.	JUL 1 1946	✓ Cox				Disrated. Comdts Circ. 14-46 Alc 1/9
5th CGDO Norfolk	7-29-46	✓ Cox				TN
Ellis Isl Rec Sta	8-2-46	Cox				TN
Ellis Isl Rec Sta	8-7-46	Cox	4	10	13	HD CUG H/D 200608Z 7/46

16—11203-1

Form 9545
RY DEPARTMENT
COAST GUARD
Revised April 1938

TRIANO, Joseph, - 233 952

SINGLE XX
MARRIED
WIDOWED
DIVORCED

creditable service— YRS. MOS. DAYS

Birth, date of April 30, 1923,
Birth, place of Westfield, New Jersey,
Citizenship N. ✓

16—11203

UNIT	DATE		RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
SCRO NEW YORK ACCEPTED	9-25-41	✓	AS				SPECIAL TEMPORARY /or D.O.E. ORIG. ENL. TERM 4 YRS. AUTH. HT-9-3-41.
W ORLEANS TR. STA.	SEP 27 1941	✓	A.S.				Tr.
L. RECEIVING STA.	10-20-41		A.S.				Tr.
JONES BEACH STA(NYD)	10-22-41	✓	AS				Tr.-
FIRE ISLAND STA(NYD)	12-29-41	✓	A.S.				Tr.
FIRE ISLAND STA(NYD)	1-24-42	✓	Sea.2c.				CR
FIRE ISLAND STA(NYD)	5-8-42	✓	Sea.1c.				Cr.
Fire Island Sta.	2-16-43	✓	Cox.				CR.
Northport Ind. Center	4-14-43	✓	Cox.				Tr.
Fire Isl. L.B. Sta.	5-18-43	✓	Cox (Pro)				Tr. (Bay Shore N.Y.)
9th C.G.D. New York	10-26-43	✓	Cox (pro)				Tr (Course of Instruction)
Ft. Hancock Sta NYD	12-16-43	✓	Cox.	—	—		Tr. 83' Patrol Boat Pool
Ellis Is. Rec. Sta (NYD)	1-13-44	✓	Cox	—	—		Tr
CG-83512 (NYD)	2-3-44	✓	Cox	Rate Made [illegible]	COAST 143-45		Tr.
CG-83512 (03)	3-28-44	✓	BM 2c	—	—		✓ CR.