G-PC-4
(202) 267-1705

DEC 1 1987

12870.L

Mrs. Jessie W. Andrews
Route 6 - Box 392
Easton, MD 21601-9131

Dear Mrs. Andrews:

Please accept our condolences on the death of your father, Thomas L. Wallace. At the time of your father's death, he was covered by the Federal Employees' Group Life Insurance. Enclosed is Form FE-6, Claim for Death Benefits. Please complete it and return to this office with a certified copy of his death certificate.

When I receive the papers from you, I shall certify your father's service and forward your application to the Office of Federal Employees' Group Life Insurance, New York, NY 10010. The Office of Federal Employees' Group Life Insurance is responsible for administering the life insurance program.

If your father had any employment under the Social Security law, you should call or visit your local Social Security office concerning your rights to any benefits. If he was a veteran of any war, you should also contact your local Veterans Administration office to see if you are eligible for any other benefits.

I hope the above information will help you. If you should have any questions, please call or write me a letter. My address and telephone number are at the top of this letter.

Sincerely,

THOMAS F. FISHER
Chief, Civilian Personnel Division
By direction of the Commandant

Encl: (1) Self-addressed envelope
(2) FE-6

R. LOCKE/bs/G-PC-4/71705/01 DEC 87/Doc# 38300

Standard Form 49
NOVEMBER 1954
U. S. CIVIL SERVICE COMMISSION
CHAPTER I 3, F. P. M.

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

Federal Employees' Group Life Insurance Act of 1954

See Instructions to Agencies on Reverse Side

1. NAME OF RETIRED EMPLOYEE — MR. / MISS / MRS. (Last, First, Middle): WALLACE, THOMAS L.

2. DATE OF BIRTH (Month, Day, Year): 3-18-00

3. MAILING ADDRESS (Number and street, city, zone number, and State): Sherwood, Maryland

4. PLAN OR SYSTEM UNDER WHICH RETIRED: Lighthouse Service Retirement Act of 20 June 1918 as amended

5. RETIREMENT CLAIM NO. (If any): None

6. EFFECTIVE DATE OF ANNUITY (Mo., day, yr.): 1 April 1960

7. DID EMPLOYEE RETIRE FOR DISABILITY? ☐ YES ☒ NO

8. DID EMPLOYEE RETIRE ON AN IMMEDIATE ANNUITY? ☒ YES ☐ NO

IF ITEM 7 IS ANSWERED "YES", OMIT ITEMS 9 AND 10.

9. DOES EMPLOYEE HAVE AT LEAST 15 YEARS' VERIFIED CREDITABLE CIVILIAN SERVICE? ☒ YES ☐ NO

10. If employee retired on an immediate annuity but has less than 15 years' verified creditable civilian service *and* if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 15 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify, and/or determine whether the service in question is creditable.

PERIOD OF SERVICE FROM—	PERIOD OF SERVICE TO—	DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED YES	HAS SERVICE BEEN VERIFIED NO

11. I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct.

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

29 March 1960 (DATE)

H. L. MORGAN (TYPE NAME OF AUTHORIZED AGENCY OFFICIAL)

Chief, Civilian Personnel Division (TITLE)

U. S. Coast Guard (NAME OF AGENCY)

1300 E St., N.W., Washington 25, D.C. (MAILING ADDRESS OF AGENCY)

CERTIFICATION OF CIVIL SERVICE COMMISSION

☑ INDIVIDUAL NAMED ABOVE IS INSURED AS A RETIRED EMPLOYEE UNDER FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954.

☐ INDIVIDUAL NAMED ABOVE IS NOT INSURED BECAUSE:

- ☐ LESS THAN 15 YEARS CREDITABLE CIVILIAN SERVICE.
- ☐ NOT RETIRED ON AN IMMEDIATE ANNUITY.
- ☐

THOMAS L WALLACE
SHERWOOD MD

031800
CSI-621 292
LR

621292 (CSI NUMBER ASSIGNED)

CERTIFIED BY: [signature] RETIREMENT DIVISION

4/11/60 (DATE)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

DATE ANNUITY TERMINATED	REASON FOR TERMINATION	LAST ADDRESS IF DIFFERENT THAN SHOWN IN ITEM 3

(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

16—71110-1

Standard Form 49
NOVEMBER 1954
U. S. CIVIL SERVICE COMMISSION
CHAPTER I 3, F. P. M.

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

Federal Employees' Group Life Insurance Act of 1954

See Instructions to Agencies on Reverse Side

1. NAME OF RETIRED EMPLOYEE — MR. / MISS / MRS. (Last) (First) (Middle): WALLACE; THOMAS L.

2. DATE OF BIRTH (Month, Day, Year): 3-18-00

3. MAILING ADDRESS (Number and street, city, zone number, and State): Sherwood, Maryland

4. PLAN OR SYSTEM UNDER WHICH RETIRED: Lighthouse Service Retirement Act of 20 June 1918 as amended

5. RETIREMENT CLAIM NO. (If any): None

6. EFFECTIVE DATE OF ANNUITY (Mo., day, yr.): 1 April 1960

7. DID EMPLOYEE RETIRE FOR DISABILITY? ☐ YES ☒ NO

8. DID EMPLOYEE RETIRE ON AN IMMEDIATE ANNUITY? ☒ YES ☐ NO

IF ITEM 7 IS ANSWERED "YES", OMIT ITEMS 9 AND 10.

9. DOES EMPLOYEE HAVE AT LEAST 15 YEARS' VERIFIED CREDITABLE CIVILIAN SERVICE? ☒ YES ☐ NO

10. If employee retired on an immediate annuity but has less than 15 years' verified creditable civilian service *and* if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 15 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify and/or determine whether the service in question is creditable.

PERIOD OF SERVICE		DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED	
FROM—	TO—				YES	NO

11. I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct.

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

29 March 1960
(DATE)

H. L. MORGAN
(TYPE NAME OF AUTHORIZED AGENCY OFFICIAL)

Chief, Civilian Personnel Division
(TITLE)

U. S. Coast Guard
(NAME OF AGENCY)

1300 E St., N.W., Washington 25, D.C.
(MAILING ADDRESS OF AGENCY)

CERTIFICATION OF CIVIL SERVICE COMMISSION

☐ INDIVIDUAL NAMED ABOVE IS INSURED AS A RETIRED EMPLOYEE UNDER FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954.

☐ INDIVIDUAL NAMED ABOVE IS NOT INSURED BECAUSE:

- ☐ LESS THAN 15 YEARS CREDITABLE CIVILIAN SERVICE.
- ☐ NOT RETIRED ON AN IMMEDIATE ANNUITY.
- ☐

(CSI NUMBER ASSIGNED) CERTIFIED BY: RETIREMENT DIVISION (DATE)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

DATE ANNUITY TERMINATED	REASON FOR TERMINATION	LAST ADDRESS IF DIFFERENT THAN SHOWN IN ITEM 3

(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

16—71110-1

MAR 2 2 1960

COAST GUARD PERSONNEL DEATH REPORT

26 April 1987 - 9 May 1987

NAME	SERVICE NUMBER RANK, RATING	DATE OF DEATH	PLACE OF DEATH	DUTY STATUS
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
[redacted]				RETIRED
WALLACE, Thomas L.	217 30 8801 FLHSnowUSCG	24 April 1987	Easton, MD	RETIRED

NOK: Mrs. Jessie W. Andrews, daughter, Rt. 6, Box 392, Easton, MD 21601 - 9131

(G-PC-1/62)

(202) 426-0921

12831.6
23 August 1979

Mr. T. L. Wallace
c/o Jessie W. Andrews
Route 2, Box 365
Easton, MD 21601

Dear Mr. Wallace:

This is in response to your letter of 2 August 1979, inquiring about the possibility of having your retirement annuity considered a disability payment. I am sorry to report that there is no way, under Lighthouse Service retirement law, to change the nature of your annuity. The Act of 4 March 1925 (43 Statute 1261) provides that no application for (disability) retirement will be considered unless the application is executed and received by the Coast Guard prior to the applicant's separation from the Service, or within six months thereafter.

I regret not being more helpful at this time, but you do not mention the reason or background for your question. It may be that further advice and assistance could be obtained from representatives of the Social Security Administration or Internal Revenue Service, depending on the nature of your problem.

We have noted the address change as you requested, and will change our records accordingly.

If we may be of assistance in the future, please do not hesitate to write.

Sincerely,

ROY L. BARTON
Chief, Civilian Personnel Division
By direction of the Commandant

18/23

NERNEY:G-PC-1/62:eel:60921:23 August 1979

Forwarded: AUG 24 1979

SF-RPAD

~ PC-1 file

(copy given to G-FPS-1 8/23)

8/6/79

Easton, MD
August 2, 1979

Commandant
U.S. Coast Guard
Washington D.C. 20590

retired 1960

Dear Sir:

I am writing for my father Mr. Thomas L. Wallace (# 217-30-8801) in regard to his retirement pay. He would like full information as to the procedure used in having retirement pay considered as disability.

I would like also to make the following address change:

old address: Mr. T. L. Wallace
#33 The Wye
Talbot Village
Easton, MD 21601

new address: Mr. T. L. Wallace
c/o Jessie W. Andrews
Route 2 - Box 365
Easton, MD 21601

Please send your response to me Jessie W. Andrews. Thank you for your co-operation.

Jessie W. Andrews
Route 2, Box 365
Easton, MD 21601

JA

T.L. Wallace
c/o Jessie W. Andrews
Route 2, Box 365
Easton, MD 21601

EASTON, MD
AUG 2
PM
1979
21601



Commandant (GPC)/62
U. S. Coast Guard
Room 6226
400 Seventh St. S.W.
Washington D. C. 20590

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved OMB No. 22-R174

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

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased) (Residence and Organization)	3. TELEPHONE NUMBER HOME	OFFICE
WALLACE, Thomas L.	Box 7 Sherwood, MD 21665	866-2449	-

4. STATUS	5. GRADE - RATE - RANK	6. BRANCH OF SERVICE	7. SSN
☐ ACTIVE DUTY ☐ RETIRED CIV. RET. ☐ DECEASED AD OR RETIRED (Indicate) ☐ OTHER (Specify)	LIGHTHOUSE KEEPER NA	USCG NA	NA

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

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

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
WALLACE, ThomassL.	NA	Blue	Blond	C, T, EU	476-457
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
Box 7 Sherwood, MD 21665	18 MAR 1900	72"	215	PHS ONLY l. EXPIRATION DATE: 6 years from issue date	8-11-76
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
AND NO OTHERS					
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	

16 RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT

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

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

MARITAL STATUS: ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ UNMARRIED WIDOW(ER) ☐ UNREMARRIED WIDOW(ER)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support. (Required for medical care benefits only.)

c. ☐ I am the widow of the sponsor named in Section I, that I am not now married and have never remarried since date of his death.

Lawful marriage to said sponsor took place at _____ (PLACE)

on _____ (DATE).

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

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

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

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

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

g. ☐ All children named are dependent as described in paragraph 1-2 f. (2)(b) of Joint Services Regulation AR 40-121/SECNAVINST 6320.8c /AFR 168-9/ PHS GEN CIR No. 6/CG COMDTINST 6320.2A, Medical Services Uniformed Services Health Benefits Program. To be used only when Items e and f are not appropriate.

h. ☐ I am the parent or parent-in-law of the sponsor named in Section I and at the time of his or her death, I, and all other parents or parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said sponsor, and were in fact dependent upon him or her for over one-half of our support.

i. ☐ I am the legal guardian of the dependent or dependents of the sponsor named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

j. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or, for medical care purposes, in dwelling place provided or maintained by me.

k. ☐ I am entitled to retired, retirement or retainer pay or equivalent pay as a result of service in a uniformed service.

18. REMARKS

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

I understand that the actions of the recipient(s) of DD Form 1173, uniformed services identification and privilege card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at government expense. Penalty for presenting false claims or making false statements in connection with claims: fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
21 July 1976	THOMAS W. WALLACE

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

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

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
U. S. COAST GUARD Washington, D. C. 20590	ROY L. BARTON, Chief, Civilian Personnel Division	Roy L. Barton

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

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

1. LAST NAME – FIRST NAME – MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER	
WALLACE, Thomas L.	Rt. 1, Box #7 Sherwood, Md. 21665	HOME TU6 2449	OFFICE N/A

4. STATUS	5. GRADE – RATE – RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☐ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☒ OTHER (Specify) CIV. RET.	LIGHTHOUSE KEEPER	USCG	N/A

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

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

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME – FIRST NAME – MIDDLE INITIAL WALLACE, Thomas L.	b. RELATIONSHIP - - - -	c. COLOR EYES Blue	d. COLOR HAIR Blond	e. PRIVILEGE AUTHORIZED[1] C,T,EU, PHS ONLY	f. CARD NO. ISSUED CG 275,488
g. ADDRESS SAME AS ITEM #2	h. DATE OF BIRTH 3-18-1900	i. HEIGHT 72"	j. WEIGHT 215	k. MC(C) EFFECTIVE DATE ----N/A------ l. EXPIRATION DATE 6 yrs from issue date	m. DATE ISSUED 20 OCT 69
11a. LAST NAME – FIRST NAME – MIDDLE INITIAL AND NO OTHERS	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
12a. LAST NAME – FIRST NAME – MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
13a. LAST NAME – FIRST NAME – MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
14a. LAST NAME – FIRST NAME – MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
15a. LAST NAME – FIRST NAME – MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	10-20-69	Thomas L Wallace

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

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

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE).

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

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member.

Lawful marriage to said member of retired member took place at _____ (PLACE) on _____ (DATE).

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

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

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

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

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

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.

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

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or, for medical care purposes, in a dwelling place provided or maintained by me.

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service.

18. REMARKS

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

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

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
6 October 1969	Thomas L. Wallace THOMAS L. WALLACE

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

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

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
Commander, Fifth Coast Guard District 431 Crawford Street, Portsmouth, Va. 23705	N. LESTER BRAUN, Chief Civilian Personnel Br., Acting	N. Lester Braun

SECTION V – AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
CG Marine Inspection, Baltimore, Md.	W. JACKSON, CWO3, USCG Senior Shipping Commissioner	W. Jackson

DD FORM 1172 (1 Mar 67) (BACK)

1. LAST NAME—FIRST NAME—MIDDLE INITIAL	2. IDENT. NO.				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
WALLACE, Thomas L.	LHS															

3. DATE OF BIRTH	4. SEX		5. RACE			6. U. S. CITIZENSHIP			14. FOLLOW-UP
MONTH—DAY—YEAR	MALE	FEMALE	WHITE	NEGRO	OTHER	NATIVE	NATURALIZED	NONCITIZEN	

7. VETERANS' PREFERENCE									8. COMP. STATUS		9. TYPE OF APPOINTMENT
NONE	5-PT.	10-POINT				WW II	WW I	OTHER	YES	NO	
		DISAB.	WIFE	WIDOW	OTHER						

10. NATURE OF EMPLOYMENT				11. PAY BASIS				12. SUBJ. TO RETIREMENT			13. SUBJ. TO CLASS. ACT	
FT	PT	WAE	OTHER	ANNUAL	WAGE	WOC	OTHER	NO	CSC	OTHER	YES	NO

15. COMPETITIVE LEVEL	16. RETENTION SUBGROUP	17. SERV. COMP. DATE	18. PHYSICAL IMPAIRMENTS
		MONTH—DAY—YEAR	

19. EFFICIENCY RATINGS								20. PERSONNEL FOLDER SENT TO (AND DATE)
DATE AND TYPE	RATING	DATE AND TYPE	RATING	DATE AND TYPE	RATING	DATE AND TYPE	RATING	

21. ADDITIONAL INFORMATION AND REMARKS

STANDARD FORM 7A (MARCH 1948) SERVICE RECORD CARD (VERTICAL-VISIBLE) PRESCRIBED BY CIVIL SERVICE COMMISSION (FEDERAL PERSONNEL MANUAL) 16—54970-1

1. LAST NAME—FIRST NAME—MIDDLE INITIAL	2. IDENT. NO.				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

FEDERAL EMPLOYMENT RECORD

U. S. GOVERNMENT PRINTING OFFICE 16—54970-1

22. NATURE OF ACTION	23. EFFECTIVE DATE	24. POSITION TITLE AND NO.	25. SERVICE, CLASS NO., AND GRADE	26. SALARY OR PAY RATE	27. ORGANIZATION, HEADQUARTERS, AND LOCATION
	PREVIOUS SERVICE (SEE FORM 2806)				
Pay Adj.	7-11-48	Keeper (2648.76-3100.20)		$3100.20**	5th-Sharps Is., Md. -Tilghman Is Lt. Attendant Sta., Md.
Reassign & Trans	3-23-51	Lt.Attendant ($2648.76-3100.20)		$3100.20	do
Pay Adj	7-8-51	do ($2948.76-3400.20)		$3400.20	do
Pay Adj	3-13-55	do ($3169.91-3655.19)		$3655.19	do
Pay Adj	1-12-58	do ($3487.00-4021.00)		$4021.00	do Md
Change to lower grade	7-24-59	Keeper($3042.00-3576.00)		$3576.00##	5th-Bloody Pt Bar Is/
Ret-Opt	3-31-60	do do		$3576 ##	do
	RETIRED PAY: $2904.62 TOTAL SERVICE: 38y,4m,26d				

* Incl. $ 240 pa Qtrs. ##$75.40 pa Qtrs
** " $ 60 " "
*** " $ 180 " "

WALLACE, THOMAS L.

Wallace (SURNAME)	Thomas (FIRST NAME)	Levi (SECOND NAME)	DATE OF BIRTH: MONTH March, DAY 18, YEAR 1900	LEGAL VOTING RESIDENCE: STATE AND CONG. DISTRICT N.C. - 1st, COUNTY Dare, CITY OR TOWN Buxton

SEX M | RACE W | RETIREMENT AGE

MILITARY SERVICE ____ YES X NO ____

MILITARY PENSION OR WAR RISK COMPENSATION ____ YES ____ NO ____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY: PAY LESS ALLOWANCES	SALARY: BASIC PAY #	EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE: MOS.	DAYS	YRS.
	A. Trans. (Reor. Plan II 5/09/39)		$1680 pa	$1740*pa	7-01-39	Trans.-USCG-Norf.Dist., Sharps Isld. L.S.			
	A.Trans. E.O. 8929 of 11-1-41.		1680	1740 *	11- 1-41	Navy-CG-Norfolk-Sharps I.,Md.			
	Pro.	Keeper (1680-2040)	1740	1800*	4-1-42	do			
	Pro.	do	1800	1860*	10-1-43	do			
	Pay Inc (Par)	do	1860	1920*	4-1-45	do			
	Pay Adj	Keeper (2034-2430)	2172	2232*	7-1-45	do			
	Pay Inc (Adm)	Keeper (2034-2430)	2238	2298*	4-7-46	do			
	Pay Adj	Keeper (2318.76-2770.20)	2559.72	2619.72*	7-1-46	do			
	Adm Pay Inc	do (2318.76-2770.20)	2634.96	2694.96*	4-20-47	do			
	Adm Pay Inc	do do	2710.20	2770.20*	5-2-48	do			

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 **7** 8 | HIGH SCHOOL 1 2 3 4 | COLLEGE 1 2 3 4 | DEGREES, IF ANY ____

SPECIAL QUALIFICATIONS ____

*Deductions are for quarters. $60

10-48

Plate

Wallace (SURNAME)	Thomas (FIRST NAME)	Levi (SECOND NAME)

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
March	18	1900	N.C. - 1st	Dare	Buxton

SEX M RACE W

RETIREMENT AGE

MILITARY SERVICE YES X NO

MILITARY PENSION OR WAR RISK CONTINUATION YES NO

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY: PAY LESS ALLOWANCES	SALARY: BASIC PAY*	EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE: MOS.	DAYS	YRS.
	Employed	Seaman		$49.50	1-30-18	Com. 5th LHS Dist., Tender ONONIO			
	Res.w.o.prej.	do		49.50	4-03-18	do			
	Employed	do		49.50	4-17-18	do , L.S. #46			
	Res.w.o.prej.	do		49.50	8-04-18	do			
	Employed	Fireman		65.00	8-17-18	do , Tender COLUMBIA			
	Res.w.o.prej.	do		65.00	8-25-18	do			
	Employed	do		75.00	4-26-19	do , Tender LAUREL			
	Res.w.o.prej.	do		75.00	5-01-19	do			
	Enlisted	Seaman			7-02-19	Const & Geodetic Survey			
	Discharged	do			10-18-19	do			
	Employed	do		85.00	11-01-19	Com. 5th LHS Dist., Tender COLUMBIA			
	Res.w.o.prej.	do		85.00	12-04-20	do			
	Employed	do		72.50	2-01-22	do , L.S. #72			
	Pro.	do		55.00	4-01-22	do			
	Pro.	do		60.00	8-01-22	do			
	Res.w.o.prej.	do		60.00	5-02-23	do			
	Enlisted	Surfman			5-23-23	US Coast Guard			
	Discharged	do			5-22-24	do			
	Employed	Seaman		62.50	7-22-24	Com. 5th LHS Dist., L.S. #72			
	Res.w.o.prej.	do		62.50	10-31-24	do			
	Enlisted	do			11-14-24	US Coast Guard			
	Discharged	do			11-13-26	do			
	Employed	Seaman		62.50	6-01-28	Com. 5th LHS Dist., L.S. #107			
	Res.w.o.prej.	do		62.50	9-23-28	do			
	Prob. Appt.	Add'l Keeper		1320.pa	9-24-28	do , At Large			
	Trans.& Pro.	Asst. Keeper	$1320.	1440.	5-01-29	do , Bloody Pt. Bar L.S.			
	Trans.	do	1380.	1440.	6-01-30	do , Ragged Pt. L.S.			
	Trans.& Red.	2d Asst. Keeper	1140.	1380.	11-04-31	do , Cape Hatteras L.S.			
	Red.	Add'l Keeper		1320.	9-15-33	do , At Large			
	Trans.& Pro.	2d Asst. Keeper	1440.	1500.	11-01-33	do , Tangier Sd. L.S.			
	Trans.& Red.	Asst. Keeper	1200.	1440.	10-12-34	do , Hog Isld. L.S.			
	Trans.& Pro.	Keeper	1680.	1740.	12-07-37	do , Sherds Isld. L.S.			

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 X 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY

SPECIAL QUALIFICATIONS

*Deductions are for quarters.

No. _____ photo

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
March	18	1900	N.C. - 1st	Dare	Buxton

Wallace Thomas Levi
(SURNAME) (FIRST NAME) (SECOND NAME)

SEX M RACE W

RETIREMENT AGE

MILITARY SERVICE _____ YES X NO _____

MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC PAY *			MOS.	DAYS	YRS.
	Employed	Seaman		$49.50	1-30-18	Com. 5th LHS Dist., Tender ORCHID			
	Res.w.o.prej.	do		49.50	4-03-18	do			
	Employed	do		49.50	4-17-18	do , L.S. #46			
	Res.w.o.prej.	do		49.50	8-04-18	do			
	Employed	Fireman		65.00	2-17-19	do , Tender COLUMBINE			
	Res.w.o.prej.	do		65.00	2-25-19	do			
	Employed	do		75.00	2-26-19	do , Tender LAUREL			
	Res.w.o.prej.	do		75.00	5-01-19	do			
	Enlisted	Seaman			7-09-19	Coast & Geodetic Survey			
	Discharged	do			10-12-19	do			
	Employed	do		85.00	11-01-19	Com. 5th LHS Dist., Tender COLUMBINE			
	Res.w.o.prej.	do		85.00	12-04-20	do			
	Employed	do		72.50	2-01-22	do , L.S. #72			
	Pro.	do		55.00	4-01-22	do			
	Pro.	do		60.00	8-01-22	do			
	Res.w.o.prej.	do		60.00	5-02-23	do			
	Enlisted	Surfman			5-23-23	US Coast Guard			
	Discharged	do			5-22-24	do			
	Employed	Seaman		62.50	7-22-24	Com. 5th LHS Dist., L.S. #72			
	Res.w.o.prej.	do		62.50	10-31-24	do			
	Enlisted	do			11-14-24	US Coast Guard			
	Discharged	do			11-13-26	do			
	Employed	Seaman		62.50	6-01-28	Com. 5th LHS Dist., L.S. #107			
	Res.w.o.prej.	do		62.50	9-23-28	do			
	Prob. appt.	Add'l Keeper		1320.pa	9-24-28	do , At Large			
	Trans.& Pro.	Asst. Keeper	$1380.	1440.	5-01-29	do , Bloody Pt. Bar L.S.			
	Trans.	do	1380.	1440.	6-01-30	do , Ragged Pt. L.S.			
	Trans.& Red.	2d Asst. Keeper	1140.	1380.	11-03-31	do , Cape Hatteras L.S.			
	Red.	Add'l Keeper		1320.	9-15-33	do , At Large			
	Trans.& Pro.	2d Asst. Keeper	1440.	1500.	11-01-33	do , Tangier Sd. L.S.			
	Trans.& Red.	Asst. Keeper	1200.	1440.	10-12-34	do , Hog Isld. L.S.			
	Trans.& Pro.	Keeper	1680.	1740.	12-07-37	do , Sharps Isld. L.S.			

EDUCATION: COMMON SCHOOL HIGH SCHOOL COLLEGE DEGREES, IF ANY _____

(INDICATE NUMBER OF YEARS) 1 2 3 4 5 6 X 8 1 2 3 4 1 2 3 4

SPECIAL QUALIFICATIONS _____

*Deductions are for quarters.

18—183

No. K Hatch

Wallace	Thomas	Levi
(SURNAME)	(FIRST NAME)	(SECOND NAME)

DATE OF BIRTH		
MONTH	DAY	YEAR
March	18	1900

SEX M RACE W

RETIREMENT AGE

LEGAL VOTING RESIDENCE		
STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
N.C. - 1st	Dare	Buxton

MILITARY SERVICE _____ YES X NO _____

MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC PAY *			MOS.	DAYS	YRS.
	A. Trans. (Reor. Plan II 5/09/39)	1680-2040	$1680 pa	$1740*pa	7-01-39	Treas.-USCG-Norf.Dist., Sharps Isld. L.S.			
	A.Trans. E.O. 8929 of 11-1-41.	Keeper (1680-2040)	1680	1740 *	11- 1-41	Navy-CG-Norfolk-Sharps I.,Md.			
	Pro.	do	1740	1800*	4-1-42	do			
	Pro.	do	1800	1860*	10-1-43	do			
	Pay Inc (Per)	do	1860	1920*	4-1-45	do			
	Pay Adj	Keeper (2034-2430)	2172	2232*	7-1-45	do			
	Appt Trans	E.O.#9666 of 12-28-45			1-1-46	Treas- do-			
	Pay Inc (Adm)	Keeper (2034-2430)	2238	2298*	4-7-46	do			
	Pay Adj	Keeper (2318.76-2770.20)	2559.72	2619.72*	7-1-46	do			
	Adm Pay Inc	do (2318.76-2770.20)	2634.96	2694.96*	4-20-47	do			
	Adm Pay Inc	do do	2710.20	2770.20*	5-2-48	do			

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 X 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY _____

SPECIAL QUALIFICATIONS _____

*Deductions are for quarters. $60

16—183