

RECEIVED
Reimbursement Section
MAR 12 1979
AWARDS DIVISION



NOTE.—This form is intended for use by the next of kin, other near relative, or friend of the deceased having full knowledge of his financial affairs and never by the undertaker presenting claim. Each question on this form must be fully answered. This form need not be used in the presentation of claim for reimbursement of burial expenses if the deceased died while in service or while receiving compensation, vocational training, or authorized medical, surgical, or hospital treatment. In answering questions under Section 3 above, state only the property of deceased veteran. If property was held in joint ownership, attach hereto certified copy of that portion of the deed showing joint ownership. No application will be accepted without seal of notary public. If the notary public is not provided with a seal, attach certificate from the clerk of the court, under seal of the court, stating that the person signing as notary public is the officer he professes to be. Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known and the addresses of such witnesses shown.

Notary Public.

Subscribed and sworn to before me this 7th., day of March 1930., 192

1120 Russell St., Balto. Md.

(Sign here)

Witness to X Mark.

do on oath depose and say that the above facts are true to the best of my knowledge and belief.

I, Sarah Ringgold

(Affiant)

STATE OF Maryland

ss:

COUNTY OF City of Baltimore,

of 1120 Russell St., Balto., Md.

(State)

5. What is your relationship to the deceased? Sister.

(d) By whom?

(c) If so, what amount was allowed?

None