

COPY MADE FROM  
VETERAN'S CLAIM FOLDER

PART II - INFORMATION RELATING TO MARRIAGE (Continued)

If claimant is not the veteran's widow, omit items 21 to 26, inclusive

21. FULL NAME OF VETERAN'S WIDOW (First - middle - last) <i>Michael Lorraine Cole</i>		22. DATE OF BIRTH <i>Sept 2 1919</i>
23. PLACE OF BIRTH <i>Wilmington</i>	24. WAS A CHILD BORN OF WIDOW'S MARRIAGE TO VETERAN? <i>4 children</i> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. DID WIDOW LIVE CONTINUOUSLY WITH THE VETERAN FROM DATE OF MARRIAGE TO DATE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," fill in 26)
26. REASON FOR SEPARATION (Explain fully, giving reason, date of separation, duration, etc. If separation was by court order, attach a certified copy of such order.) <i>NONE</i>		

RECEIVED  
ADJUDICATION DIVISION  
JAN 21 1974

PART III - INFORMATION CONCERNING CHILDREN (Instructions, paragraph 1)

IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY  
NOTE - List below, the name of each unmarried child of the veteran, including adopted child of the veteran, under 18 years of age (or under 23 years of age if attending school); or of any age if permanently incapable of self-support by reason of mental or physical defect. If the birth of a child of the veteran is expected, that fact should be stated.

27A. NAME OF CHILD	27B. DATE OF BIRTH	27C. PLACE OF BIRTH	27D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF EACH CHILD

28. DO YOU ALSO DESIRE THIS APPLICATION TO BE CONSIDERED AS A CLAIM FOR THE VETERAN'S CHILDREN LISTED IN ITEM 27A, WHO ARE NOT IN YOUR CUSTODY?  
 YES  NO

NOTE - Item 28 to be answered by widow only if any child listed above is not in her custody.

ADDITIONAL INFORMATION RELATING TO CHILDREN LISTED IN ITEM 27A

29. NAME OF LEGALLY ADOPTED CHILD (If none, write "NONE") <i>NONE</i>	30. NAME OF HELPLESS CHILD (If none, write "NONE") <i>NONE</i>	31. HAS SUCH CHILD EVER MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
32. NAMES OF CHILDREN OF AGE 18 THRU 22, WHO ATTEND SCHOOL REGULARLY (If none, write "NONE") <i>NONE</i>		
33. NAME OF ILLEGITIMATE CHILD (If none, write "NONE") <i>NONE</i>	34. NAME OF STEPCHILD (If none, write "NONE") <i>NONE</i>	

NOTE: If no children are listed in items 33 and 34, do not fill in item 35.  
35. NAMES OF CHILDREN LISTED IN ITEMS 33 AND 34 WHO WERE MEMBERS OF THE VETERAN'S HOUSEHOLD AT TIME OF VETERAN'S DEATH (If none, write "NONE")

NOTE: If the veteran died while in active service or if he had no service after April 5, 1917, do not fill in Parts IV, V, or VI.

PART IV - ANNUAL INCOME OF WIDOW AND/OR CHILD (By calendar years)

IMPORTANT - Read carefully Instructions, paragraph J, before answering questions. All items required to be filled in must be answered FULLY.  
COMMERCIAL LIFE INSURANCE PAYMENTS TO CLAIMANT

NOTE: Include Federal Employees' Government Life Insurance, BUT do not include insurance payable by Veterans Administration.

36A. TOTAL AMOUNT RECEIVED OR EXPENDED	\$
36B. AMOUNT RECEIVED OF	\$
	\$