

Aff sent 31 Jul 59

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DEPARTMENT OF DEFENSE <b>PARENT'S DEPENDENCY AFFIDAVIT</b> <i>(Dependents' Assistance Act of 1950)</i>		BUDGET BUREAU NO. 22-R0 55 Approval expires: April 30, 1953			
INFORMATION RELATIVE TO SERVICE MEMBER					
SERVICE OR FILE NUMBER <b>1653230</b>	SERVICE MEMBER'S LAST NAME—FIRST NAME—MIDDLE NAME <b>OSWALD, Lee Harvey</b>	GRADE <b>PFC</b>	CLASS		
1 <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MC <input type="checkbox"/> OTHER (Specify)		STATION OR SHIP ADDRESS <b>M.C.A.S. 9M.C.A.F. Santa Anna, Calif.</b>			
INFORMATION RELATIVE MY/OUR DEPENDENCY UPON SERVICE MEMBER NAMED ABOVE					
A	NAME OF SERVICE MEMBER'S MOTHER <b>Marguerite Oswald</b>	ADDRESS <b>3124 West 5th Ft. Worth, Texas</b>	DATE OF BIRTH <b>July 19, 1907</b>		
B	NAME OF SERVICE MEMBER'S FATHER <b>Robert H.L. Oswald</b>	ADDRESS <b>Deceased</b>	DATE OF BIRTH <b>not known</b>		
(NOTE: When this application is for one parent only, check the following as it applies)					
3	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> LIVING APART UNDER A LEGAL SEPARATION <input type="checkbox"/> OTHER (Specify)	IF YOUR HUSBAND OR WIFE IS DECEASED OR IS DIVORCED OR SEPARATED FROM YOU, STATE DATE OF DEATH, DIVORCE, OR SEPARATION.	MONTH <b>August</b> YEAR <b>1939</b>		
4	IF YOU DO NOT MAINTAIN YOUR OWN HOUSEHOLD, GIVE THE FOLLOWING INFORMATION ABOUT PERSON WITH WHOM YOU LIVE:				
	NAME AND ADDRESS <b>Does not apply</b>	RELATIONSHIP	MONTHLY PAYMENT FOR ROOM AND MEALS		
5	I/WE <input checked="" type="checkbox"/> DID <input type="checkbox"/> DID NOT FILE A FEDERAL INCOME TAX RETURN FOR PAST CALENDAR OR FISCAL YEAR. IF TAX RETURN WAS FILED, IT WAS FILED WITH COLLECTOR OF INTERNAL REVENUE AT: (City and State) <b>Dallas, Texas</b>				
A	PRESENT OCCUPATION OR BUSINESS OF SERVICE MEMBER'S FATHER <b>Deceased</b>	NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason)			
B	PRESENT OCCUPATION OR BUSINESS OF SERVICE MEMBER'S MOTHER <b>Not employed</b>	NAME AND ADDRESS OF EMPLOYER (If unemployed, state reason) <b>none</b>			
MY CHILDREN (Including adopted and stepchildren) NOW SERVING IN THE ARMED SERVICES OF THE UNITED STATES:					
	LAST NAME — FIRST NAME — MIDDLE NAME	GRADE	MILITARY ADDRESS	BRANCH OF SERVICE	RELATION
	<b>Pic, John H.</b>	<b>S/ Sgt.</b>	<b>AF 11313239 Box 3 21, U.S.A.F. Hosp. APO 323, San Francisco, Calif.</b>	<b>AF</b>	<b>son</b>
7	<b>Oswald, Harvey Lee.</b>	<b>Pfc.</b>	<b>1653230 M.C.A.S. 9M.C.A.F. San Anna, Calif.</b>	<b>Marines</b>	<b>son</b>
					<i>309 app file 9/11</i>

RELEASED PER P.L.-102-526 (JFK ACT)

MY CHILDREN NOT LISTED IN ITEM 7 (Not serving in the Armed Services of the United States):

NAME AND ADDRESS	RELATION	AGE	MAR- RIED	SINGLE	OCCUPATION (If unemployed, so state)	MONTHLY INCOME	MONTHLY CONTRIBUTIONS TO ME/US
Robert L. Oswald 7313 Davenport	son	25	x		salesman for Boswell's Daries	unknown	none

LIST ALL REAL ESTATE AND PERSONAL PROPERTY, INCLUDING CASH, STOCKS, BONDS, ETC., OWNED BY YOU AND YOUR HUSBAND (or wife). (Do not include furniture or household equipment.)

DESCRIPTION	VALUE	MORTGAGES, LIENS, ETC., THEREON
None		

LIST ANY LARGE DEBTS OWED BY YOU OR YOUR HUSBAND/WIFE:

DESCRIPTION	AMOUNT
Doctor bills May be paid by insurance company if I win pending suit.	approx. \$500

MY/OUR TOTAL INCOME FOR PAST YEAR FROM SOURCES LISTED:

SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL INCOME FOR THE PAST YEAR	SOURCE OF INCOME	PRESENT MONTHLY INCOME	TOTAL INCOME FOR THE PAST YEAR
WAGES OR SALARIES		1863.00	INSURANCE OR PRIVATE PENSION PAYMENTS	none	none
INTEREST ON BONDS, INVESTMENTS, SAVINGS	none	none	U. S. GOVERNMENT SOCIAL SECURITY PAYMENTS (Old-Age and Survivors Insurance)	"	"
SALES OF LIVESTOCK OR POULTRY	"	"	UNEMPLOYMENT OR DISABILITY COMPENSATION	"	583.80
SALE OF FARM PRODUCE	"	"	ASSISTANCE FROM STATE OR LOCAL WELFARE AGENCIES	"	"
RENTS RECEIVED FROM PROPERTIES	"	"	OTHER INCOME (Specify)	"	"
INCOME FROM BOARDERS OR ROOMERS	"	"			
ALIMONY OR PAYMENTS FROM DIVORCED OR SEPARATED HUSBAND OR WIFE	"	"			
CONTRIBUTIONS FROM OTHERS (Excluding member named in Item 1)	"	"			

ITEMIZE YOUR EXPENSES:

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSES FOR THE PAST YEAR	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSES FOR THE PAST YEAR
RENT	55.00	660.00	FARM OR BUSINESS OPERATING EXPENSE	none	none
PAYMENTS ON HOME	none	none	OTHER EXPENSES (Specify)		
FOOD	60.00	720.00	Transportation Insurance	25.00 8.70	300.00 104.40
CLOTHING	none	none	(life and hospitalization) Veterans Administration	10.00	100.00
UTILITIES (Heat, light, gas, water)	furnished		(on overpayment dependent childrens benefits)		
MEDICAL physician	50.00	500.00			
drugs	10.00	120.00			

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SHOW ABOVE-NAMED SERVICE MEMBER'S MONTHLY CONTRIBUTIONS TO YOU, INCLUDING HIS ROOM AND BOARD, IF ANY, DURING THE PAST YEAR. CHECK IN "X" COLUMN EACH MONTH THAT SERVICE MEMBER LIVED IN YOUR HOUSEHOLD.

"X"	MONTH AND YEAR	AMOUNT	"X"	MONTH AND YEAR	AMOUNT	"X"	MONTH AND YEAR	AMOUNT
	Sept. 1958	none		Jan. 1959	none		May 1959	none
	Oct. 1958	none		Feb. 1959	none		June 1959	none
	Nov. 1958	none		March 1959	none		July 1959	none
	Dec. 1958	none		April 1959	none		Aug. 1959	none

IF YOU WERE NOT DEPENDENT UPON SERVICE MEMBER FOR PAST YEAR BUT ARE NOW DEPENDENT BY REASON OF CHANGE IN CIRCUMSTANCES, STATE REASONS.

Due to an accident in December 1958 I have been unable to work because some boxes fell on my face, as I was reaching for them off a high shelf. I am not able to work a full day as I have much discomfort from my sinus, as they are completely congested at night and I must apply steam to drain them during the day. When my disability insurance was discontinued I sold all my furnishings of my home and have

A DURING PAST YEAR DID ABOVE-NAMED SERVICE MEMBER HELP YOU OPERATE YOUR BUSINESS OR FARM?  YES  NO

B TO WHAT EXTENT CAN YOUR BUSINESS OR FARM BE OPERATED WITHOUT THE ASSISTANCE OF THE SERVICE MEMBER LISTED ABOVE? EXPLAIN.

Does not apply

*LP of compensation May 59 change of address 6 months*

NOTE: 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 5 years, or both. (Act of 25 June 1948, 18 U. S. C. 287, 1001.)

I/We will notify the service concerned at once of any change in my/our financial circumstances or change in dependency on the service member.

I/We hereby swear (or affirm) that all the foregoing statements are true and correct and that each parent for whom increased allowances are claimed because of dependency is in fact dependent, to the degree indicated, upon the service member for support. I/We further swear (or affirm) that I/we have read the penalty provisions above concerning the presenting of false claims and the making of false statements in connection with claims.

DATE: 8-7-59

SIGNATURE OF MOTHER: *Marguerite C. Oswald*

SIGNATURE OF FATHER: \_\_\_\_\_

NOTARY PUBLIC

Subscribed and duly sworn (or affirmed) to before me according to law by the above-named affiant(s).  
 This 7 day of August 1959, at city (or town) of Fort Worth,  
 county of Tarrant, and State (or Territory) of Texas

*Wileen Hollmer*  
 NOTARY  
*clerk*  
 OFFICIAL TITLE

MY COMMISSION EXPIRES: 6-1-61

(OFFICIAL SEAL)