

R-12-11-1

Respondent Burden: 15 minutes

Department of Veterans Affairs

IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.***

1. TYPE OF REQUEST
 INITIAL (First time) REQUEST
 SECOND REQUEST
 CORRECTED APPLICATION OR REPLACEMENT

2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)

FIRST (Or Initial) GILBERT	MIDDLE (Or Initial) W	LAST KRAE	SUFFIX
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3. GRAVE IS:
 CURRENTLY MARKED (with privately purchased marker)
 NOT MARKED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

4. VETERAN'S SOCIAL SECURITY NO OR SERVICE NO. (Failure to complete will delay processing.)
552-28-6078

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

5A. DATE OF BIRTH			5B. DATE OF DEATH			6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
04	16	1923	05	05	2013	02	19	1943	10	14	1945

7. HIGHEST RANK ATTAINED (No pay grades)
S/SGT

8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7)

ARMY	NAVY	MARINE CORPS	COAST GUARD	AIR FORCE	ARMY AIR FORCES	MERCHANT MARINE	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. WAR SERVICE (Check applicable box(es))

WORLD WAR II	KOREA	VIETNAM	PERSIAN GULF	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE
<input checked="" type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input type="checkbox"/> V

12. DESIRED EMBLEM OF BELIEF

NONE	EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems)
<input type="checkbox"/>	<input checked="" type="checkbox"/> 06

13A. NAME AND MAILING ADDRESS (No., Street, City, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION
DARLENE KRAE
9511 DODSON WAY
VILLA PARK, CA 92861

13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION
714-637-1077

14. E-MAIL ADDRESS (Optional)

15. FAX NO. (Optional)

16. ARE YOU:
 NEXT OF KIN VETERANS SERVICE OFFICER
 FUNERAL DIRECTOR CEMETERY OFFICIAL
 OTHER (Specify)

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.

17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A
Darlene Krae

18. DATE (MM/DD/YYYY)
10/15/2013

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State and ZIP Code); P.O. BOX IS NOT ACCEPTABLE
Santa Ana Cemetery
1919 E SANTA CLARA
Santa Ana, CA 92705

20. DAYTIME PHONE NO. (Include Area Code)
714) 953-2959

21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code)
Santa Ana Cemetery
1919 E SANTA CLARA
Santa Ana, CA 92705

CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.

22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19
Julio Amarillas *[Signature]*

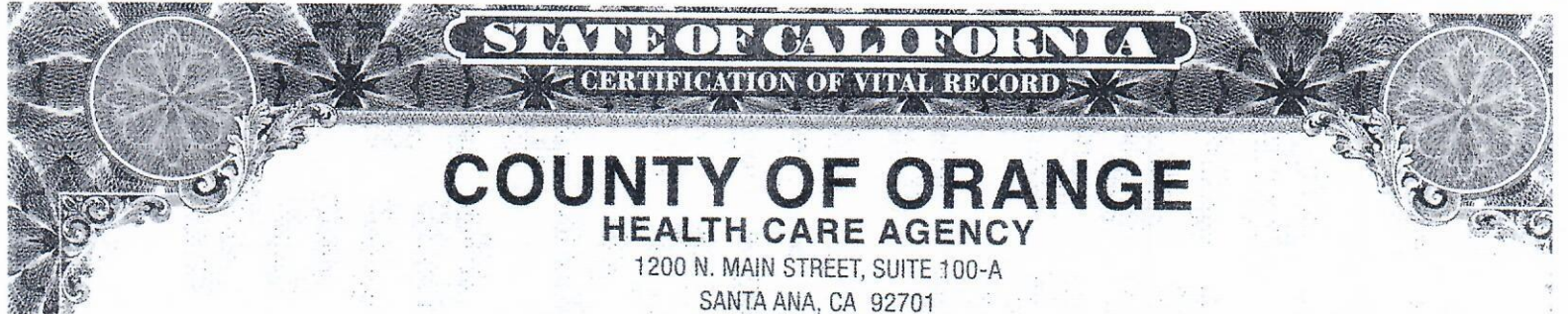
23. DATE (MM/DD/YYYY)
10/20/13

CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL
Julio Amarillas *[Signature]*

25. DAYTIME PHONE NO. (Include Area Code)
(714) 953-2959

26. DATE (MM/DD/YYYY)
10/20/13



**ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL KRAGE GILBERT W			2. ARMY SERIAL NO. 39 283 098		3. GRADE S/Sgt	4. ARM OR SERVICE AC	5. COMPONENT AUS	
6. ORGANIZATION 232 AAF B.U. Dalhart, Texas			7. DATE OF SEPARATION 14 Oct 1945		8. PLACE OF SEPARATION March Field California			
9. PERMANENT ADDRESS FOR MAILING PURPOSES Rt 2 Box 327 Orange, California				10. DATE OF BIRTH 16 April 1923		11. PLACE OF BIRTH Orange, California		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9				13. COLOR EYES Blue	14. COLOR HAIR Brown	15. HEIGHT 5'11 1/2"	16. WEIGHT 153 lbs.	17. NO. DEPEND. 0
18. RACE <input checked="" type="checkbox"/> WHITE	19. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE	20. U.S. CITIZEN <input checked="" type="checkbox"/> YES	21. CIVILIAN OCCUPATION AND NO. Insulating Machine Operator 302					

MILITARY HISTORY


22. DATE OF INDUCTION 12 Feb 1943		23. DATE OF ENLISTMENT 19 Feb 1943		24. DATE OF ENTRY INTO ACTIVE SERVICE 19 Feb 1943		25. PLACE OF ENTRY INTO SERVICE Ft Mac Arthur, California	
SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>	26. REGISTERED <input checked="" type="checkbox"/> YES	27. LOCAL S.S. BOARD NO. 170		28. COUNTY AND STATE Orange, California		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE See 9	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Ammunition Supply Technician				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)			
32. BATTLES AND CAMPAIGNS Ardennes Air Offensive Europe Normandy Rhineland Southern France Northern France Central Europe							
33. DECORATIONS AND CITATIONS EAME Ribbon- 7 Bz Sv Stars Good Conduct Medal							
34. WOUNDS RECEIVED IN ACTION none							
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN			
SMALLPOX 17 May 1945	TYPHOID 10 Sept 1945	TETANUS 13 March 1944	OTHER (specify)	DATE OF DEPARTURE 27 Oct 1943		DESTINATION Scotland U.S.	DATE OF ARRIVAL 2 Nov 1943
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD			
CONTINENTAL SERVICE		FOREIGN SERVICE		S/Sgt			
YEARS	MONTHS	DAYS	YEARS				
	8	18	1	9	14		
39. PRIOR SERVICE NONE							
40. REASON AND AUTHORITY FOR SEPARATION Conv of Govt RRL-1 Demobilization AR 615-365 15 Dec 1944							
41. SERVICE SCHOOLS ATTENDED NONE						42. EDUCATION (Years) Grammar 8 High school 4 College 0	

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL \$	THIS PAYMENT \$			\$ 5.10 C.I. Boynton Lt Col
2	8	2	\$ 300	\$ 100			

INSURANCE NOTICE

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 COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.							
48. KIND OF INSURANCE		49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.			Continue
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		30 Sept 45	\$6.50	<input checked="" type="checkbox"/>

54.  RIGHT THUMB PRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W.D. Directives) Lapel Button Issued		FOR READJUSTMENT UNDER ARMY AND NAVY LAW 588 MADE THROUGH STATE California DATE 12-19-1945
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56. SIGNATURE OF PERSON BEING SEPARATED <i>Gilbert W. Krage</i>	57. PERSONNEL OFFICER (Type name, grade and organization) (signature) Herman Shapiro 1st Lt., AC <i>Herman Shapiro</i>
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