

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)			APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)	
✓ Carlson, Albert ~~Charles~~			12. EMBLEM (Check one) ☒ CHRISTIAN (Latin Cross) ☐ HEBREW (Star of David) ☐ NONE	
2. ENLISTMENT DATE (Month, Day, Year) ✓ June 26, 1917 ^{N.C.} _{AID}		3. DISCHARGE DATE (Month, Day, Year) ✓ June 12, 1919 ^{How}		
4. SERVICE NO. ✓ 1271992		5. PENSION OR VA CLAIM NO.		
6. STATE ✓ New Jersey		7. GRADE ✓ P.F.C.		8. MEDALS None
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP ✓ Co. F. 104th. Engineers ^{29 Div} (Army)			13. CHECK TYPE REQUIRED ☐ UPRIGHT MARBLE HEADSTONE ☐ FLAT MARBLE MARKER ☐ FLAT GRANITE MARKER ☒ FLAT BRONZE MARKER	
10. DATE OF BIRTH (Month, Day, Year) April 21, 1900 ¹⁸⁹⁹			14. SHIP TO (Name and address of person who will transport stone or marker to cemetery) Albert H. Carlson 337 Hudson St. Hackensack, N.J.	
11. DATE OF DEATH (Month, Day, Year) Feb. 11, 1958			15. FREIGHT STATION	
16. NAME AND LOCATION OF CEMETERY (City and State) Mt. Carmel Cemetery, Tenafly, N.J.			17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY. SIGNATURE <i>Albert H. Carlson</i> DATE 2/27/58	
DO NOT WRITE HERE RECEIVED MAR 4 - 1958 VERIFIED B/L 14822 <i>Matthews</i> ORDERED APR 1 1958			18. NAME AND ADDRESS OF APPLICANT (Print or type) Agnes Carlson 337 Hudson St. Hackensack, N.J. 19. I certify this application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the United States, soldiers of Union and Confederate Armies of the Civil War. I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government. SIGNATURE OF APPLICANT <i>Agnes Carlson</i> DATE 2/27/58	

DA FORM 1815

REPLACES OQMG FORM 646, 13 OCT 52
WHICH IS OBSOLETE

IMPORTANT—Reverse Side Must Be Completed

16-11453-10 GPO

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