1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)			APPLICATION FOR HEADSTONE OR MARKER		
		, 0	(See attached instructions. Co		
CROCNQUIST, Arthur H. and		CAL	12: EMBLEM (Check one)	13. CHECK TYPE	REQUIRED
2. ENLISTMENT DATE (Month, Day, Year) 3. DISCHARGE DATE		(Month, Day, Year)	CHRISTIAN (Latin Cross)	UPRIGHT MA	ARBLE HEADSTONE
V	V 1	10001	HEBREW (Star of David)	☐ FLAT MARBI	E MARKER
9/5/18		18 11 0 10	NONE	☐ FLAT GRANI	TE MARKER
4. SERVICE NO.	5. PENSION OR VA C	LAIM NO.	223 ELS T 107 L	,   FLAT BRONZ	
2 612 280 611 02		4	14. SHIP TO (Name and address of person who will transport stone or marker to cemet		tone or marker to cemeters
6. STATE 7. GRAD	All the state of t	MEDALS	To Order		
New Jersey Pv	t. * 11/11/14	none	15. FREIGHT STATION		
9. BRANCH OF SERVICE, COMPANY, REGIM Engineer	ENT, AND DIVISION OR SI	3.4	16. NAME AND LOCATION OF CEMETER		
10. DATE OF BIRTH (Month, Day, Year) 11. DATE OF DEATH		(Month, Day, Year)	17. THE APPLICANT FOR THIS STONE TO TRANSPORT SAME TO THE CEMETE	OR MARKER HAS MADE	ARRANGEMENTS WITH M
17/12/96	5/20/5	3	SIGNATURE VA Center, Bat	h, N.Y.	DATE 5/22/58
DO NOT WRITE HE	a see seed alle	18. NAME AND ADDRES	S OF APPLICANT (Print or type)		
RECEIVED JUN	5 1958				
VERIFIED		19. This application	is submitted for a stone or marker for the Armed Forces of the United Sta	or the unmarked grav tes, soldiers of Union	e of a deceased member and Confederate Armie
	IN 24 1959	ALL Ofest SAlan	accept responsibility for properly pernment.	lacing the stone or m	
B/L WY-7917960	2 K MOV		SEPH S. SPURGAS. JE		