

3A

C/MT 2/12
ORIGINAL

Age 24 yrs 11 mos

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (<i>Print or type</i>) GRISBACK CLARENCE A			APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)	
2. ENLISTMENT DATE (<i>Month, Day, Year</i>) MARCH 29, 1918		3. DISCHARGE DATE (<i>Month, Day, Year</i>) FEBRUARY 1, 1919 HON		
4. SERVICE NO. ✓ 1116370		5. PENSION OR VA CLAIM NO.		
6. STATE N. J.	7. GRADE Pvt 1st CLASS	8. MEDALS NONE		
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP Co. 6. 2ND TR. BN. 153 D.B.				
10. DATE OF BIRTH (<i>Month, Day, Year</i>) APRIL 10, 1893		11. DATE OF DEATH (<i>Month, Day, Year</i>) OCT 24, 1957		
12. EMBLEM: (Check one) ☒ CHRISTIAN (<i>Latin Cross</i>) ☐ HEBREW (<i>Star of David</i>) ☐ NONE		13. CHECK TYPE REQUIRED ☒ UPRIGHT MARBLE HEADSTONE ☐ FLAT MARBLE MARKER ☐ FLAT GRANITE MARKER ☐ FLAT BRONZE MARKER		
14. SHIP TO (<i>Name and address of person who will transport stone or marker to cemetery</i>) R.E. GRISBACK 283 HIGHLAND ST CRESSKILL N.J.				
15. FREIGHT STATION ENGLEWOOD N.J.				
16. NAME AND LOCATION OF CEMETERY (<i>City and State</i>) BROOKSIDE CEMETERY, ENGLEWOOD N.J.				
17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY. SIGNATURE Roy E. Grisback DATE 1/20/58				
DO NOT WRITE HERE		18. NAME AND ADDRESS OF APPLICANT (<i>Print or type</i>) ROY E. GRISBACK 283 HIGHLAND ST CRESSKILL N.J.		
RECEIVED FEB 13 1958		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.		
VERIFIED		SIGNATURE OF APPLICANT Roy E. Grisback DATE 1/20/58		
B/L WY 7483556				
ORDERED VERMONT MARBLE CO. FREDOTON, VT.				

DA FORM 1815 1 AUG 56 REPLACES OQMG FORM 646, 13 OCT 52 IMPORTANT—Reverse Side Must Be Completed 16-11453-10 GPO