FILE No. 113392
HUBBARD, La Fay 8H8 R. (Name of officer; surname first)
Lieut. (D) USNR
(Rank and corps) 28. Sept 44 (Date)
(Date) If your status has changed from "no dependents" to "dependents" (or vice versa) since last report, indicate by ∨ in this space □
PORT OF DEPENDENTS UNDER ACT OF JUNE 10, 1922 TAOTE.—The Act of June 10, 1922, defines the term "dependent" as a lawful wife, unmarried children under 21 years of age, or the mother of an officer provided she is in fact dependent on him for
Number
Mother (Yes or No)
Wife (Yes or No) Age and sex of each child under 21 years of age:
Age and sex of each child under 21 years of age.

Number _	3	
Mother	(Yes or No)	
Wife	V	
Age and	sex of each child under 21 years of age:	
10	Male	
8	Female	
	GPO 16—33831∹	2

BENEFICIARY SLIP
Name HUBBHRD Latayette (Name in full, surname to the left)
Serial No. 11 3 392
(File number, not signal number)
Ship or USN VSchs Vrince Yon NJ
3 Nov
(Date)
Under the provisions of the Act approved May 22, 1928, as extended by the Act of March 17, 1941, directing the payment of 6 months' pay to the widow, children, or dependent relative of any of the personnel on the active list of the Regular Navy, or on the retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the Federal Government for extended naval service in excess of 30 days, who dies of wounds or disease not the result of his or her own misconduct. I give below the name and address of my wife
retired list when on active duty, or of any of the personnel of the Naval Reserve called or ordered into active naval service by the
Federal Government for extended naval service in excess of 30
own misconduct, I give below the name and address of my wife and that of each of my children: (See instructions on reverse side)
Louise and Hubbard
(Full name of wife; if not married, so state)
and De House Die
(LAddress of wife)
That ayethe Konald - 4
(Full name of child; if none, so state), (Date of birth)
Same
(Address of child)
Catherine May 15 Jau 36
(Full name of child) (Date of Mrth)
Somo
(Address of child)
none
(Full name of child) (Date of birth)
(Address of child)
In the event of my leaving no widow or child or of
their decease before payment is made, I then designate as my beneficiary under the said Act the follow-
ing relative, my
Talke
(Relationship)
At well Harry Hudbard
(Name in full) (SC)USW
Navy Desk, Wash De
(Address)
*
*If the beneficiary named above is your father, mother, brother, or sister, you need not fill in these three lines. If the beneficiary is a more distant relative, such as a grandparent, state briefly wherein dependency exists, such as "ellowents registered"

wherein dependency exists, such as "allotments registered," "monthly contributions by Government check," indicating amounts and regularity thereof. [OVER] 16-33831-2

REPORT OF NEXT OF KIN

				Maria Bassa	
L		10	THE REAL PROPERTY.		0
DI	IBB	HK	D.	he	K.
		e of officer			

(Date)
Any change since last report:
-YES or NO
(Strike out one; if no change, do not fill out remainder of this report.)
Name of next of kin
(Relationship)
Permanent residence:
Street and No.
City or town
State
Emergency address:
Street and No.

City or town ____

(Rank and corps)

GPO 16-33831-2

ficiary before payment is made, I then designate as my beneficiary under said Act the following relative, my
(Relationship)
(Name in full)
(Address)
*
*In case of relatives more distant than your parent or brother or
sister, state briefly wherein dependency exists, indicating amounts and regularity thereof.
I CERTIFY that I will inform the Bureau of Naval Personnel immediately of any changes in marital status or conditions of dependency. I do solemnly swear (or affirm) that the facts stated and disclosed in the foregoing are true to the best of my knowledge and belief. (Name)
(Rank) , U. S. Navy.
Subscribed and sworn to before me this _3
day of NOV, 194, I having authority to administer oaths. Ll. (19) Kenneth B. Platt USN
. INSTRUCTIONS
This form must be sworn to before an officer of the United States Navy or Marine Corps authorized to administer oaths, or before a notary public. The full names and addresses of the beneficiaries must be stated carefully. If a married woman, her own given name should be stated; thus: "Mrs. Anna May Smith," not "Mrs. John Smith." New beneficiary slips shall be executed in all cases of change in status of the grantor or in that of his or her beneficiaries. In any event, payment will be made to the widow or children, if any, whether designated or not, but not to a mother or other relative unless designated.

In the event of the death of the above-named hen