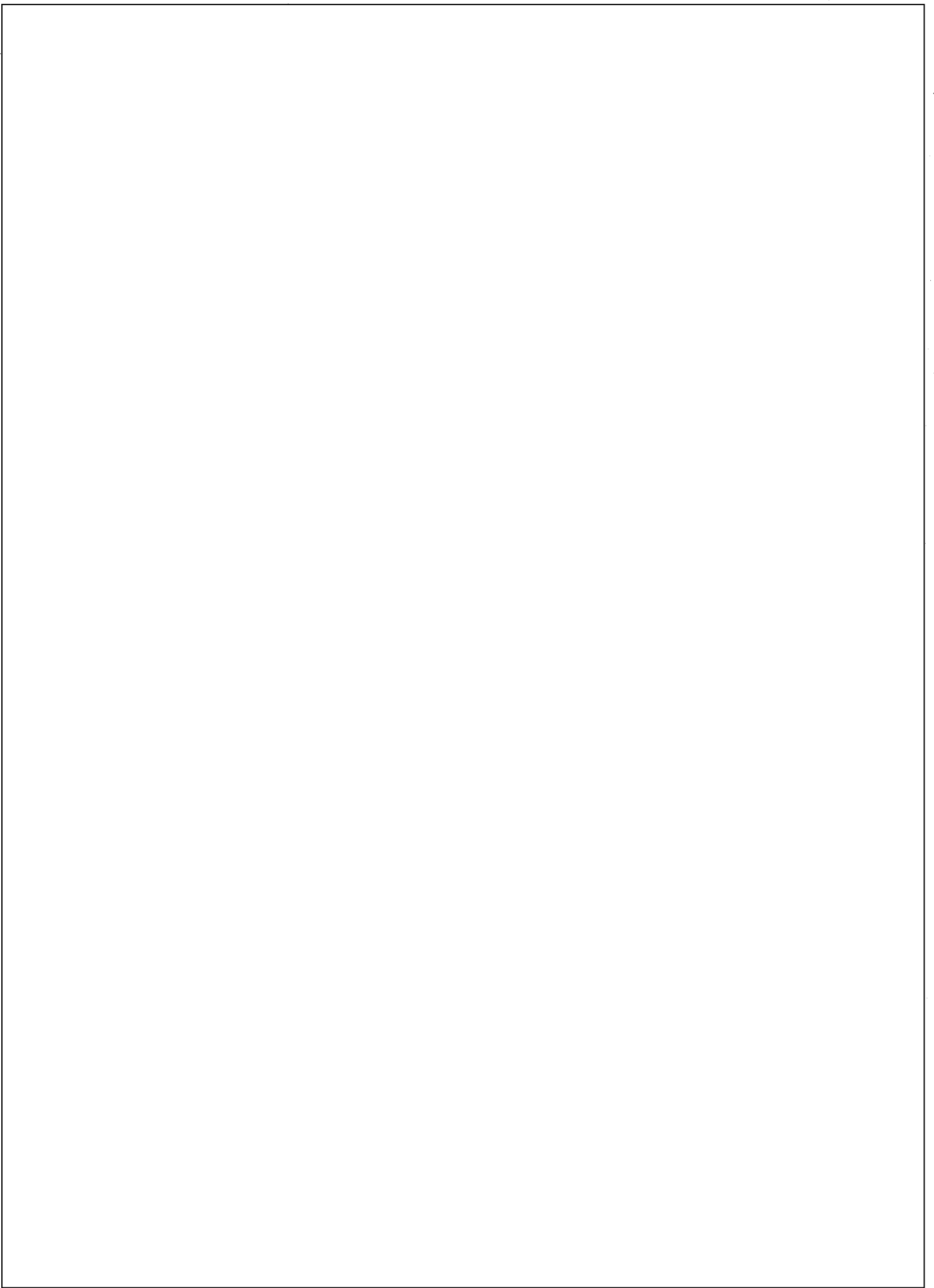


(b) (1)  
(b) (2)  
(b) (3)  
(b) (6)

APPROVED FOR RELEASE  
DATE: DEC 2007



## RESIDENCE AND DEPENDENCY REPORT

**INSTRUCTIONS:** Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.

1. NAME OF EMPLOYEE (Last) Collins (First) Charles (Middle) P.

2. RESIDENCE DATA  
 PLACE OF RESIDENCE WHEN APPOINTED Falls Church Va LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (IF APPOINTED ABROAD)  
 PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE 167 Congress St., Bradford Penna

3. MARITAL STATUS  
 Single  
 Married  
 Divorced  
 Widowed  
 PLACE OF MARRIAGE Fort Monmouth, N.J DATE OF MARRIAGE 4 July 1941  
 PLACE OF DIVORCE DECREE \_\_\_\_\_ DATE OF DIVORCE DECREE \_\_\_\_\_  
 PLACE SPOUSE DIED \_\_\_\_\_ DATE SPOUSE DIED \_\_\_\_\_

4. MEMBERS OF FAMILY  
 NAME OF SPOUSE Anne Vogel Collins ADDRESS (Number) (Street) (City) (State) 416 Linden Lane, Falls Church Va TELEPHONE JE 2-5550  
 NAMES OF CHILDREN  
Charles P., III ADDRESS (Number) (Street) (City) (State) Same SEX M AGE 20  
John Byron SEX M AGE 8  
James O'Neill SEX M AGE 6  
 NAME OF FATHER (OR MALE GUARDIAN) Burt H. Deceased ADDRESS (Number) (Street) (City) (State) \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 NAME OF MOTHER (OR FEMALE GUARDIAN) Mrs Burt H. Collins ADDRESS (Number) (Street) (City) (State) 167 Congress St., Bradford, Pa TELEPHONE 3510

5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
 NAME Mrs Burt H Collins RELATIONSHIP Mother  
 ADDRESS (Number) (Street) (City) (State) 167 Congress St Bradford, Penna TELEPHONE 3510

THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."

### VOLUNTARY ENTRIES

THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.

6. FULL NAME OF COMPANY WAE PA ADDRESS OF HOME OFFICE \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
GHI

7. I HAVE COMPLETED THE FOLLOWING: WILL  Yes  No POWER OF ATTORNEY  Yes  No

8. Remarks:

SIGNED AT Washington DATE 11 March SIGNATURE Charles P. Collins