

TO ALL SAILORS WHEREVER YE MAY BE:
Porpoises, Sharks, Dolphins, Eels, Skates, Suckers, Crabs, Lobsters and all other Living Things of the Sea
 GREETING: Know ye: That on this **secret** day of **W. W. II**, 1945 in Latitude 00000 and Longitude **secret**
 there appeared within Our Royal Domain the **U.S.S. Gen. R.M. Blatchford** bound **south** for the Equator
 and for **a mission of war.**

BE IT REMEMBERED

*That the said Vessel and Officers and Crew thereof have been inspected and passed on by Ourselves and Our Royal Staff
 And Be It Known: By all ye Sailors, Marines, Land Lubbers and others who may be honored by his presence that*

Ensign Waleen J. Lilly, U.S.N.R.

having been found worthy to be numbered as one of our Trusty Shellbacks he has been duly initiated into the
 SOLEMN MYSTERIES OF THE ANCIENT ORDER OF THE DEEP

Be It Further Understood: That by virtue of the power invested in me I do hereby command
all my subjects to show due honor and respect to him wherever he may be

Disobey this order under penalty of Our Royal Displeasure

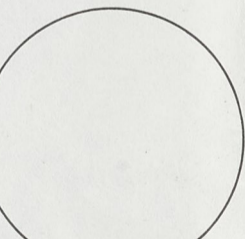
Given under our hand and seal this 22 August 1945

Davey Jones
 His Majesty's Scribe

Neptunus Rex

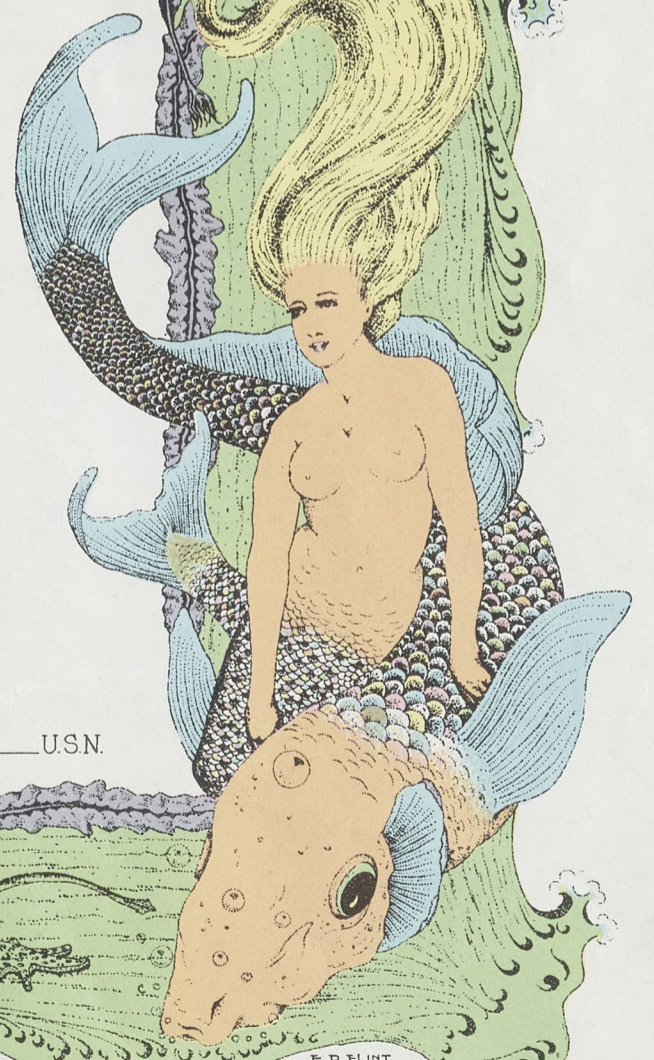
Ruler of the Raging Main

By His Servant



Commanding

USN.



SECNAV

433020/1105
Pers-B1136-1mf-2
26 January 1955

From: Secretary of the Navy
To: ENS Walen F. LILLY, USNR
811 Cottonwood
Deer Lodge, Montana
Via: Commandant, THIRTEENTH Naval District
Subj: Acceptance of resignation from the U.S. Naval Reserve
Ref: (a) Your resignation dated 9 November 1954
Encl: (1) Honorable discharge certificate

1. In accordance with your request contained in reference (a), and by direction of the President, your resignation from the U.S. Naval Reserve is hereby accepted under honorable conditions, effective this date.
2. The Navy Department at this time expresses its appreciation of your past services and trusts that you will continue your interest in the naval service.

Copy to:
BUMED 335
FLDDBR BUSANDA (2)
OIC NAVRESOFFPERFORMANCE
RECORDING ACTY NAVPERSCEM
OMAHA NEBR

C. S. THOMAS
Secretary of the Navy

3988

Jacket copy
Pers-B111s
E111a (#6)
B11183
B1136
B1134
B132
B1314

7 February 1945

From: The Chief of Naval Personnel, Navy Department.
To: **Walen Francis LILLY,**
U. S. Naval Reserve Midshipman's School,
Fort Schuyler, N. Y.

LF
433020
733 96 81

Via:
Subject: Appointment to Commissioned Rank in Naval Reserve
Inclosure: Commission.

1. Having been appointed in the United States Naval Reserve the Bureau takes pleasure in transmitting herewith your commission. Effective on the date you execute acceptance and oath of office under your commission you are hereby assigned as:

Rank: **Ensign, D(L), USNR.**

Date of Rank: **6 March 1945**
Appointed: **6 February 1945**

Duties:
Reserve: Volunteer.

RANDALL JACOBS,
The Chief of Naval Personnel

Code No.:
Copy To:

J. H. Pickel,
By Direction

ACCEPTANCE AND OATH OF OFFICE

I, **Walen Francis LILLY,** do hereby accept the above

appointment as **Ensign**

in the United States Naval Reserve; do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties of the office on which I am about to enter: so help me God. I understand that failure to complete any prescribed training course, or a review of my completed application regarded as unsatisfactory, will be considered sufficient cause for my discharge.

_____ }
_____ } ss:

(Signature)

Subscribed and sworn to before me this _____ day of _____, 1945

(Signature and Official Title)



7 February 1945

From: The Chief of Naval Personnel, Navy Department.

To: **Walen Francis LILLY,**
U. S. Naval Reserve Midshipmen's School,
Fort Schuyler, N. Y.

IT
433020
733 96 81

Via:

Subject: Appointment to Commissioned Rank in Naval Reserve
Inclosure: Commission.

1. Having been appointed in the United States Naval Reserve the Bureau takes pleasure in transmitting herewith your commission. Effective on the date you execute acceptance and oath of office under your commission you are hereby assigned as:

Rank: **Ensign, D(L), USNR.**

Date of Rank: **6 March 1945**
Appointed: **6 February 1945**

Duties:
Reserve: Volunteer.

RANDALL JACOBS,
The Chief of Naval Personnel

Code No.:
Copy To:

J. H. Pickel,
By Direction

ACCEPTANCE AND OATH OF OFFICE

I, **Walen Francis LILLY,** do hereby accept the above

appointment as **Ensign**

in the United States Naval Reserve; do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties of the office on which I am about to enter: so help me God. I understand that failure to complete any prescribed training course, or a review of my completed application regarded as unsatisfactory, will be considered sufficient cause for my discharge.

U. S. NAVAL RESERVE MIDSHIPMEN'S SCHOOL
FORT SCHUYLER, BRONX 61, N. Y. } ss:

(Signature)

Subscribed and sworn to before me this _____ day of **MAR** 6 1945, 194

THIS COPY TO BE RETAINED BY APPOINTEE

A. C. STOTT, Captain, USN (Ret)

(Signature and Official Title)

7 February 1945

From:

The Chief of Naval Personnel, Navy Department.

To:

Walen Francis LILLY,
U. S. Naval Reserve Midshipmen's School,
Fort Schuyler, N. Y.

LT
433020
733 96 81

Via:

Subject: Appointment to Commissioned Rank in Naval Reserve

Inclosure: Commission.

1. Having been appointed in the United States Naval Reserve the Bureau takes pleasure in transmitting herewith your commission. Effective on the date you execute acceptance and oath of office under your commission you are hereby assigned as:

Rank: Ensign, D(L), USNR.

Date of Rank: 6 March 1945
Appointed: 6 February 1945

Duties:
Reserve: Volunteer.

RANDALL JACOBS,
The Chief of Naval Personnel

Code No.:
Copy To:

J. H. Pickel,
By Direction

ACCEPTANCE AND OATH OF OFFICE

I, Walen Francis LILLY, do hereby accept the above

appointment as Ensign

in the United States Naval Reserve; do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties of the office on which I am about to enter: so help me God. I understand that failure to complete any prescribed training course, or a review of my completed application regarded as unsatisfactory, will be considered sufficient cause for my discharge.

} ss:

(Signature)

Subscribed and sworn to before me this _____ day of _____, 194_____

(Signature and Official Title)



HOW TO SUBMIT CLAIM FOR MILEAGE PAYMENT WHEN HOME OF RECORD
IS OUTSIDE OF THE NINTH NAVAL DISTRICT.

Strict compliance with the following instructions is necessary so that you may receive a check for mileage performed without further correspondence.

FOLLOW THESE STEIP IN SEQUENCE:

1. On your original orders, and on the two copies of these order, following the last endorsement thereon, sign a statement of travel relative to travel performed. The following statement is suggested:

Departed _____ (Date) _____

Arrived _____ (Date) _____

I hereby certify that the above travel was performed by:- "Government Transportation Request", "Privately owned automobile at own expense", "Railroad at own expense", "Commercial aircraft at own expense", "Government bus and/or plane". I further certify that all the above travel was necessary in the execution of these orders and that no travel was by Government conveyance except as stated above.

(Signature)

*Note - If travel was performed by several methods, indicate as: Great Lakes to Mobile, Alabama, by Gov't T/R and Mobile, Alabama, to Alban, Alabama, by privately owned automobile.

2. Sign the attached Std. Form 1071 at place indicated by "X". Do not fill in anything else on this form. JUST SIGN
3. On a sheet of paper give the address to which your travel check should be mailed.
4. Make sure that all copies of your orders and endorsements are true copies in all respects. All T/R endorsements, air T/R request, etc., must appear on the copies.
5. After completing the above steps, mail to the Bureau of Supplies and Accounts, Certification-Disbursing Division, Navy Department, Washington, 25, D.C., the following via registered mail.
 - (a) Your original orders complete with signed travel statement and all reporting in and intermediate endorsements.
 - (b) 2 certified copies of these orders complete with all endorsements.
 - (c) Signed Std. Form. 1071
 - (d) Sheet of paper giving address to which you want the check mailed.

7 February 1945

From: The Chief of Naval Personnel, Navy Department.
To: **Walen Francis LILLY,**
U. S. Naval Reserve Midshipman's School,
Fort Schuyler, N. Y.

LT
433020
733 96 61

Via:
Subject: Appointment to Commissioned Rank in Naval Reserve
Inclosure: Commission.

1. Having been appointed in the United States Naval Reserve the Bureau takes pleasure in transmitting herewith your commission. Effective on the date you execute acceptance and oath of office under your commission you are hereby assigned as:

Rank: **Ensign, D(L), USNR.**

Date of Rank: **6 March 1945**
Appointed: **6 February 1945**

Duties:
Reserve: Volunteer.

RANDALL JACOBS,
The Chief of Naval Personnel

Code No.:
Copy To:

J. H. Pickel,
By Direction

ACCEPTANCE AND OATH OF OFFICE

I, **Walen Francis LILLY,** do hereby accept the above
appointment as **Ensign**

in the United States Naval Reserve; do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties of the office on which I am about to enter: so help me God. I understand that failure to complete any prescribed training course, or a review of my completed application regarded as unsatisfactory, will be considered sufficient cause for my discharge.

} ss:

(Signature)

Subscribed and sworn to before me this _____ day of _____, 194

(Signature and Official Title)



DEPARTMENT OF THE NAVY
WASHINGTON 25, D. C.

SECNAV

IN REPLY REFER TO

433020/1105
Pers-B1136-imf-2
26 January 1955

From: Secretary of the Navy
To: ENS Walen F. LILLY, USNR
811 Cottonwood
Deer Lodge, Montana
Via: Commandant, THIRTEENTH Naval District
Subj: Acceptance of resignation from the U.S. Naval Reserve
Ref: (a) Your resignation dated 9 November 1954
Encl: (1) Honorable discharge certificate

1. In accordance with your request contained in reference (a), and by direction of the President, your resignation from the U.S. Naval Reserve is hereby accepted under honorable conditions, effective this date.

2. The Navy Department at this time expresses its appreciation of your past services and trusts that you will continue your interest in the naval service.

Copy to:
BUMED 335
FLDER BUSANDA (2)
OIC NAVRESOFFPERFORMANCE
RECORDING ACTY NAVPERSCEN
OMAHA NEER

C. S. THOMAS
Secretary of the Navy

7 FEB 1955

3988

Jacket copy
Pers-B111s
E111a (#6)
B11183
B1136
B1134
B132
B1314

First Endorsement
Hdqtrs 13th N.D.

1. Forwarded.

M. P. WIEDMAN
BY DIRECTION

Address Reply to:
Refer to No.
ND5(07al)/00

HEADQUARTERS FIFTH NAVAL DISTRICT
NORFOLK 11, VIRGINIA

Lilly, W.F. (on)

6 June 1946

From: Com Five
To : Mrs. Helen F. LILLY, D USN, 433020.
Via : CO USS GENERAL R. H. BLATCHFORD (AP 153)
Subject: RELEASE FROM ACTIVE DUTY.

1. When directed by your Commanding Officer, you will regard yourself detached from duty on board the U. S. S. *USS R. H. BLATCHFORD* and from such other duty as may have been assigned you; will proceed and report to the Commanding Officer, nearest Intake Station, then further proceed via such transportation as may be furnished by Commanding Officer of the Intake Station to the Personnel Separation Center at *Seattle, Wash. (Exchange, and report to the Commanding Officer for temporary duty. (Mdg. 2nd 2nd AV)*

2. Upon the completion of this temporary duty you will, when directed, regard yourself detached and proceed to your home for release from active duty in accordance with instructions to be issued by the Commanding Officer of the Separation Center.

3. You have certified that your home of record at the time you were ordered to active duty was *Three Forks, Montana.*

W. L. AINSWORTH

*EA d'flecton**
B' CHITRESE 12.1

CC: BuPers.

Proceed immediately and report to the CO, 153, Clear Lake, California.
Detached with date (1946-06-06)

To: *Walter Helen F. Lilly, D USN, 433020.*
From: *The Commanding Officer.*

LILLY W F (on)

J S 700 120

0.2.2' CEMERT R H BLATCHFORD (AP-153)

U.S.S. GENERAL R. M. BLATCHFORD (AP-153)

END LVLO 228 0-18 31

12 JUN 1946

FIRST ENDORSEMENT

From: The Commanding Officer.
To: Ensign Wale F. LILLY, D USNR, 433020.

Your orders are hereby modified that you will

1. Detached this date. ~~Proceed to base orders.~~
proceed immediately and report to the CO, PSC, Great Lakes, Illinois.

CC: BUBERS

P. GILLESSE Jr.,
By direction.

M. T. VINGWORTH

[Faint mirrored text from reverse side of page]

to be issued by the Commanding Officer of the Separation Center.
detached and proceed to your home for release from active duty in accordance with instructions

3. Upon the completion of this temporary duty you will, when directed, report yourself

Commanding Officer for temporary duty.

Station to the Personnel Separation Center at ~~Station~~ and report to the
further proceed via such transportation as may be furnished by Commanding Officer of the Intake
assigned you will proceed and report to the Commanding Officer, nearest Intake Station, then
duty on board the U. S. S. ~~and from such other duty as may have been~~

1. When directed by your Commanding Officer, you will report yourself detached from

Subject: RELEASE FROM ACTIVE DUTY

VIS : CO AND COMMANDER U. S. S. ~~(10-122)~~

TO : ~~UNIT NUMBER~~

FROM: COMB FLAS

[Faint mirrored text]

INDS(0121)\00

Refer to No.

Address Reply to:

NOVBOCK II' AIRCRAFT
HEADQUARTERS FLEET NAVAL DISTRICT

Photographs

**Handle with Care
Return in five days to**

HANNAU PHOTO

134 Biscayne Blvd. Phone 3-0518

Miami, Florida

Pat

*Bud Lilly
Three Forks
Montana*



Violet Lilly

Violet Lilly

The Last Word

ON

LIFE INSURANCE

FOR MEN DISCHARGED

FROM THE NAVY

Miss Pat Bennett

Hints on

NATIONAL SERVICE LIFE INSURANCE
U. S. GOVERNMENT LIFE INSURANCE



Contents

	Page
I · National Service Life Insurance	3
When Discharged from Navy	4
Conversion	8
Essential Facts on NSI	12
II · U. S. Government Life Insurance	19
III · For More Information	23

National Service Life Insurance



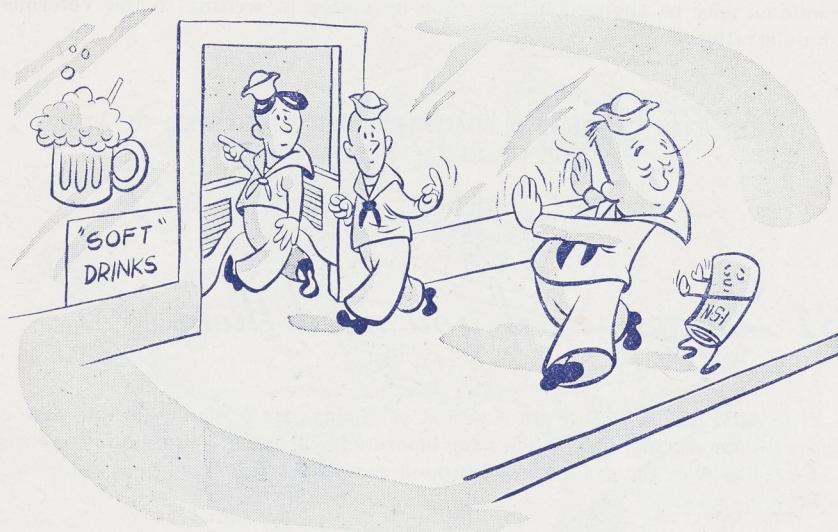
Any time within your first 120 days in the service you can get NSI without taking a physical—after that you can apply, but you must be physically O. K.



When Discharged from Navy

Discharge need not affect **N·S·I**

YOUR DISCHARGE FROM THE NAVY does not in any way affect your NSI, except that if you have been paying premiums by allotment, you will now have to pay them direct to the Veterans' Administration as outlined on the following pages. Premiums do not increase because you leave the service.



How to pay for **N·S·I**

THE PREMIUMS ARE DUE MONTHLY IN ADVANCE. The day of the month that your premium is due is the same day of the month that your insurance first went into force. (This is given on your NSI certificate.) If you were paying your premiums by allotment from your pay while in the active service, the last allotment from your pay upon discharge paid the premium due in the following month. (So be sure to make a premium payment the first month out of service.)

After discharge, premiums are payable by direct remittance; **DON'T SEND CASH.** Checks, drafts or money orders should be made payable to the "Treasurer of the United States" and mailed to the Collections Subdivision, Veterans' Administration, Washington 25, D. C. Include full identification of yourself with each remittance. (See correspondence instructions and mailing coupon on pages 23 and 24.) While you should receive a premium notice in advance of the due date of your premium payment, it is your responsibility to see that the payment is made before the "deadline" regardless of whether or not you have received such notification. To avoid lapse, forward your premiums promptly.

If you desire, you can change to a quarterly, semi-annual or annual method of making your premium payments. If you select one of these methods as a means of paying for your NSI, you will be given a discount of 3% on the premiums paid more than one month in advance of the due date. The method you select of paying premiums may be changed at any time by notice in writing to the Veterans' Administration.

KEEP THE VETERANS' ADMINISTRATION ADVISED OF ANY
CHANGE OF PERMANENT ADDRESS

31 Days . . . if you need them

YOU ARE ALLOWED a grace period of 31 days from the actual due date of the premium, during which time your insurance will remain in force. If you go a single day over the grace period without paying the premium, your policy will lapse.





What You Begin With

YOUR FIRST NSI is term insurance which protects you for a limited period of time—8 years if applied for and effective on or before 31 December 1945, and 5 years if effective after that date. However, after you have had it for at least a year, you can swap it for a permanent policy. Swapping is known in polite insurance circles as "converting." Your new permanent policy will still be government insurance.

YOU HAVE 3 CHOICES WHEN YOU CONVERT

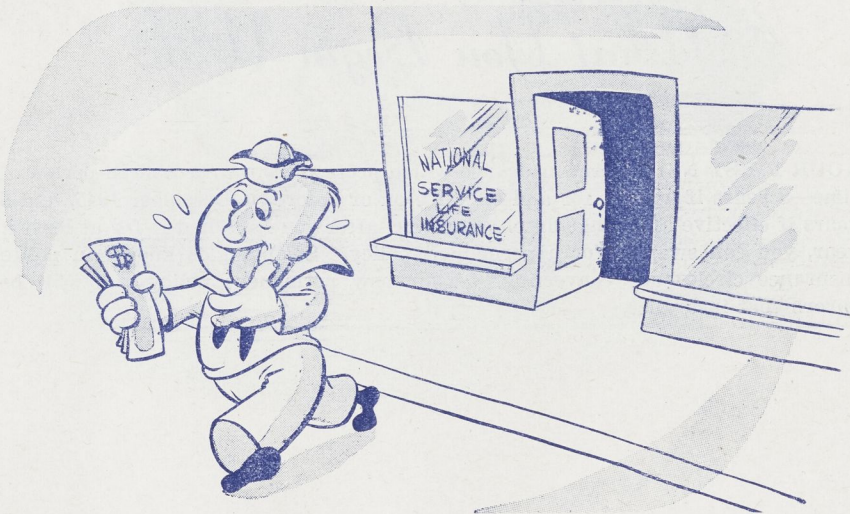
ORDINARY LIFE—This is permanent protection at the lowest current outlay. You're protected so long as you pay the premiums but you have to pay those premiums as long as you live.

30 PAYMENT LIFE—You just pay the premiums for 30 years and then you don't have to pay any more. You'll be protected for the rest of your life. The premiums on this kind of insurance are higher than those for ordinary life because you pay for a shorter fixed time.

20 PAYMENT LIFE.—You just pay the premiums for 20 years and then you don't have to pay any more. You'll still be protected for the rest of your life. The premiums on this kind of insurance are still higher than those for ordinary or 30 payment life because you pay for an even shorter fixed period. (See pages 10-11 for premium rates).



YOU ARE ENTITLED TO GUARANTEED (Cash and Loan) Values on permanent plans of NSI after the permanent plan has been in force for one year. (See page 18 for more details on these values.)





TAKE IT EASY ON CONVERTING—you may find later that you can't afford the higher premiums and you may have to drop some or all of the policy, so it's generally wiser to wait until you're back in civilian life, know what kind of a job you will have, and how much permanent insurance you can afford.

**Premium Rates on National
Service Life Insurance
LEVEL PREMIUM TERM**

Insuring age at effective date of policy	Premium per \$1,000 insurance			
	Monthly	Quarterly	Semi- annual	Annual
15	\$0.63	\$1.89	\$3.76	\$7.46
16	.64	1.92	3.82	7.58
17	.64	1.92	3.82	7.58
18	.64	1.92	3.82	7.58
19	.65	1.95	3.88	7.70
20	.65	1.95	3.88	7.70
21	.65	1.95	3.88	7.70
22	.66	1.98	3.94	7.81
23	.66	1.98	3.94	7.81
24	.67	2.01	4.00	7.93
25	.67	2.01	4.00	7.93
26	.68	2.03	4.05	8.05
27	.69	2.06	4.11	8.17
28	.69	2.06	4.11	8.17
29	.70	2.09	4.17	8.29
30	.71	2.12	4.23	8.41
31	.72	2.15	4.29	8.52
32	.73	2.18	4.35	8.64
33	.74	2.21	4.41	8.76
34	.75	2.24	4.47	8.88
35	.76	2.27	4.53	9.00
36	.77	2.30	4.59	9.12
37	.79	2.36	4.71	9.35
38	.81	2.42	4.83	9.59
39	.83	2.48	4.95	9.83
40	.85	2.54	5.07	10.06
41	.87	2.60	5.19	10.30
42	.89	2.66	5.31	10.54
43	.92	2.75	5.49	10.89
44	.95	2.84	5.67	11.25
45	.99	2.96	5.90	11.72
46	1.03	3.08	6.14	12.19
47	1.08	3.23	6.44	12.79
48	1.14	3.41	6.80	13.50
49	1.20	3.59	7.16	14.21
50	1.27	3.80	7.57	15.04
51	1.35	4.04	8.05	15.98
52	1.44	4.31	8.59	17.05
53	1.54	4.61	9.18	18.23
54	1.65	4.94	9.84	19.53
55	1.77	5.30	10.55	20.95
56	1.90	5.69	11.33	22.49
57	2.05	6.13	12.22	24.27
58	2.21	6.61	13.18	26.16
59	2.40	7.18	14.31	28.41
60	2.60	7.78	15.50	30.78
61	2.82	8.44	16.82	33.39
62	3.07	9.19	18.31	36.35
63	3.34	10.00	19.92	39.54
64	3.64	10.89	21.71	43.09
65	3.97	11.88	23.67	47.00
66	4.34	12.99	25.88	51.38
67	4.74	14.19	28.27	56.12
68	5.18	15.50	30.89	61.33
69	5.66	16.94	33.75	67.01
70	6.18	18.49	36.85	73.16

**Premium Rates on National
Service Life Insurance
ORDINARY LIFE**

Insuring age at effective date of policy	Premium per \$1,000 insurance			
	Monthly	Quarterly	Semi- annual	Annual
15	\$1.11	\$3.32	\$6.62	\$13.14
16	1.13	3.38	6.74	13.38
17	1.15	3.44	6.86	13.61
18	1.18	3.53	7.04	13.97
19	1.20	3.59	7.16	14.21
20	1.23	3.68	7.33	14.56
21	1.25	3.74	7.45	14.80
22	1.28	3.83	7.63	15.15
23	1.31	3.92	7.81	15.51
24	1.34	4.01	7.99	15.86
25	1.37	4.10	8.17	16.22
26	1.41	4.22	8.41	16.69
27	1.44	4.31	8.59	17.05
28	1.48	4.43	8.83	17.52
29	1.52	4.55	9.06	18.00
30	1.56	4.67	9.30	18.47
31	1.60	4.79	9.54	18.94
32	1.65	4.94	9.84	19.53
33	1.69	5.06	10.08	20.01
34	1.75	5.24	10.44	20.72
35	1.80	5.39	10.73	21.31
36	1.85	5.54	11.03	21.90
37	1.91	5.72	11.39	22.61
38	1.98	5.93	11.81	23.44
39	2.04	6.10	12.16	24.15
40	2.12	6.34	12.64	25.10
41	2.19	6.55	13.06	25.93
42	2.27	6.79	13.54	26.87
43	2.36	7.06	14.07	27.94
44	2.45	7.33	14.61	29.01
45	2.54	7.60	15.15	30.07
46	2.64	7.90	15.74	31.25
47	2.75	8.23	16.40	32.56
48	2.87	8.59	17.11	33.98
49	2.99	8.95	17.83	35.40
50	3.12	9.34	18.61	36.94
51	3.27	9.79	19.50	38.71
52	3.42	10.23	20.39	40.49
53	3.58	10.71	21.35	42.38
54	3.75	11.22	22.36	44.40
55	3.93	11.76	23.44	46.53
56	4.13	12.36	24.63	48.89
57	4.34	12.99	25.88	51.38
58	4.56	13.65	27.19	53.99
59	4.80	14.36	28.62	56.83
60	5.06	15.14	30.17	59.91
61	5.34	15.98	31.84	63.22
62	5.63	16.85	33.57	66.65
63	5.95	17.81	35.48	70.44
64	6.30	18.85	37.57	74.59
65	6.67	19.96	39.77	78.97
66	7.07	21.16	42.16	83.70
67	7.49	22.41	44.66	88.67
68	7.95	23.79	47.41	94.12
69	8.45	25.29	50.39	100.04
70	8.99	26.90	53.61	106.43

**Premium Rates on National
Service Life Insurance
30-PAYMENT LIFE**

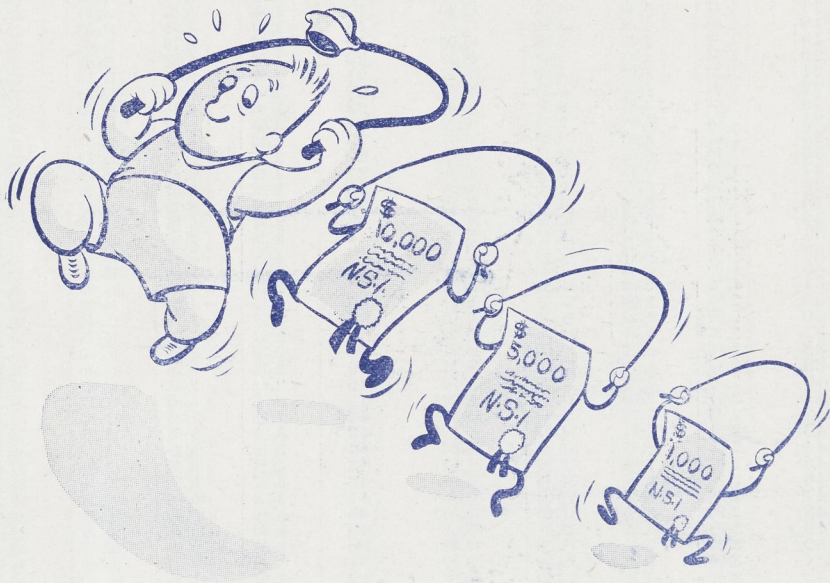
Insuring age at effective date of policy	Premium per \$1,000 insurance			
	Monthly	Quarterly	Semi- annual	Annual
15	\$1.43	\$4.28	\$8.53	\$16.93
16	1.45	4.34	8.65	17.17
17	1.47	4.40	8.77	17.40
18	1.49	4.46	8.89	17.64
19	1.52	4.55	9.06	18.00
20	1.54	4.61	9.18	18.23
21	1.56	4.67	9.30	18.47
22	1.59	4.76	9.48	18.82
23	1.61	4.82	9.60	19.06
24	1.64	4.91	9.78	19.42
25	1.67	5.00	9.96	19.77
26	1.70	5.09	10.14	20.13
27	1.73	5.18	10.32	20.48
28	1.76	5.27	10.50	20.84
29	1.79	5.36	10.67	21.19
30	1.83	5.48	10.91	21.67
31	1.87	5.60	11.15	22.14
32	1.90	5.69	11.33	22.49
33	1.95	5.84	11.63	23.09
34	1.99	5.96	11.87	23.56
35	2.03	6.08	12.11	24.03
36	2.08	6.22	12.40	24.63
37	2.13	6.37	12.70	25.22
38	2.18	6.52	13.00	25.81
39	2.24	6.70	13.36	26.52
40	2.30	6.88	13.72	27.23
41	2.37	7.09	14.13	28.06
42	2.43	7.27	14.49	28.77
43	2.51	7.51	14.97	29.72
44	2.59	7.75	15.44	30.66
45	2.67	7.99	15.92	31.61
46	2.76	8.26	16.46	32.68
47	2.86	8.56	17.05	33.86
48	2.96	8.86	17.65	35.04
49	3.08	9.22	18.37	36.46
50	3.20	9.58	19.08	37.88
51	3.33	9.97	19.86	39.42
52	3.47	10.38	20.69	41.08
53	3.62	10.83	21.59	42.86
54	3.78	11.31	22.54	44.75
55	3.96	11.85	23.61	46.88
56	4.15	12.42	24.75	49.13
57	4.35	13.02	25.94	51.50
58	4.57	13.68	27.25	54.10
59	4.81	14.39	28.68	56.95
60	5.06	15.14	30.17	59.91
61	5.34	15.98	31.84	63.22
62	5.64	16.88	33.63	66.77
63	5.95	17.81	35.48	70.44
64	6.30	18.85	37.57	74.59
65	6.67	19.96	39.77	78.97

**Premium Rates on National
Service Life Insurance
20-PAYMENT LIFE**

Insuring age at effective date of policy	Premium per \$1,000 insurance			
	Monthly	Quarterly	Semi- annual	Annual
15	\$1.83	\$5.48	\$10.91	\$21.67
16	1.85	5.54	11.03	21.90
17	1.88	5.63	11.21	22.26
18	1.91	5.72	11.39	22.61
19	1.93	5.78	11.51	22.85
20	1.96	5.87	11.69	23.20
21	1.99	5.96	11.87	23.56
22	2.02	6.05	12.05	23.91
23	2.05	6.13	12.22	24.27
24	2.08	6.22	12.40	24.63
25	2.12	6.34	12.64	25.10
26	2.15	6.43	12.82	25.45
27	2.19	6.55	13.06	25.93
28	2.23	6.67	13.30	26.40
29	2.27	6.79	13.54	26.87
30	2.31	6.91	13.78	27.35
31	2.35	7.03	14.01	27.82
32	2.39	7.15	14.25	28.30
33	2.44	7.30	14.55	28.89
34	2.49	7.45	14.85	29.48
35	2.53	7.57	15.09	29.95
36	2.59	7.75	15.44	30.66
37	2.64	7.90	15.74	31.25
38	2.70	8.08	16.10	31.97
39	2.76	8.26	16.46	32.68
40	2.82	8.44	16.82	33.39
41	2.88	8.62	17.17	34.10
42	2.95	8.83	17.59	34.92
43	3.02	9.04	18.01	35.75
44	3.10	9.28	18.49	36.70
45	3.18	9.52	18.96	37.65
46	3.27	9.79	19.50	38.71
47	3.36	10.06	20.04	39.78
48	3.46	10.35	20.63	40.96
49	3.56	10.65	21.23	42.15
50	3.67	10.98	21.88	43.45
51	3.79	11.34	22.60	44.87
52	3.91	11.70	23.32	46.29
53	4.05	12.12	24.15	47.95
54	4.20	12.57	25.05	49.72
55	4.35	13.02	25.94	51.50
56	4.52	13.53	26.95	53.51
57	4.70	14.07	28.03	55.64
58	4.89	14.63	29.16	57.89
59	5.10	15.26	30.41	60.38
60	5.33	15.95	31.78	63.10
61	5.58	16.70	33.27	66.06
62	5.84	17.48	34.83	69.14
63	6.13	18.34	36.55	72.57
64	6.45	19.30	38.46	76.36
65	6.79	20.32	40.49	80.39
66	7.16	21.43	42.70	84.77
67	7.57	22.65	45.14	89.62
68	8.01	23.97	47.77	94.83
69	8.49	25.41	50.63	100.51
70	9.01	26.96	53.73	106.67

Essential Facts

on **N·S·I**



How to reduce the **N·S·I** you carry

YOU MAY REDUCE the amount of insurance you are carrying by notifying the Veterans' Administration, stating the amount of NSI to be continued and the date you desire the reduction to be effective. The amount continued must not be less than \$1,000 (face value) and in multiples of \$500.

Getting Your N·S·I Reinstated

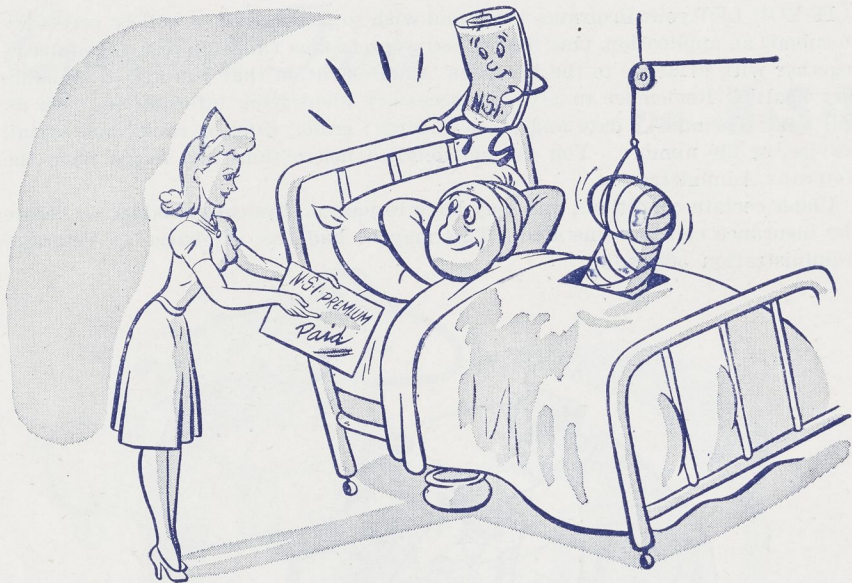
IF YOU LET your insurance lapse and wish to reinstate it, it will be necessary to submit an application, plus the necessary premiums (and interest as required) together with evidence to the Veterans' Administration that you are in satisfactory health. Remember to give the necessary identifying information, such as full name (printed); date and place of birth; grade, rate, or rank; and serial, service, or file number. You can get detailed instructions and forms from the Veterans Administration.

Under certain conditions, you may have to pass a physical examination before the insurance can be reinstated. This may be had free of charge at Veterans' Administration offices.



How to Change Your Beneficiary

IF YOU DESIRE to change the beneficiary of your NSI, submit to the Veterans' Administration, Washington 25, D. C., evidence of the desired change in writing, signed by you, together with full identification of yourself. Any beneficiary named must be within the permitted class which includes WIFE, CHILDREN, PARENTS, BROTHERS OR SISTERS, OR PERSON IN "LOCO PARENTIS" (A PERSON WHO HAS STOOD IN PLACE OF YOUR PARENT FOR AT LEAST ONE YEAR PRIOR TO YOUR ENTRY INTO ACTIVE SERVICE—THIS RELATIONSHIP SHOULD HAVE ARISEN WHEN THE SERVICEMAN WAS A MINOR). See pages 17 and 18 for information regarding payments to a beneficiary.



Waiver of Premiums

SHOULD YOU BE totally disabled for a period of six consecutive months or more, you may apply for waiver of premiums on your NSI provided such disability commenced after the date of application for this insurance, while the insurance was in force under premium paying conditions, and before your sixtieth birthday. If approved, the waiver of premiums will be retroactive as of the date your disability commenced—and you will be credited with the premiums paid during that time.

The waiver of premiums will keep your NSI in force as though you were making regular payments.

Do not discontinue premium payments until told to do so by the Veterans' Administration.

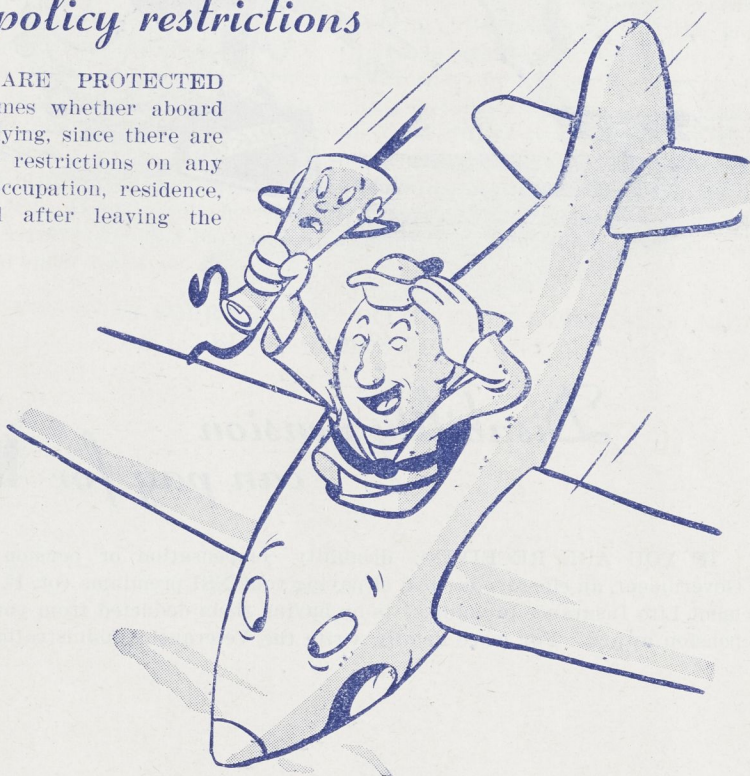


Cash dividends

AS A POLICY HOLDER of NSI, you will be entitled to receive cash dividends from gains and savings as may be determined by the Veterans' Administration.

No policy restrictions

YOU ARE PROTECTED at all times whether aboard ship or flying, since there are no policy restrictions on any type of occupation, residence, or travel after leaving the service.



N·S·I *free from taxes, bill collectors*

NSI IS PROTECTED from the demands of creditors, and the proceeds are free from taxation.



Disability pension *can pay for* **N·S·I**

IF YOU ARE RECEIVING disability compensation or pension from the Government, an effective method of paying your NSI premiums (or, U. S. Government Life Insurance premiums) is by having them deducted from your monthly pension award. For more details, write the Veterans' Administration.

HOW NSI IS PAID TO BENEFICIARIES

NSI is paid in monthly installments in the following manner:

IF YOUR BENEFICIARY IS UNDER AGE 30 WHEN YOU DIE, benefits may be paid as chosen by you or by the first beneficiary (if you make no choice beforehand) either in monthly installments of \$5.51 per \$1,000 of insurance running for a period of 20 years (option 1) or as a "refund life income" in monthly installments (the amount per thousand being determined by the age of the beneficiary at the insured's death) as long as the first beneficiary lives (option 2). Under option 1, if the first beneficiary dies before receiving 240 monthly payments, the remaining unpaid installments in the same amount will be paid to the next eligible beneficiary until a total of 240 payments has been made: Under option 2, if the first beneficiary dies before receiving payments totaling the face value of the policy, the remaining installments in the same amount will be paid to the next eligible beneficiary.

IF YOUR BENEFICIARY IS 30 OR OVER WHEN YOU DIE, benefits are payable in the form of a monthly life income. The amount of the monthly installments depends on the age of the first beneficiary and the choice of one of the following life-income plans selected either by you or by the beneficiary (if you make no choice beforehand): Option 1—if at least 120 monthly installments (for 10 years) are not paid to the first beneficiary, the remaining installments in the same amount will be paid to the next eligible beneficiary: Option 2—if the first beneficiary who receives payments dies before receiving the face amount of the policy, the remainder will be paid in monthly installments of the same amount to the next eligible beneficiary. Under option 2 refund life-income plan, the amount of each monthly installment is somewhat smaller than under option 1 life-income plan because a greater number of monthly installments are guaranteed (see page 18). In any event, however, the first beneficiary under either life-income plan receives monthly payments throughout life. (A beneficiary 69 or over will be paid under option 1).

NOTE: IF YOU WANT YOUR BENEFICIARY TO HAVE A CHOICE, DO NOT ELECT OPTION 2.

ILLUSTRATION OF LIFE-INCOME PAYMENTS TO BENEFICIARY PER \$1,000 OF INSURANCE

OPTION 1

LIFE-INCOME SETTLEMENT (120 months certain)	
Age of first beneficiary	Monthly income
Not available for a first beneficiary under age 30	
30	\$3.97
35	4.20
40	4.50
45	4.89
50	5.39
55	6.03
60	6.81
65	7.67
68	8.19
70	8.51
75	9.18
80	9.55
83 and over	9.61

OPTION 2

REFUND LIFE-INCOME SETTLEMENT		
Age of first beneficiary	Monthly income	Number of installments certain
10 and under	\$3.29	304
15	3.38	296
20	3.48	288
25	3.62	277
30	3.78	265
35	3.99	251
40	4.26	235
45	4.60	218
50	5.04	199
55	5.60	179
60	6.34	158
65	7.32	137
68	8.07	124

For a first beneficiary age 69—or over—payments will be made under the option I—Life-Income Settlement.

GUARANTEED VALUES UNDER CONVERTED PLANS

After one year you can turn in a permanent (converted) policy and get a certain amount of cash for it. This "CASH VALUE" increases each year you have the policy. Of course, if you take the cash, you lose the insurance;

OR

You can borrow up to 94% of the cash value and so long as you pay 5% interest per year and keep paying the premiums the insurance stays in force;

OR

After one year the policy also begins to have a "PAID-UP INSURANCE VALUE". This means that if you stop paying premiums you can elect to leave the cash in the insurance and remain insured the rest of your life for the "PAID-UP" value. At first, this amount is small, but the more premiums that have been paid the greater this amount becomes;

OR

If you stop paying premiums after one year the cash value automatically keeps the policy going. You will remain protected for the full amount of your policy until the cash value is used up. This is called "EXTENDED INSURANCE".

*U. S. Government
Life Insurance*



Does discharge affect it?

LIKE NSI, U. S. Government Life Insurance is not affected by your discharge from the naval service, except that if you have been paying premiums by allotment, you must now pay them direct to the Veterans' Administration as outlined on the next page. Of course, premiums do not increase because you leave the service.



How to continue payment for U. S. Government Life Insurance



THE PREMIUMS are due monthly. The day of the month that your premium is due is the same day of the month that your insurance first went into force. (This is given on your policy.) The last allotment from your pay paid the premium due in the following month.

Checks, or drafts should be made payable to the "Treasurer of the United States" and mailed to the Collections Subdivision, Veterans' Administration, Washington 25, D. C. While you should receive a premium notice in advance of the due date of your premium payment, it is your responsibility to see that the payment is made before the "deadline" regardless of whether or not you have received premium notice.

If you desire, you can change to a quarterly, semi-annual, or annual method of making your premium payments. If you select one of these methods as a means of paying for your insurance, you will be given a discount of 3½% on the premiums paid more than one month in advance of the due date.



*31-Days
grace period, if necessary*

YOU ARE ALLOWED a grace period of 31 days from the actual due date of the premium, during which time your insurance will remain in force. If you go a single day over the grace period without paying the premium, your policy will lapse.

For More Information

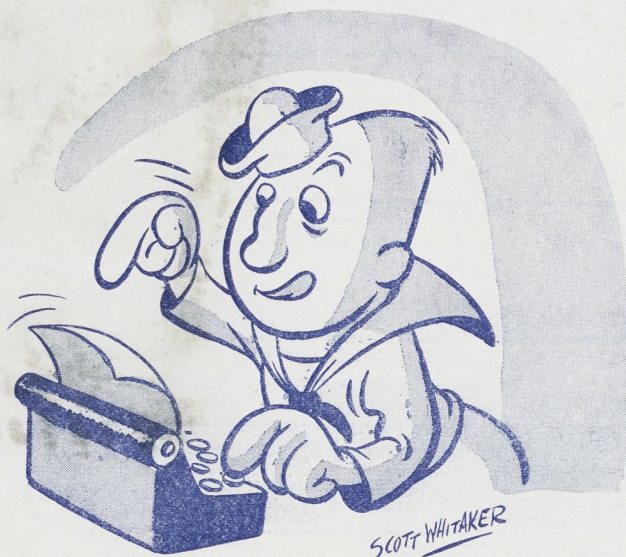
Servicemen—See your local insurance officer.

Dischargees—Write to the Director of Insurance, Veterans Administration, Washington 25, D. C., and be sure to include the following information in your letter:

1. Full name (first, middle, and last names).
2. Service number.
3. Rate (at time of discharge from the service).
4. Date of discharge.
5. Insurance certificate or policy number—if you know it.
6. Permanent mailing address (street and number, town or city, postal zone, and state).

Members of your family—Write to Veterans Administration for general information about National Service Life Insurance. However, specific information concerning *your* policy (such as name of beneficiary, etc.) is a private matter.

... IT'S UP TO YOU TO TELL THEM.



Sample copy of letter for insured's use to accompany his first premium remittance mailed direct to the Veterans' Administration, Washington 25, D. C., after his separation from active service.

(Date)

COLLECTIONS SUBDIVISION,
VETERANS' ADMINISTRATION,
WASHINGTON 25, D. C.

346 BDUY NY 36 NY
Enclosed is remittance in the amount of \$----- in payment of the premium due on National Service Life Insurance, -----

(Policy or certificate number or numbers, if known)

on the life of -----

(Print the insured's first name, middle name, and last name, in full)

(Service number)

(Date of discharge)

Please send future communications and premium notices to the insured at the following address:

(Number and street)

(City, town, or post office) (Zone)

(State)

(Signature of insured)

NOTE.—Premium remittance should be in the form of a check or money order made payable to the Treasurer of the United States. Do not mail cash or currency since such payments are sent at the remitter's risk.

To Continue Private Life Insurance

If, after you entered the naval service, you arranged to have premiums on your private life insurance guaranteed by the Government (through the provisions of the Soldiers' and Sailors' Civil Relief Act), remember that payments must be brought up to date within 2 years following your discharge from the Navy. The Veterans' Administration or your insurance company will provide further information on this matter.

Allotments that have been registered to pay private life insurance premiums will be discontinued upon discharge from service and premiums after discharge must be paid by you directly to your insurance company.

And now, the Last Word

After you're out of the service, keep all the NSI you can afford . . . Don't forget that once you are out you can no longer make application for NSI and it may be difficult or impossible to get private insurance because of the type of job you are holding, your physical condition, or for other reasons!



S.
OV
A.M.

1915

NAVY

VIA AIR MAIL

MR. ~~and~~ MRS. W.F. Lilly

THREE FORKS

MONTANA

Walen F. Lilly,

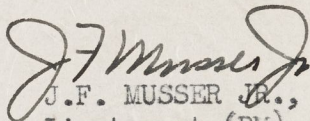
433020

Ensign.

is entitled and authorized to wear the below named ribbons with the number of ~~br~~onze stars as indicated:

American Area Service Ribbon with no stars.

Asiatic-Pacific Area Service Ribbon with no stars.



J.F. MUSSER JR.,

Lieutenant (DM), USNR.

4 SEP 1945

TRAVEL STATEMENT

PLEASE PRINT

	CITY AND STATE	DATE
Departed:	Baltimore, Md.	1800-12 June, 1946
Arrived:	Great Lakes, Ill.	1415-13 June, 1946
Departed:		
Arrived:		
Departed:		
Arrived:		

Travel was performed as follows:

On Government T/R: From: _____ to _____

How? _____

At Own Expense:

From: Baltimore, Md. to Great Lakes, Ill.

and From: _____ to _____

How? Train (RAIL)

Via Govt. Conveyance From: _____ to _____

How? _____ (Nats. Govt. Stn Wgn. etc.)

SIGNATURE Walter F. Lilly

RANK Ensign (O) USNR.

/kh

MILEAGE VOUCHER

Act of June 10, 1922, 42 Stat. 631

D. O. Voucher No.

Bu. Voucher No.

(Statement of travel performed must be completely filled in by payee prior to signature, and there must not be any erasure or alteration unless initialed or signed by him)

U. S. NAVY DEPARTMENT
 (Department and service)

U. S. NO. TICKET NUMBER
 GREAT PAID BY ILL.
 (61412) 1
 JUN 14 1946
 F. C. MATHIS
 Lt.-Cdr. (SC) USN
 Symbol No. 560 (For use of paying officer)

THE UNITED STATES, Dr.,

To _____ (Payee)

433000 LILLY, WALLEN F.

(Official station) or (Home address, to be used by reserve and retired officers only)

Mail check to _____

For mileage under attached order, _____, 19 THREE FORTS, MONT. 11

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler					COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer			
DATE	FROM—	DATE	TO—	Kind of transportation furnished	Land grant included in established route and distance	Transportation furnished excluding land grant in column 6	Authorized mileage	NOTATIONS
19.....	(2)	19.....	(4)	(See note) (5)	(6)	(7)	(8)	
					Miles	Miles	Miles	
6/12	Baltimore, Md.	6/13	Grt. Lks., Ill.				828	
Brought forward from statement on reverse hereof								
NOTE—					TOTALS			
Transportation furnished by U. S. Government:					Rate per mile	Dollars	Dollars	Dollars
Government transportation request; rail, water, air, or highway					0.03	0.03	0.08	
Government automobile								
Government boat								
Government plane or airship								
No transportation furnished by U. S. Government.					Amounts			
Indicate method of travel used by inserting after "None" one of the following letters: Highway (H); Air (A); Water (W); Rail (R); Privately owned conveyance (P).					Deduct columns 6 and/or 7			66.24
T/R No.	Carrier(s)				Other deduction (explain on reverse)			
T/R No.	Carrier(s)							
T/R No.	Carrier(s)				NET AMOUNT TO BE PAID			

66.24

LILLY, WALLEN F.

MEMORANDUM

66.24

F. C. MATHIS, Lt. Comdr (SC) USN
 By J. W. Helton, Agent Cashier

ACCOUNTING CLASSIFICATION—For completion by administrative office

Appropriation, limitation or project symbol	Appropriation title		Limitation or project (amount)	Appropriation (amount)		
1760813	TRNF 1946 020 74110			66.24		
Allotment symbol	Amount	Encumbrance liquidated	Cost account		Object of expenditure	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. _____, dated _____, 19 46, for \$ _____ } on Treasurer of the United States
 { Cash, \$ 66.24, on 14 June, 19 46. } in favor of payee named above.

(MEMORANDUM—Do not sign)

STATEMENT OF TRAVEL PERFORMED—To be filled in by traveler

COMPUTATION OF AMOUNT DUE—To be filled in by administrative officer

DATE 19....	FROM—	DATE 19....	TO—	Kind of transporta- tion furnished (See note (5)	Land grant included in established route and distance (6)	Transporta- tion furnished excluding land grant in column 6 (7)	Authorized mileage (8)	NOTATIONS
(1)	(2)	(3)	(4)		Miles	Miles	Miles	

Totals transferred to statement on face hereof -----

INSTRUCTIONS

SUPPORTING PAPERS REQUIRED: Two certified or authenticated copies of order directing travel must be attached to this voucher when submitted to the disbursing officer for payment. (For the Navy and Marine Corps, original and two certified copies of order with all endorsements thereon are required.) When the paid voucher is transmitted to the General Accounting Office, it must be accompanied by one certified copy of the order with all endorsements. When transportation is furnished, such order must be endorsed or a separate certificate furnished by the officer issuing the transportation, showing names of railroads or other public means of conveyance over which transportation was issued, with the number of the transportation request.

OFFICER'S FITNESS REPORT WORK SHEET

Ens Lilly

READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE SIDE

DATE *12 Dec. 1945*

1. NAME (last) *Libby* (first) *Walen* (middle) *Francis* RANK AND CLASSIFICATION *ENS. D(h)* FILE NO. *433020*
 SHIP OR STATION *U.S.S. General R.M. Blatchford AP-153* PERIOD OF REPORT *5 July 1945 - 31 Dec. 1945*
 DATE OF ASSIGNMENT TO PRESENT DUTY *7-4-45* OCCASION FOR REPORT *25 Nov. 1945*
 DETACHMENT OF OFFICER REPORTED ON DETACHMENT OF REPORTING SENIOR REGULAR SEMI-ANNUAL QUARTERLY SPECIAL

2. DESCRIPTION OF DUTIES SINCE LAST FITNESS REPORT (List most recent first and describe accurately)

No previous reports
2nd Div. Prof. Off.
2nd Div. Off.

FROM		TO	
MO.	YR.	MO.	YR.
<i>7</i>	<i>45</i>	<i>11</i>	<i>45</i>
<i>11</i>	<i>45</i>		

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE OF COURSE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED.

Are you physically qualified for Sea Duty?
 Yes No Don't Know

4. IF AVIATOR, INDICATE NO. OF FLIGHT HOURS LAST TWO YEARS FOR EACH TYPE AIRCRAFT

TYPE OF AIRCRAFT	NO. OF HOURS	TOTAL

5. MY PREFERENCE FOR NEXT DUTY IS:

SEA	KIND OF DUTY	LOCATION
<input type="checkbox"/>	<i>auxilliaries</i>	<i>Pacific</i>
<input type="checkbox"/>	<i>Navy yard</i>	<i>Bromontan Wash</i>

6. SECTIONS 6 THROUGH 12 TO BE FILLED IN BY REPORTING OFFICER

NAME OF REPORTING OFFICER *Walen F. Lilly* RANK *ENS. D(h)* OFFICIAL STATUS RELATIVE TO OFFICER REPORTED ON

IS THIS OFFICER QUALIFIED TO PERFORM ALL HIS PRESENT DUTIES? YES NO

INDICATE MORE RESPONSIBLE DUTIES FOR WHICH HE IS IN TRAINING. (If none, so state) *None* DATE OF EXPECTED QUALIFICATION

Comment on special or outstanding qualifications as well as any physical defects, which should be considered in determining the kind of duty to which he should be detailed. Only comments on qualifications significant in detailing should be entered here. ANY COMMENTS REGARDING FITNESS FOR PROMOTION SHOULD BE ENTERED IN SECTION 12, ONLY.

FOR WHAT DUTIES IS HE RECOMMENDED?

ASHORE AFLOAT *Watch + Division officer*

7. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE OFFICER COMPARES WITH ALL OTHERS OF THE SAME RANK WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON ONLY TO THE OTHERS NOW UNDER YOUR COMMAND. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUALITY WHEN APPROPRIATE. NO ENTRY WHICH IS MADE IN THIS SECTION WILL BE CONSIDERED AN UNSATISFACTORY REPORT WHICH MUST BE REFERRED TO THE OFFICER FOR STATEMENT. ONLY ENTRIES DESIGNATED IN SECTIONS 8, 9, 11 AND 12 WILL BE SO CONSIDERED.

RATING FACTORS		Not Observed	Within Bottom 10%	Within Next 20%	Within Middle 40%	Within Next Top 20%	Within Top 10%
A. SEA OR ADVANCE BASE DUTY How does this officer compare in: <small>NOTE: ITEM (A) TO BE MARKED ONLY FOR OFFICERS ON SEA OR ADVANCE BASE DUTY DURING THE PERIOD OF THIS REPORT</small>	1. STANDING DECK WATCHES UNDERWAY?					<input checked="" type="checkbox"/>	
	2. ABILITY TO COMMAND?					<input checked="" type="checkbox"/>	
	3. PERFORMANCE IN PRESENT DUTIES AS DESCRIBED IN SECTION 2, ABOVE?					<input checked="" type="checkbox"/>	
	4. REACTIONS DURING EMERGENCIES?	<input checked="" type="checkbox"/>					
	5. PERFORMANCE AT BATTLE STATION OR IN BATTLE DUTIES?	<input checked="" type="checkbox"/>					
B. INITIATIVE AND RESPONSIBILITY How well does this officer:	1. ASSUME RESPONSIBILITY WHEN SPECIFIC INSTRUCTIONS ARE LACKING?					<input checked="" type="checkbox"/>	
	2. GIVE FRANK OPINIONS WHEN ASKED OR VOLUNTEER THEM WHEN NECESSARY TO AVOID MISTAKES?					<input checked="" type="checkbox"/>	
	3. FOLLOW THROUGH DESPITE OBSTACLES IN CARRYING OUT RESPONSIBILITIES ASSIGNED OR ASSUMED?					<input checked="" type="checkbox"/>	
C. UNDERSTANDING AND SKILL How well does this officer:	1. GRASP INSTRUCTIONS AND PLANS GIVEN TO HIM?					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2. USE IDEAS AND SUGGESTIONS OF OTHERS?					<input checked="" type="checkbox"/>	
	3. RATE IN TECHNICAL COMPETENCE IN HIS SPECIALTY, IF ANY? (Name Specialty)	<input checked="" type="checkbox"/>					
D. LEADERSHIP How well does this officer:	1. INSPIRE SUBORDINATES TO WORK TO THE MAXIMUM OF THEIR CAPACITY?					<input checked="" type="checkbox"/>	
	2. EFFECTIVELY DELEGATE RESPONSIBILITY?					<input checked="" type="checkbox"/>	
	3. TRANSMIT ORDERS, INSTRUCTIONS, AND PLANS?					<input checked="" type="checkbox"/>	
	4. ORGANIZE HIS WORK AND THAT OF THOSE UNDER HIS COMMAND OR SUPERVISION?					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5. MAINTAIN DISCIPLINE AMONG THOSE UNDER HIS COMMAND OR DIRECTION?					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. CONDUCT AND WORK HABITS How does this officer compare in:	1. ABILITY TO WORK WITH OTHERS?					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2. ABILITY TO ADAPT TO CHANGING NEEDS AND CONDITIONS?					<input checked="" type="checkbox"/>	
	3. MILITARY CONDUCT—BEARING, DRESS, COURTESY, ETC.?					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

8. INDICATE YOUR ATTITUDE TOWARD HAVING THIS OFFICER UNDER YOUR COMMAND, WOULD YOU: (Check one)

DEFINITELY NOT WANT HIM? (UNSATISFACTORY) PREFER NOT TO HAVE HIM? (UNSATISFACTORY) BE SATISFIED TO HAVE HIM? BE PLEASED TO HAVE HIM? PARTICULARLY DESIRE HIM?

9a. CONSIDERING ALL OFFICERS OF THE SAME RANK WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY, WOULD YOU PROMOTE HIM: (Check one)

UNDER NO CIRCUMSTANCES? (UNSATISFACTORY) IF 90% WERE TO BE PROMOTED? IF 70% WERE TO BE PROMOTED? IF 50% WERE TO BE PROMOTED? IF ONLY 10% WERE TO BE PROMOTED?

9b. How many Officers are included in the group used for the comparison in 9a?
 10 OR LESS 10 TO 50 OVER 50

10. COMMENT IN SECTION 12 AND GIVE REFERENCE HERE TO ANY COMMENDABLE OR ADVERSE REPORTS THAT HAVE BEEN MADE ON THE OFFICER DURING THIS PERIOD.

11. HAVE YOU ANY ADVERSE COMMENTS TO MAKE REGARDING THIS OFFICER'S QUALITIES OR PERFORMANCE? YES NO If yes, explain in Section 12. UNSATISFACTORY. Yes in either item of Section 11 constitutes an unsatisfactory report and must be referred to the officer for statement.

12. Give in this space a clear, concise appraisal of the officer reported on and his performance of duty, including any worthy of special mention. Include recommendations as to promotion. Any statements of unsatisfactory performance, ability, character, or conduct must be referred to the officer for statement. Statements of a constructive nature which refer to minor imperfections or lack of qualifications do not constitute an unsatisfactory report. For example: "This officer was a little slow in getting started but is now making good progress" or "This officer is well qualified in his present duties but has had no experience at sea" would not be unsatisfactory in nature.

Check one of these boxes — I CONSIDER THIS REPORT TO BE SATISFACTORY UNSATISFACTORY

DO NOT LEAVE BLANK

This officer is well qualified in the performance of his present duties. He is a credit to the naval service and valuable to this ship.

WFL
(15)

SIGNATURE OF OFFICER REPORTED ON (Applies only to Sections 1 through 5) *Walen F. Lilly* SIGNATURE OF REPORTING OFFICER *Walen F. Lilly* (If additional space is needed attach extra sheet)

HAVE YOU READ THE ATTACHED INSTRUCTION SHEET?

**OFFICER'S FITNESS REPORT
INSTRUCTION SHEET**

IMPORTANT INSTRUCTIONS — READ CAREFULLY

GENERAL INSTRUCTIONS

The attached revised Officer's Fitness Report is to be used in place of the present forms, NAVPERS 310 and 311, for the next Fitness Report due after receipt of this form.

This form will serve the following purposes:

1. It will serve as a report of fitness for all officers both afloat and on shore.
2. The first carbon — (Page 2) — will keep up to date in BuPers the Officer's Qualifications Questionnaire, which provides the Bureau with information covering each officer's previous experience and qualifications for various types of duty.
3. The second carbon — (Page 3) — will provide data covering changes in the officer's qualifications and is to be filed in the Officer's Qualification Record Jacket as an aid to Commanding Officers and Personnel Officers in assigning him properly.

This form is to be submitted semi-annually for all officers and in all cases of permanent detachment of either the officer or reporting senior.

A typewriter is to be used when at all possible in filling out Sections 1 through 6. Since 96% of all fitness reports received in BuPers are typed, the form has been constructed for that type of preparation. Care should be exercised that the carbon copies are legible if a typewriter is not used.

INSTRUCTIONS FOR REPORTING OFFICERS

In deciding on promotions of officers, Selection Boards must, in effect, compare an officer with others of the same rank rather than with more arbitrary standards. You will note that in Section 7 and subsequent sections you are asked to do just that — compare each officer with all others of the same rank whose professional abilities are known to you personally. Please note that the officer is *not* to be compared *only* with the others of his rank now under your command. For this reason, it is important to indicate in Section 9b how many officers are included in the group you use for comparison.

In making this comparison, keep in mind that the group of officers whose professional abilities are known to you personally (or any other group of people) will fall into a normal distribution when graded on any trait or factor — that is, there will be a small number at the lower end, a larger group in the middle, and a small group at the top. With this curve in mind, compare the officer with the group and mark him on each factor in Section 7 as falling in one of the five brackets — the lower 10%, the next 20%, the middle 40%, the next 20%, or the top 10%. Do not hesitate to mark "not observed" on any factor which you think not applicable to the duty in which you have observed the man or in which your observation has been too limited to warrant judgment.

No entry which is made in Section 7 will be considered an unsatisfactory report. Only entries so designated in Sections 8, 9, 11, and 12 will be so considered; and only adverse entries in these Sections need be referred to the officer for statement. In this connection please note carefully the instructions in Section 12 which provide that statements of a constructive nature which refer to minor imperfections or lack of qualifications do not constitute an unsatisfactory report.

Sign all three pages of the report in the lower right-hand corner. The Officer's Qualification Report—Jacket Copy (Page 3) is to be detached and filed in the Officer's Qualification Record Jacket. The Officer's Fitness Report (Page 1) and the Officer's Qualification Report—BuPers Copy (Page 2) are to be forwarded — *not separated* — to BuPers.

While you are required by Navy Regulations to refer only unsatisfactory or unfavorable reports to the officer concerned, it is the opinion of the Bureau that Fitness Reports will be of greatest value to the officers of the Navy if reporting officers will discuss them with the officer reported on as a matter of general practice when possible.

INSTRUCTIONS FOR OFFICER REPORTED ON

It is your responsibility to fill out Sections 1 through 5 of this form and to sign all sheets in the lower left-hand corner. Submit the form to your reporting senior at the times specified in the General Instructions above. Use a typewriter, if at all possible — if not, use ink, but be sure that all copies are legible.

Note: For convenience there is printed on the back of these instructions a work sheet which may be used as a draft in preparing the carbonized set. The work sheet is to be detached before filling out the carbonized set and is NOT to be forwarded to BuPers.