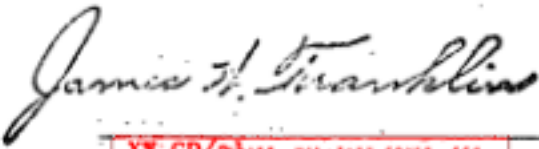


SECRET

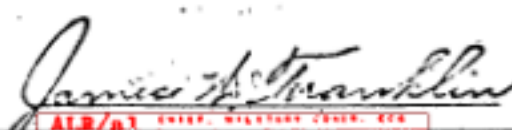
NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 April 1965
TO:	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
(Check)	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	WH
ATTN:	Mr. Mullane	WILCOTT, James B., Jr.
REF:	Continuation of backstopping cover MILITARY COVER BACKSTOP ESTABLISHED	FILE NO. K-9524
	US Army Element, Composite Operations Group	AD CARD NO. Returned
		EMPLOYEE NO.
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/>	Block Records: (OPMRO 20-880-12)	
	a. Temporarily for _____ days, effective _____	
	b. Continuing, effective _____ EOD _____	
<input checked="" type="checkbox"/>	Submit Form 642 to change limitation category. (MRO 20-7)	
<input checked="" type="checkbox"/>	Ascertain that Army W-2 being issued. (MRO 20-681-2)	
<input checked="" type="checkbox"/>	Submit Form 1322 for any change affecting this cover. (R 240-250)	
<input checked="" type="checkbox"/>	Submit Form 1323 for transferring cover responsibility. (R 240-250)	
<input checked="" type="checkbox"/>	Remarks: Subject is going on PCS out of D.C. area.	
<input checked="" type="checkbox"/>	Cover History	
		
XX CD/AL REF. MILITARY COVER, EOD		
DISTRIBUTION: Copy 1-POB, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-OL/TELSHC, Copy 5-PSD/OS, Copy 6-File.		

FORM 1551
6-64 1551

SECRET

(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 10 September 64
TO:	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
(Check)	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	OFF FIN WILCOTT, James B. Jr.
ATTN:	Ruby Johnson	FILE NO. K-9524
REF:	Form 1322 8 September 64 Requesting cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		EMPLOYEE NO.
US Army Element Composite Operations Group		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
<input checked="" type="checkbox"/>	Black Records: (FORM 20-200-113)	
	a. Temporarily for _____ days, effective _____	
	b. Continuing, effective May 60	
<input checked="" type="checkbox"/>	Submit Form 642 to change limitation category. (AR 20-7)	
<input checked="" type="checkbox"/>	Ascertain that Army W-2 being issued. (AR 20-443.2)	
<input checked="" type="checkbox"/>	Submit Form 1322 for any change affecting this cover. (R 240-250)	
<input checked="" type="checkbox"/>	Submit Form 1323 for transferring cover responsibility. (R 240-250)	
<input type="checkbox"/>	Remarks:	
<input checked="" type="checkbox"/>	Cover History Mar 57-May 60 Hdqs/overt May 60-Jul 64 DAC & DAFC/Japan	
 ALB/RY CHIEF, MILITARY COVER, ETC		
DISTRIBUTION: - Copy 1-PID, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-GE, TSLSC, Copy 5-PID OS, Copy 6-File.		

FORM 1551
6-64SEE
PRECEDING
EDITION

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

113-20-443

CONFIDENTIAL

(When Filled In)

1124

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
 WILCOX JAMES BRADLEY JR. 103-24-6045

I. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED
 SHARON, N.Y.
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
 OLD BROOK, N.Y.
 HOME LEAVE RESIDENCE

II. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE
 ELBIE BAY, N.Y.
 DATE OF MARRIAGE
 7/7/54

IF DIVORCED, PLACE OF DIVORCE DECREE
 DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED
 DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

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CURRENT RESIDENCE AND DEPENDENCY REPORT

FORM 61 USE PREVIOUS EDITIONS.

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