

REQUEST FOR RECORDS (AR 345-210)		DATE OF REQUEST 1-31-57	DATE RECORDS MUST BE RETURNED (To be completed by office of record) 3-1-57	NO. A 506981 T-1-3470
1. TECHNICAL SERVICES RECORDS SECTION OFFICE OF RECORD				
a. NAME DRB, TAGO 219 N. Lee Street Alexandria, Virginia		b. ADDRESS		
FEB 11 1957				
2. RECORDS REQUESTED (Give File classification, Subject, Date, and Other Identifying Information, or if Military Personnel Records are requested, give Name, Grade, Service Number, Purpose for which records are used and check box(es) below)				
SUSPEND DATE RETURN TO M & R BR. OR REQUEST EXTENSION				
793 - PARISE, ALphonse 3/3/57 - 107 31 103 203				
<input type="checkbox"/>	ALL	<input type="checkbox"/>	201 FILE	<input type="checkbox"/>
<input type="checkbox"/>	HISTORICAL 201	<input type="checkbox"/>	CURRENT 201	<input type="checkbox"/>
<input type="checkbox"/>	ENLISTED RECORD	<input type="checkbox"/>	EFFICIENCY FILE	<input type="checkbox"/>
<input type="checkbox"/>	CURRENT EFFICIENCY	<input type="checkbox"/>	HISTORICAL EFFICIENCY	<input type="checkbox"/>
<input type="checkbox"/>	CLASSIFICATION RECORDS			
3. PERSON REQUESTING RECORDS				
a. DURATION OF TIME RECORDS NEEDED (Estimate)	b. LAST NAME - FIRST NAME - MIDDLE INITIAL (Authorized Person)		c. EXTENSION	
	McLaughlin - LEDERMAN		54633	
	d. ADDRESS	e. SIGNATURE OF AUTHORIZED PERSON		
	QMGD T/B 1000.			
4. SEARCHER'S REPORT				
a. UNABLE TO IDENTIFY	b. RECORDS CURRENTLY CHARGED TO (Last name, first name, middle initial)		c. DATE	
	c. ADDRESS	d. EXTENSION	f. INITIALS	
5. RETURN RECORDS TO ADDRESS INDICATED IN ITEM NUMBER 1		a. DATE	b. SIGNATURE OR INITIALS	
INSTRUCTIONS			CAUTION	
1. All requests must be signed by an individual authorized to withdraw personnel or subject records. 2. Attached unclassified records may be transferred to another person by completing a transfer coupon below and forwarding it to the office of record indicated in item number 1 above. 3. Classified records will not be transferred to another person but will be returned to the office of record for recharge.			THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE, PERMIT TO BE REMOVED, ADD TO, NOR REVEAL THE CONTENTS TO UNAUTHORIZED PERSONS.	

TRANSFER COUPON

TO: SUSPEND DATE 3/3/57
RETURN TO M & R BR.
OR REQUEST EXTENSION

NOTE THAT FILE OF 793 Parise, Alphonse 3110 3203
HAS BEEN TRANSFERRED TO (Name) Lederman

EXTENSION 73449 DIVISION AND BRANCH Mem

SECTION Dept BUILDING AND ROOM NO. A 1411

DATE 1/31/57 SIGNATURE [Signature]

DETACHED FROM DA FORM 543, 1 JAN 56

NO. A 506981

QJME-D 293
Parise, Alphonse
SN 31 103 203

5 February 1957

Mrs. Elizabeth Parise
142 Washington Avenue
Torrington, Connecticut

Dear Mrs. Parise:

Reference is made to letter and QJ Form 1236, Request for Reimbursement of Internment Expenses, submitted in the case of the Late Technician Fifth Grade Alphonse Parise, United States Army.

Payment to you in the amount of \$75.00 has been approved and you should receive the check in the near future.

Sincerely yours,

R. J. THOMAS
Lt Colonel, QJ
Memorial Division

Kerscher
77756

Womack
Womack
56553

DISPATCHED

O. O. M. O. G.
MAIL & RECORDS

Harley
54783
Lederman
73449

Feb 5



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO
OQMG-D 293
Parise, Alphonse
SN 31 103 203

5 February 1957

CERTIFICATE OF DETERMINATION

1. Name, Rank, SN: **Alphonse Parise, Tec/5, SN 31 103 203**
2. Orgn & Station: **European Area**
3. Date & Place of Death: **9 November 1944 in European Area**
4. Claimant: **Mrs. Elisabeth Parise, 142 Washington Ave., Torrington, Conn.**
5. Name and Location of Cemetery: **St. Francis New Cemetery, Torrington, Conn.**
6. Basic Authority: AR **30-1830, 13 October 1944, Changes #4**
~~62840, 21 August 1955~~
7. I certify the following amounts have been determined allowable for reimbursement and/or payment for items incident to care of the remains of the above decedent, no part of which has been paid by the government:

a. For Interment Allowance (Para 3a (6))	\$75.00
////////////////////////////////////	TOTAL AUTHORIZED?? \$75.00

1 Incl
QD Form 1236
(in dupe)

M. J. LEHRMAN
Chief, Claims & Effects Unit
Memorial Division

WWII Case - Interred 25 April 1949 - \$75.00 is maximum allowable prior to 1 April 1951.

Claim #68

Voucher #58

Examined by - M. Harley

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

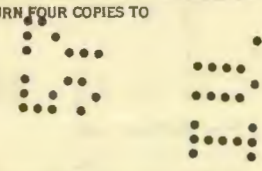
DATE

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT <i>(Last, First, Middle Initial)</i>		BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
PARISE, ALPHONSE		GF	A. <input checked="" type="checkbox"/> INTERMENT EXPENSES <i>(Civilian or Private Cemetery)</i> B. <input type="checkbox"/> TRANSPORTATION EXPENSES <i>(National or Post Cemetery)</i>
RANK OR GRADE	SERIAL NO.		
TEC 5	31103203		

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED	FILL IN THIS STATEMENT IF BOX "B" IS CHECKED
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below: NAME: <i>St. Francis New Cem.</i> CITY OR COUNTY: <i>Torrington</i> STATE: <i>Connecticut</i>	I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: <i>(City, town, or place from which remains were shipped)</i> TO: <i>(Name and Location of National or Post Cemetery)</i> <i>Her Cross</i> SIGNATURE OF CLAIMANT <i>[Signature]</i> ADDRESS <i>(Street number or RFD, City and State)</i> <i>142 Washington Ave. Torrington, Conn.</i> RELATIONSHIP TO DECEDENT <i>Mother</i>
RETURN FOUR COPIES TO 	

REMARKS
Aldo Cesca 146 Washington Ave Torrington, Conn.
Joseph Summa Jr. 136 Washington Ave. Torrington Conn
my mother does not read or write neither does she understand very well and that is the reason these papers are filed late. Please do all you can to help her.

Aline Giacomoni (Daughter)

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

NAME OF DECEDENT (Last, First, Middle Initial)

PARISE, ALPHONSE

BRANCH OF SERVICE

GF

TO BE FILLED IN BY CLAIMANT

A. INTERMENT EXPENSES
(Civilian or Private Cemetery)

B. TRANSPORTATION EXPENSES
(National or Post Cemetery)

RANK OR GRADE

TEC 5

SERIAL NO.

31103203

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 449⁰⁰ was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

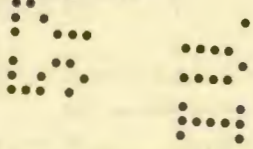
NAME: St. Francis New Cem
CITY OR COUNTY: Torrington
STATE: Connecticut

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO



Her Cross

SIGNATURE OF CLAIMANT

Elysebeth Parise

ADDRESS (Street number of RFD, City and State)

142 Washington Ave. Torrington, Conn.

RELATIONSHIP TO DECEDENT

mother

REMARKS

Aldo Cicca 146 Washington Ave. Torrington Conn.
Joseph Simma Jr. 136 Washington Ave. Torrington, Conn.
my mother does not read or write neither
does she understand my well and that
is the reason these papers are filed late.
Please do all you can to help her.

Alice Simamonti (Daughter)

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3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

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PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

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SETTLEMENTS OPERATIONS M-51/8-11/gd/2063
FINANCE CENTER, U. S. ARMY
INDIANAPOLIS 49, INDIANA

IN REPLY REFER TO FINCT-E 4 201
Parise, Alphonse
31 103 203

25 JAN 1957

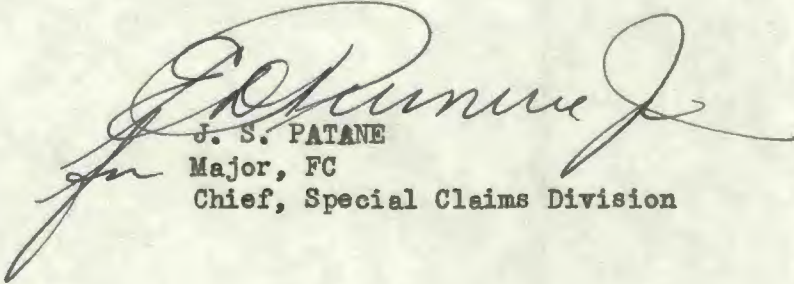
SUBJECT: Transmittal of Claim for Interment Expenses

TO: Quarter Master General
Washington 25, D. C.

1. Inclosed claim for reimbursement of interment expenses is forwarded as a matter pertaining to your office.
2. Claimant has been advised of this referral.

FOR THE OPERATIONS CHIEF:

1 Incl
Ltr dtd 22 Dec 56


J. S. PATANE
Major, FC
Chief, Special Claims Division

FC

Clifford R Branch Post No. 22
American Legion

in your letter to
Thomas W. Ryan, Service Officer
Harry Lynch, and Service Officer



MEMBERS
Branch & Post Numbers

CORNER PARK AND ELM STREETS
THOMASTON, CONN.

ACKNOWLEDGED DE-600-209
3
DEC 27 1956

Torrington, Conn.,
Dec. 22nd, 1956.

In re: Alphonse Parise, Died in Action,
Serial No. 31103203 Tec 5.

p-620

Adjutant General
U. S. Army,
Washington, D. C.

Gentlemen:

While looking thru some papers of my mother's I came on the enclosed forms, which in my opinion have never been paid. My Brother died of wounds received in action on November 9th, 1944 in Holland and was brought back to the United States and buried in the St. Francis New Cemetary, Torrington, Conn.

Will you please look into the matter and let my mother have any money she is entitled to, because she sure can use it.

Thanking you in advance, I am

Yours truly,

Olivia Saramonti
Sister of Alphonse Parise

P. S. You will notice that my mother does not write but I have had her mark witnessed by two dis-interested parties.

ps
QMC Form 1236



Clifford R. French Post No. 22 American Legion

MEETINGS
Second & Fourth Tuesdays



In reply refer to:
Thomas W. Byers, Service Officer
Harry Lynch, Asst. Service Officer

CORNER, PARK AND ELM STREETS
THOMASTON, CONN.

Thomaston, Conn.
Dec. 21st, 1956

In the enclosed letter, dated in Boston,
Serial No. 2112003, Nov 2,

6-50

Adjutant General
U. S. Army
Washington, D. C.

Enclosure

While looking thru some papers of my mother, I was so
the enclosed forms, which in my opinion have never been paid.
Another kind of account received in action on November 2nd, 1944 in
Holland and was brought back to the United States and buried in the
St. Francis Ave Cemetery, Thomaston, Conn.

Will you please look into the matter and let me know
how any money due is entitled to, because she was not 18.

Thanking you in advance, I am

Yours truly,

Clifford R. French



R-2503

28 April 49
PES

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
American Graves Registration Division
1st Avenue & 58th Street
Brooklyn, N. Y.

THE FOLLOWING REPORT WILL BE COMPLETED BY ALL ESCORTS WHO ACCOMPANY REMAINS OF DECEASED PERSONNEL FROM THIS HEADQUARTERS TO THEIR FINAL DESTINATION.

UPON RETURN TO THE AMERICAN GRAVES REGISTRATION DIVISION, NYPE, THIS REPORT WILL BE DELIVERED BY THE ESCORT TO THE ESCORT CONTROL OFFICER FOR APPROVAL

1. 1st Sgt Mc Namara RA1213711 accompanying the
(Name, rank, serial number of escort)

remains of Paris Althouse 31103203 Dec 5
(Name, rank, serial number)

2. Departed AGRD, NYPE, on apl 25-49 at 1130 hours
(date)

for Torrington Conn by _____
(destination - city and state) (Gov't vehicle or train)

If train, give hour of departure from New York City and station

Torrington, Conn . Arrived at

Torrington Conn on apl 25-49 at 6:13 PM hours
(destination) (date)

3. First contact was made with undertaker on apl 25- at 6:14 PM hours
(date)

4. First contact was made with next of kin 1030 PM
(Name)

_____ on _____ at _____ hours
(address) (date)

5. I ~~did~~/did not attend the funeral services.

6. The funeral was held at _____ hours, on _____

7. Escort's presence ~~is~~/is not desired at funeral services James Guarente

STATION FILE

FILE

8. Burial honors were/were not provided at the funeral.

9. Burial honors were not provided because _____

10. Burial honors were provided by _____

11. Flag was presented to _____

12. The next of kin ~~did~~/did not bring up the subject of identity of the remains.

13. Connellly in Torrington Conn Main Street 5th night
(Name, address of Hotel and length of stay where billeted)

14. Departed 0711 by _____ on apl 26-49
(Govt. vehicle or train) (date)

at 1100AM hours Arrived at AGRD, NYPT on apl 26-49
(date)

at 1100AM hours.

15. REMARKS (Unusual occurrences): _____

16. RECEIPT OF TWENTY-ONE (21) ROUNDS OF BLANK AMMUNITION IS ACKNOWLEDGED
(IF NO BLANKS WERE ISSUED WRITE "NONE" none)

James Giacomoni 1st Sgt Frank McManera
Name of Receiver (Name, Rank, Serial Number of Escort)

Organization PA 1213711 Det 5-130095U
(Organization)

Date apl 26-49
Date Received

RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE

58th ST & 1st AVE, BROOKLYN, NEW YORK

REMAINS CONSIGNED TO:

DOMENIC LA PORTA
82 LITCHFIELD STREET
TORRINGTON, CONN.

31103203

REMAINS OF THE LATE **TEC 5 ALPHONSE PARISE** ACCOMPANIED BY AN
ESCORT ARE SCHEDULED TO LEAVE **NEW YORK** ON TRAIN
NUMBER **20 NEW HAVEN** RAILROAD AT **TWO PM EST**
ON **MONDAY 25 APRIL** AND DUE TO ARRIVE AT **TORRINGTON**
AT **SIX THIRTEEN PM EST** ON **SAME DATE.**

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE
NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT: CPL. GUERRINO FRATTAROLI
RA 6 144 758
DET 5, 1300TH ASU

G. H. BARE
COLONEL, QMC

FILE
15 JUN 1949

REGISTRATION
BRANCH
MEM. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 25 day of April, 1949
(Day) (Month)

Det 5-1300 ASU RA 1213711
(Witness (Escort))

Domenic La Porta
(Consignee)

REPATRIATION
RECORDS BRANCH
JUN 10 2 44 PM '49
MEMORIAL DIVISION

DISINTERMENT DIRECTIVE

39-84
130

SECTION A— NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 4650 12162		DATE 15 06 48 DAY MONTH YEAR	
NAME PARISE ALPHONSE				SERIAL NUMBER 31103203		RANK TEC5	ARM 1
CEMETERY MARGRATEN - AACHEN						DATE OF DEATH	DISPOSITION OF REMAINS
						DAY MONTH YEAR 1 11 00 01	CODE DIST. PT.
PLOT LL	ROW 4	GRAVE 100	COUNTRY HOLLAND		CAUSE OF DEATH 2		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE DOMENIC LA PORTA 82 LITCHFIELD STREET TORRINGTON, CONNECTICUT				NAME AND ADDRESS OF NEXT OF KIN JOHN PARISE (FATHER) 142 WASHINGTON AVENUE TORRINGTON, CONNECTICUT			
--	--	--	--	---	--	--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
------------------	--	----------------------	--

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

MINOR DISCREPANCIES 1

ID TAG CARRYS MIDDLE INITIAL "S"

REMAINS PREPARED AND PLACED IN CASKET

DATE		BY	
CASKET SEALED BY		EMBALMER (Signature)	
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY	
DATE		BY	

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF DISINTERMENT

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARSHALTON, HOLLAND		TO ANTWERP PORT PIER 140	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i> 38237	DATE 20/1/49	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 20/1/49

2. SHIPPED

FROM AGRO ANTWERP BELGIUM		TO 1 CAT BARNEY KIRSCHBAUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER 5 Jefferson	
SIGNATURE OF SHIPPER R. D. MILLER, LT COL. T.C.	DATE 15 FEB 49	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 15 FEB 49

3. SHIPPED

FROM TO THE OFFICE OF THE ADJUTANT GENERAL		TO <i>[Signature]</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 15 FEB 49	SIGNATURE OF RECEIVER LIEUT. COLONEL, T.C.	DATE MAR 10 1949

4. SHIPPED

FROM <i>[Signature]</i>		TO DC 01	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LIEUT. COLONEL, T.C.	DATE MAR 15 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAR 12 1949

5. SHIPPED

FROM LOBBINGTON, CONNECTICUT		TO LOBBINGTON, CONNECTICUT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JOHN BYRNE (EVANS)	
SIGNATURE OF SHIPPER DOMENIC TV BOBYA	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

DISINTERMENT DIRECTIVE

17 Aug 48

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
NAME PARISE ALPHONSE				SERIAL NUMBER 31103203		RANK TECS	
CEMETERY				ARM 1		DATE OF DEATH	
PLOT LL				ROW 4		GRAVE 100	
COUNTRY MARGRATEN HOLLAND				DISPOSITION OF REMAINS		CAUSE OF DEATH	
				CODE		DIST. PT.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME ALPHONSE PARISE	SERIAL NUMBER 31103203	RANK T/5	DATE OF DEATH	DATE DISTINTERRED 26 AUGUST 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION	RELIGION C	IDENTIFICATION VERIFIED BY WILLARD B OWEN, CAPT INF	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL BLANKET	CONDITION OF REMAINS AMPUTATION AT UPPER 1/3 R/FEMUR; OTHERWISE REMAINS COMPLETE. ABDOMINAL INCISION. ADVANCED DECOMPOSITION.
OTHER MEANS OF IDENTIFICATION I. D. TAG FOUND WITH REMAINS DURING PROCESSING.	

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE **30 AUGUST 1948** BY **THOMAS H JAMES, EMBALMER**

CASKET SEALED BY **THOMAS H JAMES** EMBALMER (Signature) **THOMAS H JAMES**

CASKET BOXED AND MARKED **BRADFORD W JENNINGS, CLERK RECORDER** SHIPPING ADDRESS VERIFIED BY **WILLARD B OWEN, CAPT INF** ALL TAGS, PLATES AND MARKINGS VERIFIED BY **WILLARD B OWEN, CAPT INF**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

W B Owen
WILLARD B OWEN, CAPT INF
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

INSPECTION CHECK LIST				SPACE NO.					
CASE NO.		NAME OF DECEASED (Last, First, Middle Initial)			BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
		PARISE, ALPHONSE			GF	W	C	M	
RANK OR GRADE		SERIAL NUMBER		CONSIGNEE					
TEC 5		31103203		DOMENIC LA PORTA 82 LITCHFIELD STREET TORRINGTON, CONN.					
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)					CONDITION OF SHIPPING CASE (Check One)				
					<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)					REMARKS				
FINISH (Interior)									
HANDLES									
HANDLE BOLTS									
STENCILING—NAME PLATE									
HEALTH PERMIT MARKER									
HEALTH PERMIT NUMBER									
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)					CONDITION OF CASKET (Check One)				
					<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)					REMARKS <i>Resprayed defunct finish</i>				
HANDLES AND FASTENINGS									
STENCILING—NAME PLATE									
CAM LOCKS (Sealing)									
ODOR OR MOISTURE									
ROUTED THROUGH									
<input type="checkbox"/> MORTUARY OPERATING ROOM					<input type="checkbox"/> REPAIR SHOP				
CONDITION OF REMAINS					CASKET REPAIRED				
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					<input type="checkbox"/> YES <input type="checkbox"/> NO				
NECESSARY DISINFECTION (Explain)					CASKET EXCHANGED				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				
					SHIPPING CASE REPAIRED				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				
					SHIPPING CASE EXCHANGED				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				
					REMARKS				
TIME	DATE	SIGNATURE OF MORTICIAN			TIME	DATE	SIGNATURE OF INSPECTOR		
						4/21	<i>[Signature]</i>		
REMARKS									

RECEIVED

1949 MAR 3 17 27

WU018 12 COLLECT

TORRINGTON CONN MAR 3 1135A

COL G H BARE

NY PORT OF EMBARKATION NO 1 BROOKLYN NY
TELEGRAM RECEIVED REGARDING REMAINS OF ALPHONSE PARISE
CONFIRM WITH ORIGINAL INSTRUCTIONS

LAPORTA FUNERAL HOME

1216P

PARISE..

IN 11 00Y

MAR 3 11 21 PM 1940

DD 11 11 11
TYPE

TO: DIRECTOR FBI WASH DC
FROM: SAC MEMPHIS

RE: MURKIN

RE MEMPHIS TELETYPE TO BUREAU 2/28/40

RE MEMPHIS TELETYPE TO BUREAU 2/28/40

RE MEMPHIS TELETYPE TO BUREAU 2/28/40

RE MEMPHIS TELETYPE TO BUREAU 2/28/40

11/11

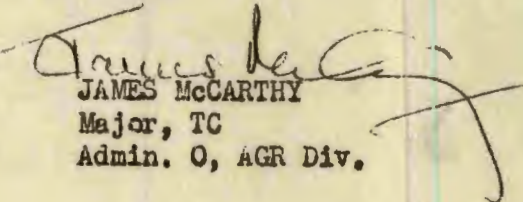
11/11

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK

RECEIVED
1949 FEB 26
I certify that this message is on official
business and that its transmission with a
lower precedence, or by air mail, regular
mail, or scheduled messenger would be pre-
judicial to the public interest.

DOMENIC LA PORTA
82 LITCHFIELD ST.,
TORRINGTON, CONN.

ASST BARNEY KIRSCHBAUM


JAMES MCCARTHY
Major, TC
Admin. O, AGR Div.

PLEASE BE ADVISED THE REMAINS OF THE LATE TEC-5 ALPHONSE PARISE
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO YOU AT ABOVE ADDRESS. WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED
THAT AN INTERVAL OF SEVERAL WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED.
YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR SHIPMENT OF
REMAINS FROM THIS DISTRIBUTION CENTER OF DATE AND TIME REMAINS WILL ARRIVE AT
RAILROAD STATION. PLEASE ARRANGE WITH YOUR FUNERAL DIRECTOR TO ACCEPT REMAINS AT
RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE
FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT.
SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE
MILITARY HONORS AT FUNERAL. PLEASE FURNISH NAME AND ADDRESS OF FUNERAL DIRECTOR
SELECTED AND CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OR SUBMIT
NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK
PORT OF EMBARKATION. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT
EXPENSE WITH CHANGES IN DELIVERY INSTRUCTION RECEIVED AFTER EXPIRATION OF THE
FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, CMC

RELEASED TO W U

3 MAR 49

CHARLIE (REV)

630A

RRE Form #39
13 Jul 48

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

PARISE ALPHONSE T/5 31103203
(Last Name) (First Name) (Initial) (Rank) (ASF)

Repatriated to the United States

22 FEB. 1949

STATION FILE

Incl #

853 CHECK LIST FOR DISINTERMENTS

To accompany Report of Reburial

Only Part I should be completed, if identification tags are available
Both Part I & Part II should be completely filled out if identification tags are not available.

If information is unavailable, so indicate,

Case No 853, Holland

5

PART I

(Positive Identification)

1. Parise, Alphonse, A. T/5 31103203 48th Armd, Inf. Bn.
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached 1 Dog Tag found on body

3. Give exact location from which disinterred, furnishing coordinates and map series used Woensel Cemetery, Eindhoven, Holland E 424-205
Sheet 4 1:100,000 Holland Plot EE Grave 123

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery) Woensel Cemetery Eindhoven, Holland

5. Approximate or established date of death (state why & give basis for date selected) 9 Nov. 1944 From Cemetery Records

6. Approximate or established date of burial (give basis for date established) 15 Nov. 1944 From Cemetery Records

7. Manner in which graves was marked and all information contained on the marker 31103203 T/5 Parise, A. 48 Armd. Inf. Btn. U.S. AA. 9.11.44
Back of marker: 31103203 T/5 Parise A. 48 Armd Inf Btn USSA 9.11.44

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned All effects removed by German Military

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Jan Verheul 33 Slagerstraat Eindhoven, Holland
Caretaker Woensel Cemetery Eindhoven, Holland
Geraus A.J. Van Der Putten Town Quartermaster.

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.

13. Give as detailed description as possible of condition and amount of remains

14. Give probable cause of death; type & location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gun, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type) (WD Serial No.) (Organization) (Serial No. & Type

of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin; give description and markings

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity

Wm. H. Ewing, 1st Lt. Amc 3060 Ave G R C.

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

10 July 1945

DATE

GRAVES REGISTRATION REPORT FORM.

Report No.

Schedule No.

Place of Burial **EINDHOVEN, (WOENSEL) Holland**

GSGS 4336

1/100.000

General Cemetery. **HOLL. 3 (E-41)**

Sheet 4

4217

Map Reference or

The following are buried here :-

Location Detail.

Regiment.	Army No.	Name and Initials	Rank.	Date of Death.	How marked.	Plot, Row and Grave.
48. Armd. Inf. Bn. US Army	31103203T/5	ALPHONSE PARISE DOW - 9 Nov - 44	TEC-5 A	KIA 9.11.44	Cross	EE 1
501 Para Inf 101 Airborne Div. USA	11031684	LEONARD MAURICE POW - 21 Nov. 44	Pfc PFC	21.11.44	"	KK 6 222
505 Para Inf US Army	36611865	CHARLES W EVELAND DOW - 21 Oct. 44	PVT	"	"	KE 4 167
	① 11. Jul. 45	Reburied at Margraten Holland Plot 22. Row 4 Grave 100.			Capt. for Col.	
	② 4. Aug. 45	Reburied at Margraten. Holl. Plot 00 Row 1. Grave 22.			D.D.G.R.E.	
	③ 11. Jul. 45	Reburied at Margraten Holl. Plot 22. Row 4 Grave 99.				

SERIAL No.	UNIT	RANK and ARMY NUMBER	NAME and INITIALS
1	48 Armd. Inf: Bth. U.S.A. Army	31103203 T/S	PARISE A M/WC
2			
3			
4			
5			
6			

853

COUNTRY	CEMETERY	MAP REF. or LOCATION DETAILS:	SERIAL	PLOT	ROW	GRAVE
Holland	Eindhoven	3/E41	1	VAK	V02no	
			2	LET.	1	
			3			
			4			
			5			
			6			

SERIAL No.	MEANS OF IDENTIFICATION OF BODY	RELIGION	DATE OF DEATH
1	Identification Disc	R.C.	9 Nov 1944
2			
3			
4			
5			
6			

SIGNATURE AND DESIGNATION OF CHAPLAIN OR BURIAL OFFICER

(Signature)

W. Malone C.F.

Date

27/12/44

SG (B) General Hospital

Must remain with attached papers

NUMBER EACH MEMO OR REPLY IN LEFT BORDER. DRAW LINE UNDER EACH. USE ENTIRE WIDTH OF PAPER.

853
31 Jan 1945

TO	FROM	DATE
GR&E APO 887	AG CAS DIV APO 887	23 Feb 45

~~CONFIDENTIAL~~ SUBJECT:

Classification Cancelled
By [Signature]

RESTRICTED

1. Attached is British Burial Report forwarded for your information.

2. Records this Headquarters indicate T/5 Alphonse Parise, 31103203, DOW 9 November 1945.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
↑
IN
24 FEB. 1945
APO 887
YRE

D.M. Christy

D.M. CHRISTY
CAPT, AGD
Assistant Adjutant General

RECEIVED
18 FEB 1945
APO 887
18309

1 Incl: British Burial Report

*See Alexander Willis W.
Magrath Lt-4-94
Correspondence
Investigation
(Cem. Eindhoven
Holland)*

RESTRICTED

~~CONFIDENTIAL~~
LIFT HERE. USE OTHER SIDE

HEADQUARTERS
7855 AGRC ZONE ONE
APO 58 (Liege) US ARMY

GRU 332.3(0) Margraten LL-4-100

C E R T I F I C A T E

I certify that I have removed the attached identification tag(s)
from the remains of:

~~PS~~ PARISE ALPHONSE --- T/5 31103203
~~(Last Name) (First Name) (Initial) (Rank) (ASN)~~

The attached identification tag(s) removed for the following reason:

QMC Form 1194 indicates:

PARISE ALPHONSE ----- T/5 31103203
~~(Last Name) (First Name) (Initial) (Rank) (ASN)~~

Identification Tag indicates:

PARISE ALPHONSE S 31103203
~~(Last Name) (First Name) (Initial) (Rank) (ASN)~~

Imprint of Tag:

ALPHONSE S PARISE
31103203 T42 43 0
JON
242 GAZEMINGON AVE.
TORRINGTON, CONN 0

s/ E.N. Heisey
1st Lt QMC

(Signature of Verifying Officer)

CERTIFIED TRUE COPY

Raymond G. Johnson
RAYMOND G. JOHNSON
1st Lt Inf
Ass't Oper. Officer

FILE

Doc #1

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

SPECIAL INSTRUCTION SHEET

Supplement to Disinterment Directive No. 12162

OVERSEAS BURIAL LOCATION:

Date 23 April 1948

NAME Pariso, Alphonse

CEMETERY USC Margraten, Holland

PLOT 11 ROW 4 GRAVE 100

1. The following listed person in lieu of legal Next of Kin should be notified of the date of arrival of remains from Margraten, Holland

Domenic LaPorta
82 Litchfield St.
Torrington, Connecticut
Phone 7991

Do Not notify Next of Kin.

2. Request your office take necessary action in regard to the above.

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE

L.

Teo 5 Alphonse Parise, 31 103 203
 Plot II, Row 4, Grave 100,
 United States Military Cemetery
 Margraten, Holland

4 December 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I. JOHN PARISE

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

ST FRANCIS NEW CEMETERY - TORRINGTON CONN.
 (NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
 (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

Filed Response
4/21/48

WMP

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
STATE OR TERRITORY OF U. S. A., OR COUNTRY	TELEGRAPH ADDRESS	TELEPHONE No.
EXPRESS OFFICE (Nearest railroad passenger station)		

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR DOMENIC LA PORTA -			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
82 LITCHFIELD ST.	TORRINGTON-LITCHFIELD	CONN.	
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
SAME AS ABOVE		7981	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
PARISE	ELIZABETH		MOTHER
142 Washington Ave	TORRINGTON	LITCHFIELD	CONN.

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

<p><i>John Parise</i> (SIGNATURE OF NEXT OF KIN)</p> <p>JOHN PARISE (NAME PRINTED OR TYPED)</p>	<p><i>142 Washington Ave</i> <i>John Parise</i> (STREET AND NUMBER)</p> <p><i>Torrington Conn.</i> (CITY AND STATE)</p>
--	---

Subscribed and duly sworn to before me according to law by the above-named applicant this 10 day of Jan, 1948 at city (or town) of Torrington, county of Litchfield, and State (or Territory or District) of Connecticut.

*NOTE.—Page 4 is part of the notarial attestation.

Domenic LaPorta
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

Please fill in the Disinterment Certificate No., Cemetery Code No. and the Distribution Center.

If you are the next of kin and you de

I, THE _____
NAMED IN PART I OF THIS FORM, DO
THE NEXT EXISTING PERSON IN THE

Parise, Alphonse
USMC Margraten, Holland
Plot LL, Row 4, Grave 100

DECEASED
DECEASED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

_____ (DATE)	
_____ (SIGNATURE OF NEXT OF KIN)	_____ (STREET AND NUMBER)
_____ (NAME PRINTED OR TYPED)	_____ (CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

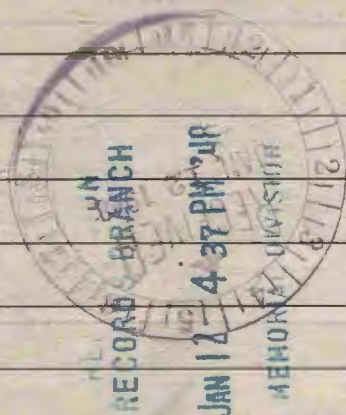
_____ (DATE)	
_____ (SIGNATURE)	_____ (STREET AND NUMBER)
_____ (NAME PRINTED OR TYPED)	_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation.

part

Any further communications on this case should be made directly with Mr. D. LaPorta - General Director



2
Box 5 Alphonse Parise, 31 103 203
Plot II, Row 4, Grave 100,
United States Military Cemetery
Margraten, Holland

4 December 1947

Mr. John Parise
142 Washington Avenue
Hartington, Connecticut

Dear Mr. Parise:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

8
Dials.
JMN
THOMAS B. LARKIN
Major General
The Quartermaster General

12 November 1946

Mr. John Parise
142 Washington Avenue
Torrington, Connecticut

Dear Mr. Parise:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Technician Fifth Grade Alphonse Parise, A.S.N. 31 103 203.

293 The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot LL, row 4, grave 100. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

F. B. LANKIN
Major General
The Quartermaster General

led

Nov 12 5 29 PM '46
O U M G
MAIL & RECORDS BRANCH



ARMY SERVICE FORCES

IN REPLY REFER TO SPQYG 299 314.6 OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.



17 December 1945

SUBJECT: Corrections of Reports of Interment

TO: *314.6 T/O European* *US Misc*
A Commanding General, American Graves Registration Command
European Theater, Versailles, France
A PO 887, c/o Postmaster
~~New York, New York~~
FOR:

1. It is requested that the burial reports and grave markers for the following decedents, interred at the U. S. Military Cemetery, Margraten, Holland, be changed to correct the discrepancies underlined, and that this office be advised when these corrections have been completed.

NAME	RANK/ GRADE	SERIAL NO.	BRANCH of SERV.	RELIGION	DATE OF DEATH	GR.	ROW	PLOT
<i>293</i> <u>Farise, Alphonse</u> (delete M.I. "S")	Tec 5	31 103 203	48th Inf. Arm'd Bn			100	4	LL
Davis, Bailey B.	Pfc	<u>38 678 830</u>	41st Air Arm'd Inf Regt			225	9	N
Gancarz, Joseph J.	T/5	36 306 437	2nd Evac Hosp			52	3	CC
Waller, Bertil M. F.	S/Sgt	36 243 978	45 Trp Carrier Sq			133	6	II
Marinelli, William A.	Cpl	<u>32 217 269</u>	35 Tk Bn			170	7	A
<u>Slomczewski, Anthony</u>	Pfc	36 884 907	358th Inf Regt			197	8	A

FOR THE QUARTERMASTER GENERAL:

JAMES L. PRENN
Major, QMG
Assistant

X 293

Farise, Alphonse

31,103,203

Last Name First Name I.I.

Parise, Alphonse

Army Serial No. 31103203

Name of Cemetery Margraten

Check for Corrections of:-

Do not omit middle initial

How _____

Grave _____

REMARKS

*Spoke Nov 45
27 VB
T*

Case #855

Evacuated by 3060th QM Gr. Reg. Co.

Edwin Miller
Signature of Officer or other person reporting burial

EDWIN W. MILLER, 1st Lt. QMC
603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

X293 Parise, Alphonse S. (31103203)

17
BURIAL

11 July 1945
Date

Tec 5
Rank

31103203
Serial No.

Organization
KIA

Cause of Death

land VK 645482
Name or Coordinates of Location

Cross
Type of Marker

Number

Attached to Marker Yes No GRS TAG

REBURIAL

Previously buried in _____ Cemetery

Plot _____ Row _____ Grave _____

Left.

5

Rank _____ Organization _____ Grave No. 99

Rank _____ Organization _____ Grave No. _____

Nothing above Data when other than officer reporting burial.

Identification tag is not affixed fill in below:

Notify Addressee _____ Name _____

Address _____

on _____ Cath. _____

Disposition of same:

*File
2-14-45
M.H.*

REPORT OF BURIAL

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Left Hand

2

RECEIVED

Right Hand

2

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Thumb

Thumb

TOOTH CHART

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

	Decesed's Left															
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
									Decesed's Right							
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

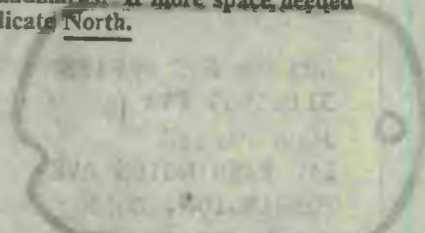
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

AG P BR HQ SOS

122560



853 CHECK LIST FOR DISINTERMENTS

To accompany Report of Reburial
Only Part I should be completed, if identification tags are available
Both Part I & Part II should be completely filled out if identification tags are not available.

If information is unavailable, so indicate,

Case No 853, Holland

293 - Parise, Alphonse S. I

(Positive Identification)

1. Parise, Alphonse, S. S/S 31103203 48th Army Inf. Bn.
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached 1 Dog Tag found on body

3. Give exact location from which disinterred, furnishing coordinates and map series used Wonsel Cemetery, Mindhoven, Holland E 424-205
Sheet 4 1:100,000 Holland Plot 28 Grave 123

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery) Wonsel Cemetery Mindhoven, Holland

5. Approximate or established date of death (state why & give basis for date selected) 9 Nov. 1944 From Cemetery Records

6. Approximate or established date of burial (give basis for date established) 15 Nov. 1944 From Cemetery Records

7. Manner in which graves was marked and all information contained on the marker 31103203 S/S Parise, A. 48 Army Inf. Bn. OIS. AA. 9.11.44
Back of marker: 31103203 S/S Parise A. 48 Army Inf Bn USCA 9.11.44

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned All effects removed by German Military

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Jan Verheul 33 Slagcransdijk Mindhoven, Holland
Caretaker Wonsel Cemetery Mindhoven, Holland
Gerardus A.J. Van Der Putten Town Quartermaster.

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

11. _____
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.

Write
7-3-43
J.M.B.

13. Give as detailed description as possible of condition and amount of remains

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type) WD Serial No.) (Organization) (Serial No. & Type

of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin; give description and markings

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity

1st Lt. Wm A. Curry 01588991 3060 Qm Bn Co.
(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

10 July 1945
(DATE)

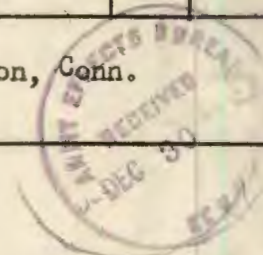
328592

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 21 December 1944

FULL NAME Parise, Alphonse		ARMY SERIAL NUMBER 31 103 203		GRADE Tec 5	
HOME ADDRESS Torrington, Conn.		ARM OR SERVICE Infantry		DATE OF BIRTH 17 Dec 06	
PLACE OF DEATH European Area		CAUSE OF DEATH Wounds received in action		DATE OF DEATH 09 Nov 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 Mar 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. John Parise, father, 142 Washington Ave., Torrington, Conn.					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) John Parise, father, same as above Elizbeth Parise, mother, same as above					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW) X					



ADDITIONAL DATA AND/OR STATEMENT

Evidence of death received in W. D. 11 Dec 44

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
Z. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

 BATTLE NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. John Parise
142 Washington Avenue
Torrington, Connecticut

Effects of:

Name T/5 Alphonse Parise

ASN 31103203

Case No. 328592 D

Wt.

DATE 10 August 1945

RTB:WA:am

E. Parise
FOR: Effects Quartermaster

REMARKS:

X Inclose Bureau Check
Acct. No. 121566
Amount \$39.68 *me*
Inclose "Valuables" item
Ship "Valuables" item(s)

Remove G.I.
X Note discrepancy in *me*
Films removed
Diary removed
Laundry removed

²⁰
1170~~90~~ bt

ROUTING:

1 Accounting Branch *bat*
Warehouse Division
2 Files Branch, Adm. Div.

121566

328592

August 13

45

John Parise

39.68

Thirty-Nine and 68/100

REMARKS:

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

Shipping Clerk

ARL Y. EFFECTS BUREAU
INVENTORY

JUL 9 1945

File

Alphonse

328,592 DC

CASE NO. _____

TYPED BY _____

DATE _____ *lc*

STATUS _____ *6-23-45*

NAME _____ *dec.*

A.S.N. _____ *Alphonse* *correct* *G.S. Parise*

RANK _____ *31163203*

ORGANIZATION _____ *unk.*

AMOUNT _____ *unk.* ACCOUNT NO. *121566 RCP*

LIST NO. _____ *39.68* PAID-Check No. *117020 ff*

REMARKS _____ *F-218*

ACCOUNTING INVENTORY

328592

RTB:WA:am
August 10, 1945

Mr. John Parise
142 Washington Avenue
Torrington, Connecticut

Dear Mr. Parise:

The Army Effects Bureau has received additional property of your son, Technician Fifth Grade Alphonse Parise, consisting of funds in the amount of \$39.68. A check for this sum is inclosed.

The transmittal of funds by this Bureau does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

Sincerely,

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch

1 Incl--
Check

W
577

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. John Parise
142 Washington Avenue
Torrington, Connecticut

SHIP TO:
T/5 Alphonse Parise

Effects of:
Name 31103203
ASN 328592 D
Case No.
Wt.

DATE 2 June 1945
GHC:WA:fg

AB Court
FOR: Effects Quartermaster

REMARKS:

 Inclose Bureau Check
 Acct. No.
 Amount
 Inclose "Valuables" item
 Ship "Valuables" item(s)

 Remove G.I.
 Note discrepancy in
 Films removed
 Diary removed
 Laundry removed

ROUTING:

 Accounting Branch
1 Warehouse Division
2 Files Branch, Adm. Div

1 pkg

REMARKS:

Franked FRAN
Est. Exp Chgs.
Est. Frt. Chgs.
No. of Packages 1

JUN 6 1945

 mk
Shipping Clerk

PACKAGE DESCRIPTION <i>HPK</i>	ARMY EFFECTS BUREAU INVENTORY	DECEASED <input checked="" type="checkbox"/>
		MISSING <input type="checkbox"/>
		P.O.W. <input type="checkbox"/>
		ABANDONED <input type="checkbox"/>
		TALLY NO. <i>7609</i>
		INV. DATE <i>19-May-45</i>
		ORIG. NO. OF PKGS. <i>1</i>
		BOX NO. <i>8</i>
		SHEET OF <i>1</i> SHEETS
		ORGANIZATION <i>42nd Central F.</i>

328,592
we

NAME *ALPHONSE PARISE*
A.S.N. *31103203* RANK *S/5*

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR.	CAMERAS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	BOOKS, PILOT LOG
OVERCOATS	PEN, FOUNTAIN	DIARY (REMOVED FOR DUR)
SCARFS	PENCIL, MECHANICAL	FILMS
SHIRTS	PIPES	LETTERS
SOCKS, PR.	<input checked="" type="checkbox"/> RELIGIOUS ARTICLES	PAPERS, PERSONAL
TIES	RIBBONS, DECORATION	PHOTOS
TOWELS	RINGS	SHOE SHINE ARTICLES
TROUSERS, PR.	TOBACCO	SHORT SNORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS *John Parise* ATTACHMENTS *1 attachment*
192 Washington Ave
Sorington Conn.

EFFECTS OF <i>Sgt. Gillan 3648570</i> <i>found in these effects and set up</i> <i>as additional.</i>	WEIGHT	G.I. REMOVED
		SHORTAGE ON REVERSE
C.A.T. <i>None</i>		IDENT. TAGS REMOVED
WAREHOUSE SPACE <i>1539</i>	STORED BY <i>mk</i>	DIARY REMOVED
INVENTORIED BY <i>Davidson</i>	DATE SHIPPED	LOCKED STORAGE
PACKED BY <i>Parise</i>	CHECKED BY <i>mk</i>	LAUNDRY REMOVED
		FILM REMOVED

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were not in the containers inventoried by me:

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

Subject - Personal Effects,

Ref. No. - 86/H/9/44.

Officer in Charge,
G.H.Q. 2nd Echelon,
Effects Section,
21 Army Group,
Childwall Hall,
Liverpool, 16.

31103203. T/5. Parise, A. (Deceased).
48th Armd Inf Bn, USA Army.

The enclosed personal effects in respect of the
a/n who died at this hospital of even date, are
forwarded for your disposal.

ADK
(A.D. Bourne) Lt. Colonel, R.A.M.C.
Commanding 86 (BR) General Hospital.

B.L.A.
9 Nov 44.
/ABD

NAME KNEIGHT, J. LT.

BAY	PALLET	BOX	TALLY
62	55	8	7609
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
BAG			

HE. QM Form 48

328592

GHB:WA:fg
June 2, 1945

Mr. John Parise
142 Washington Avenue
Torrington, Connecticut

Dear Mr. Parise:

The Army Effects Bureau has received from overseas some property of your son, Technician Fifth Grade Alphonse Parise.

This property, consisting of religious articles and a billfold, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son.

Yours very truly,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

67

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

JEM:WA:fg
Case No. 32552
Date 2 June 1945

SUBJECT: Report of transaction in disposing of the effects of

Alphonse Parise 31103203 late a
(Name of deceased) (Army Serial Number)
Technician Fifth Grade Infantry who died
(Grade) (Organization, Army or Service)
on the 9 day of November, 1944, at European Area

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed undisputed local creditors the sum of \$ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 30 May 1945, pursuant to Special Orders 228, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of _____

John Parise for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, John Parise of _____
(Name of person found entitled)

142 Washington Avenue Torrington State of _____
(Number, Street or Avenue) (City, Town or Village)

Connecticut, is the Father of the _____
(Relationship or Capacity)

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL