

Name **GUSTAFSON ADOLPH** Service Number **XXXXXXX U S COAST GUARD**  
 Enlisted at **XXXXXX** Date **3-1-18**  
 Enrolled **XXXXXX** Town **MANISTEE** U. S. N. **XXXXXX** F.  
 Age at Entrance **28 YRS 5 MOS** Rate **SURFMAN**  
 Home Address **919 HIGH ST** County **--** State **MICH**  
**C** Served at From To Served as No. Days

**COAST GUARD STATION  
264**

**8 MOS 10  
DAYS**

**SURFMAN**

**8 MOS 10  
DAYS**

Remarks:

Date **12-31-18** Discharge **10-7-20**  
 Place **XXXXXXXXX MANISTEE MICH**

4-5496

Rating at Discharge

**SURFMAN**

143692

138550  
Claim No. |  
Approved  
Disapproved  
Date 9/8/99  
J. E. C.

138550  
Claim No.  
Approved  
Disapproved  
Date 4/5/81