

not found 1. Suspended JUN 12 1 1956 ~~Identify~~ ORIGINAL

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print name) <i>CRANE</i> Crane, Moses			APPLICATION FOR HEADSTONE OR MARKER (See attached instructions. Complete and submit original and duplicate)		
2. ENLISTMENT DATE (Month, Day, Year) unknown		3. DISCHARGE DATE (Month, Day, Year) unknown <i>May 2, 1778</i>		12. EMBLEM (Check one) <input type="checkbox"/> CHRISTIAN (Latin Cross) <input type="checkbox"/> HEBREW (Star of David) <input checked="" type="checkbox"/> NONE	
4. SERVICE NO. unknown <i>Per War</i>		5. PENSION OR VA CLAIM NO. unknown		13. CHECK TYPE REQUIRED <input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input checked="" type="checkbox"/> FLAT GRANITE MARKER <input type="checkbox"/> FLAT BRONZE MARKER	
6. STATE <i>N.J.</i> unknown		7. GRADE unknown	8. MEDALS unknown		14. SHIP TO (Name and address of person who will transport stone or marker to cemetery) <i>Parsippany Chapter N.S.D.A.R. c/o Susan DeCamp Condit, Regent, Parsippany N.J.</i>
9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP <i>Private in Morris County Militia Capt Bates Co Cavalry Regt.</i>			15. FREIGHT STATION <i>Boonton, N.J.</i>		
10. DATE OF BIRTH (Month, Day, Year) <i>1728 Parsippany</i>		11. DATE OF DEATH (Month, Day, Year) <i>February 12, 1795</i>		16. NAME AND LOCATION OF CEMETERY (City and State) <i>Parsippany Presbyterian Church Cemetery Parsippany, N.J.</i>	
DO NOT WRITE HERE			17. I CERTIFY THE APPLICANT FOR THIS STONE OR MARKER HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT SAME TO THE CEMETERY.		
RECEIVED		18. NAME AND ADDRESS OF APPLICANT (Print or type) <i>Parsippany Chapt. N.S.D.A.R. Regent c/o Susan DeCamp Condit, Regent Parsippany N.J.</i>			
VERIFIED		19. I certify this application is submitted for a stone or marker for the unmarked grave of a deceased member or former member of the Armed Forces of the United States, soldiers of Union and Confederate Armies of the Civil War. I hereby agree to accept responsibility for properly placing the stone or marker at the grave at no expense to the Government.			
B/L WY 4981944		SIGNATURE OF APPLICANT <i>Parsippany Chapter</i> DATE <i>5/7/56</i> <i>N.S.D.A.R. Susan DeCamp Condit, Regent</i>			
ORDERED		H. E. FLETCHER CO., INC. WEST CHELMSFORD, MASS.			

DMC FORM
13 OCT 52 646

REPLACES ODMG FORM 63, 8 FEB 49
WHICH MAY BE USED

IMPORTANT—Reverse Side Must Be Completed

16-11453-9 GPO

22 6/12/56

NAS/JDW 5-29-56

Not Found WEL NGR 6-12-56