RECORD OF EMERGENCY DATA

S-I

1. SHIP OR STATION

USS CHICKASAW (YTB-21) NB Long Beach, California 96601

2. NAME OF SPOUSE — PLACE OF MARRIAGE — DATE OF MARRIAGE

NONE — NA — NA

ADDRESS — CITIZENSHIP

NA — NA

3. NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH	DEP.
NONE				

	ADDRESS	DEP.
4. FATHER: RICHARD JOHN KERRY	Indian Hill Road, Groton, Mass.	NO
5. MOTHER: ROSEMARY FORBES KERRY	Same as item #4	NO

6. OTHER — Name:	Address:	Relationship:	Dep.
MARGARET ANN KERRY	Same as item #4	Sister	NO

7. NEXT OF KIN OF SPOUSE	ADDRESS	RELATIONSHIP	DEP.
NA	NA	NA	NA

8. DESIGNATIONS

a. I designate the following beneficiary or beneficiaries for unpaid pay and allowances which includes enlisted members savings deposits.

NAME	ADDRESS	RELATIONSHIP	%
MARGARET ANN KERRY	Same as item 4	Sister	100

b. I designate the following person to receive an allotment of my pay if I become missing or unable to transmit funds.

NAME	ADDRESS	% OF PAY EACH MO.

c. In the event of my death I understand that a six months death gratuity will be paid to my surviving spouse and if no surviving spouse to my legal child or children. However, in the event I am not survived by a legal spouse or eligible children, I designate the following to receive the death gratuity. [NOTE: Name parents, brothers or sisters only].

NAME	ADDRESS	RELATIONSHIP	%
CAMERON FORBES KERRY	Same as item 4	Brother	33⅓
ELAINA FRANCES KERRY	"	Sister	33⅓
MARGARET ANN KERRY	"	Sister	33⅓

9. INSURANCE POLICIES IN FORCE INCLUDING USGLI, NSLI AND SGLI:

NAME OF COMPANY	ADDRESS	POLICY NUMBER
SGLI	SERVICEMEN'S ALLOTMENT	NA

10. LOCATION OF WILL OR OTHER VALUABLE DOCUMENTS	11. RELIGION	12. SOCIAL SECURITY NO.
NA	CATHOLIC	[redacted]

SIGNATURE OF DESIGNATOR	SIGNATURE AND TITLE OF WITNESS	DATE SIGNED
John Forbes Kerry — JOHN FORBES KERRY	C.A. MCGIBBON, LTJG, USN, PERSONNEL OFFICER	12 SEP 1967

NAME OF DESIGNATOR	[redacted]	GRADE/RATE	BRANCH OF SERVICE
KERRY, JOHN FORBES	[redacted]	ENSIGN	USNR-R

RECORD OF EMERGENCY DATA

S-I

1. SHIP OR STATION

USS GRIDLEY (DLG-21) NB Long Beach, California 90801

2. NAME OF SPOUSE | PLACE OF MARRIAGE | DATE OF MARRIAGE

NONE | NA | NA

ADDRESS | CITIZENSHIP

NA | NA

3. NAMES OF CHILDREN | ADDRESS | SEX | DATE OF BIRTH | DEP.

NONE

4. FATHER | ADDRESS | DEP.

RICHARD JOHN KERRY | Indian Hill Road, Groton, Mass. | no

5. MOTHER | ADDRESS | DEP.

ROSEMARY FORBES KERRY | Same as item #4 | no

6. OTHER

Name: | Address: | Relationship: | Dep.

MARGARET ANN KERRY | Same as item #4 | Sister | no

7. NEXT OF KIN OF SPOUSE | ADDRESS | RELATIONSHIP | DEP.

NA | NA | NA | NA

8. DESIGNATIONS

a. I designate the following beneficiary or beneficiaries for unpaid pay and allowances which includes enlisted members savings deposits.

NAME | ADDRESS | RELATIONSHIP | %

MARGARET ANN KERRY | Same as item #4 | Sister | 100

b. I designate the following person to receive an allotment of my pay if I become missing or unable to transmit funds.

NAME | ADDRESS | % OF PAY EACH MO.

c. In the event of my death I understand that a six months death gratuity will be paid to my surviving spouse and if no surviving spouse to my legal child or children. However, in the event I am not survived by a legal spouse or eligible children, I designate the following to receive the death gratuity (NOTE: Name parents, brothers or sisters only).

NAME | ADDRESS | RELATIONSHIP | %

CAMERON FORBES KERRY | Same as item #4 | Brother | 33⅓

DIANA FRANCES KERRY | " | Sister | 33⅓

MARGARET ANN KERRY | " | Sister | 33⅓

9. INSURANCE POLICIES IN FORCE INCLUDING USGLI, NSLI AND SGLI:

NAME OF COMPANY | ADDRESS | POLICY NUMBER

SGLI | SGLI ALLOTMENT | NA

10. LOCATION OF WILL OR OTHER VALUABLE DOCUMENTS | 11. RELIGION | 12. SOCIAL SECURITY NO.

NA | CATHOLIC | [redacted]

SIGNATURE OF DESIGNATOR | SIGNATURE AND TITLE OF WITNESS | DATE SIGNED

John Forbes Kerry | C.A. MCGIBBON, LTJG, USN, PERSONNEL OFFICER | 12 SEP 1967

NAME OF DESIGNATOR | FILE/SERV. NO. | GRADE/RATE | BRANCH OF SERVICE

KERRY, JOHN FORBES | [redacted] | LTJG | USNR

RECORD OF EMERGENCY DATA - NAVPERS 601-2 (REV 11-65) 0105-401-0851

2

RECORD OF EMERGENCY DATA

SEE INFORMATION ON REVERSE BEFORE MAKING ENTRIES

SHIP OR STATION

U. S. NAVY RECRUITING STATION, 207 WEST 24TH STREET, NEW YORK, N.Y. 10011

1. WIFE OR HUSBAND NEVER MARRIED	ADDRESS
2. FATHER Richard John KERRY	ADDRESS Indian Hill Road, Groton, Massachusetts
3. MOTHER Rosemary (FORBES) KERRY	ADDRESS Same as #3
4. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Margaret Ann KERRY (Sister)	ADDRESS Same as #3

5. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE			
NONE			

7. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
NONE	
NONE	

6. CHILDREN	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
NONE					

DESIGNATIONS

		NAME	ADDRESS	RELATIONSHIP
8. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (10 USC SECTIONS 1475 - 1480).		Richard J. KERRY	Same as #3	Father
		Rosemary KERRY	Same as #3	Mother
		Cameron F. KERRY	Same as #3	Brother
9. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (10 USC SEC. 2771) WHICH INCLUDES ENLISTED MEMBERS' SAVINGS DEPOSITS. PERCENT OF SHARES MUST TOTAL 100%.	50 %	Cameron F. KERRY	Same as #3	Brother
	50 %	Diana F. KERRY	Same as #3	Sister
10. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH NO. 80%	Cameron F. KERRY	Same as #3	Brother

11. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
NONE		

12. SIGNATURE AND TITLE OF WITNESS (If non-military, give address)

C. J. ADESSA, JR., PN3, USN

13. SIGNATURE OF DESIGNATOR

DATE SIGNED: FEB 18 1966

SOC. SEC. NO. (Officers only)

NAME OF DESIGNATOR (Last, first, middle)

KERRY, JOHN FORBES

FILE/SERVICE NO. [redacted]

GRADE/RATE: OCSA

BRANCH OF SERVICE: USNR-R

RECORD OF EMERGENCY DATA - NAVPERS 601-2 (Rev 4-61) Stock No. IIA 0105-401 0850 3ND-P&PO-10089

15. **LIST ALL RESIDENCES FROM 1 JANUARY 1937**

MONTH AND YEAR FROM—	MONTH AND YEAR TO—	STREET AND NUMBER	CITY	STATE OR COUNTRY
	Jan '50	Dunbarton Ave Georgetown	Washington D.C.	U.S.A.
Jan '50	Sept '54	3806 Jennifer Street	Washington D.C.	U.S.A.
Sept '54	June'56	c/o High Commission of Germany	Berlin	Germany
June'56	Jan '56	c/o Mrs. Frederick Winthrop Groton House	Ipswich	Mass.
Jan '56	June '58	3806 Jennifer Street	Washington D.C.	
June'58	Jan '62	c/o American Embassy	Oslo	Norway
Jan '62	Jan '63	c/o Mrs. Frederick Winthrop	Ipswich	Mass.
Jan '63	today	Indian Hill Road	Groton	Mass.

16. **PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS**

NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP FROM—	MEMBERSHIP TO—
Yale Political Union 1951 Yale Station	Political	President '64-65	'62	'66
Fence Club 1971 Yale Sta.	Social- Fraternal	None	'63	'66
Haunt Club (no address)	Social	None	'64	'66
Yale Debating Assoc. 771 Yale Sta.	Academic	None	'62	'66
Skull and Bones (no address)	Fraternal	None	'65	'66

17.

YES	NO	
	XXX	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
	XXX	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
	XXX XXX XXX	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
	XX	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
	XXX	ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
	XXX	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

NONE

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (*excluding minor traffic violations for which a fine or forfeiture of $25, or less was imposed*)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. ☐ YES ☒ NO
IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

None

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☐ YES ☒ NO If "YES," GIVE DETAILS

None

28. REMARKS

Continuation of relatives living abroad :

Mrs. G. Forbes Martineau Chateau de Lacoste Drive France Retired aunt
Mrs. I. Armstrong aunt housewife Harston House Harston Cambridge England
Mrs. Monica Pudney housewife aunt 19 Frobisher Court Sydenham Rise, London

There are more first cousins as a result of these aunts and uncles than is possible to include here.

Foreign Travel :

June '59 Sept '59 France Belgium Holland Sweden Norway Travel to home in Oslo

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH. (See U. S. Code, title 18, section 1001)

DATE	SIGNATURE OF PERSON COMPLETING FORM	
OCT 29 1965		
	TYPED NAME AND ADDRESS OF WITNESS	SIGNATURE OF WITNESS
	Daniel P. Barbiero 732 Yale Station New Haven, Conn.	Daniel P. Barbiero

21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

NSN 7540-00-634-4036 5-78

RECORD OF EMERGENCY DATA

S-1

1. SHIP OR STATION

Commander Coastal Division Fourteen, Cam Ranh Bay, Vietnam

2. NAME OF SPOUSE	PLACE OF MARRIAGE	DATE OF MARRIAGE
NONE	NA	NA
ADDRESS		CITIZENSHIP
NA		NA

3. NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH	DEP.
NONE				

	ADDRESS	DEP.
4. FATHER Richard John Kerry	Indian Hill Road, Groton, Mass.	NO
5. MOTHER Rosemary (Forbes) Kerry	Indian Hill Road, Groton, Mass.	NO
6. OTHER Name:	Address:	Relationship: / Dep.
Margaret Ann Kerry	Indian Hill Road, Groton, Mass	Sister / NO
7. NEXT OF KIN OF SPOUSE	ADDRESS	RELATIONSHIP / DEP.
NA	NA	NA / NA

8. DESIGNATIONS

a. I designate the following beneficiary or beneficiaries for unpaid pay and allowances which includes enlisted members savings deposits.

NAME	ADDRESS	RELATIONSHIP	%
Margaret Ann Kerry	Indian Hill Road, Gorton, Mass.	Sister	100

b. I designate the following person to receive an allotment of my pay if I become missing or unable to transmit funds.

NAME	ADDRESS	% OF PAY EACH MO.

c. In the event of my death I understand that a six months death gratuity will be paid to my surviving spouse and if no surviving spouse to my legal child or children. However, in the event I am not survived by a legal spouse or eligible children, I designate the following to receive the death gratuity (NOTE: Name parents, brothers or sisters only).

NAME	ADDRESS	RELATIONSHIP	%
Careron Forbes Kerry	Same As Item #4	Brother	33⅓
Diana Francis Kerry	"	Sister	33⅓
Margaret Ann Kerry	"	Sister	33⅓

9. INSURANCE POLICIES IN FORCE INCLUDING USGLI, NSLI AND SGLI:

NAME OF COMPANY	ADDRESS	POLICY NUMBER
SGLI	GOVERNMENT ALLOTMENT	

10. LOCATION OF WILL OR OTHER VALUABLE DOCUMENTS	11. RELIGION	12. SOCIAL SECURITY NO.
NA	CATH	[redacted]

SIGNATURE OF DESIGNATOR	SIGNATURE AND TITLE OF WITNESS	DATE SIGNED
John Forbes Kerry	Dennis G. Chocalas DENNIS G. CHOCALAS, USN, OFFICER RECORDS	21 SEP 68

NAME OF DESIGNATOR	FILE/SERV. NO.	GRADE/RATE	BRANCH OF SERVICE
KERRY, John Forbes	[redacted]	LTJG	USNR-R

RECORD OF EMERGENCY DATA

S-1

1. SHIP OR STATION

U. S. NAVAL SUPPORT ACTIVITY DETACHMENT, AN THOI, RVN

2. NAME OF SPOUSE	PLACE OF MARRIAGE	DATE OF MARRIAGE
Never Married		
ADDRESS		CITIZENSHIP

3. NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH	DEP.
NONE				

4. FATHER Richard John KERRY	ADDRESS Indian Hill Road, Groton, Mass.	DEP. No
5. MOTHER Rosemary (FORBES) KERRY	ADDRESS Same as item # 4	DEP No
6. OTHER Name: David H. THORNE	Address: USS MADDOX (DD-731)	Relationship: Brother-in-law to be	Dep. No
Margaret Ann KERRY	Same as item # 4	Sister	No
7. NEXT OF KIN OF SPOUSE NA	ADDRESS	RELATIONSHIP	DEP.

8. DESIGNATIONS

a. I designate the following beneficiary or beneficiaries for unpaid pay and allowances which includes enlisted members savings deposits.

NAME	ADDRESS	RELATIONSHIP	%
Diana Francis KERRY	Same as item # 4	Sister	50
Margaret Ann KERRY	Same as item # 4	Sister	50

b. I designate the following person to receive an allotment of my pay if I become missing or unable to transmit funds.

NAME	ADDRESS	% OF PAY EACH MO.

c. In the event of my death I understand that a six months death gratuity will be paid to my surviving spouse and if no surviving spouse to my legal child or children. However, in the event I am not survived by a legal spouse or eligible children, I designate the following to receive the death gratuity: (NOTE: Name parents, brothers or sisters only).

NAME	ADDRESS	RELATIONSHIP	%
Cameron Forbes KERRY	Same as item # 4	Brother	33
Diana Francis KERRY	"	Sister	33
Margaret Ann KERRY	"	Sister	33

9. INSURANCE POLICIES IN FORCE INCLUDING USGLI, NSLI AND SGLI:

NAME OF COMPANY	ADDRESS	POLICY NUMBER
SGLI	212 Washington St., Newark, N.J.	Unknown

10. LOCATION OF WILL OR OTHER VALUABLE DOCUMENTS	11. RELIGION	12. SOCIAL SECURITY NO.
NA	CATH	[redacted]

SIGNATURE OF DESIGNATOR	SIGNATURE AND TITLE OF WITNESS	DATE SIGNED
J. F. Kerry LTJG	Darrell D. FORE, SN, USN	9 DEC 68

NAME OF DESIGNATOR	FILE/SERV. NO.	GRADE/RATE	BRANCH OF SERVICE
KERRY, John Forbes	[redacted]	LTJG	USNR

RECORD OF EMERGENCY DATA

S-1

1. SHIP OR STATION

U. S. NAVAL SUPPORT ACTIVITY DETACHMENT, AN THOI, RVN

2. NAME OF SPOUSE	PLACE OF MARRIAGE	DATE OF MARRIAGE
Never Married		
ADDRESS		CITIZENSHIP

3. NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH	DEP
NONE				

4. FATHER Richard John KERRY	ADDRESS Indian Hill Road, Groton, Mass.	DEP No
5. MOTHER Rosemary (FORBES) KERRY	ADDRESS Same as item # 4	DEP No
6. OTHER Name: David H. THORNE	Address: USS MADDOX (DD-731)	Relationship: Brother-in-law to be
Margaret Ann KERRY	Same as item # 4	Sister
7. NEXT OF KIN OF SPOUSE NA	ADDRESS	RELATIONSHIP

8. DESIGNATIONS

a. I designate the following beneficiary or beneficiaries for unpaid pay and allowances which includes enlisted members savings deposits.

NAME	ADDRESS	RELATIONSHIP	%
Diana Francis KERRY	Same as item # 4	Sister	50
Margaret Ann KERRY	Same as item # 4	Sister	50

b. I designate the following person to receive an allotment of my pay if I become missing or unable to transmit funds.

NAME	ADDRESS	% OF PAY EACH MO.

c. In the event of my death I understand that a six months death gratuity will be paid to my surviving spouse and if no surviving spouse to my legal child or children. However, in the event I am not survived by a legal spouse or eligible children, I designate the following to receive the death gratuity (NOTE: Name parents, brothers or sisters only).

NAME	ADDRESS	RELATIONSHIP	%
Careron Forbes KERRY	Same as item # 4	Brother	33
Diana Francis KERRY	"	Sister	33
Margaret Ann KERRY	"	Sister	33

9. INSURANCE POLICIES IN FORCE INCLUDING USGLI, NSLI AND SGLI:

NAME OF COMPANY	ADDRESS	POLICY NUMBER
SGLI	212 Washington St., Newark, N.J.	Unknown

10. LOCATION OF WILL OR OTHER VALUABLE DOCUMENTS	11. RELIGION	12. SOCIAL SECURITY NO.
NA	CATH	[redacted]

SIGNATURE OF DESIGNATOR	SIGNATURE AND TITLE OF WITNESS	DATE SIGNED
J. F. Kerry LTJG	Darrell D. FORE, SN, USN	9 DEC 68

NAME OF DESIGNATOR	FILE/SERV. NO.	GRADE/RATE	BRANCH OF SERVICE
KERRY, John Forbes	[redacted]	LTJG	USNR