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PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>GREENE, JOHNNY</b>		2. SERVICE NUMBER <b>54 801 298</b>		3. SOCIAL SECURITY NUMBER <b>314 46 0633</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY-RA-ARTY</b>				5a. GRADE, RATE OR RANK <b>SP5 (T)</b>	5b. PAY GRADE <b>E-5</b>	6. DATE OF RANK DAY: <b>26</b> MONTH: <b>Mar</b> YEAR: <b>68</b>	
SELECTIVE SERVICE DATA	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Rolling Fork, Mississippi</b>					9. DATE OF BIRTH DAY: <b>20</b> MONTH: <b>Sep</b> YEAR: <b>46</b>
	10a. SELECTIVE SERVICE NUMBER <b>12 170 46 178</b>		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>Local Board 170, Gary, Indiana</b>				11. DATE INDUCTED DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>	
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE <b>Transferred to USAR (See 16)</b>		11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Carson, Colorado</b>					
	12. REASON AND AUTHORITY <b>AR 635-200 SPN 201 Expiration of Term of Service</b>				13. EFFECTIVE DATE DAY: <b>6</b> MONTH: <b>Jun</b> YEAR: <b>69</b>	14. TYPE OF CERTIFICATE ISSUED <b>None</b>		
	15. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HQB 4th Bn 80th Arty Fifth United States Army</b>		16. CHARACTER OF SERVICE <b>HONORABLE</b>					
	17. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR Control Group (Reinforcement) USAAC, St Louis, Missouri</b>		18. REENLISTMENT CODE <b>RE-1</b>					
SERVICE DATA	19. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: <b>1</b> MONTH: <b>Jun</b> YEAR: <b>72</b>		20. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			21. TERM OF SERVICE (Years) <b>3</b>		
	22. PRIOR REGULAR ENLISTMENTS <b>None</b>		23. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>PVT E-1</b>		24. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Fort Polk, Louisiana</b>			
	25. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>1260 West 17th Avenue Gary, Lake, Indiana 46407</b>		26. STATEMENT OF SERVICE					
	27. SPECIALTY NUMBER AND TITLE <b>72B20 Comm Center Spec</b>		28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>209.588 Clerk Typist</b>		29. CREDITABLE FOR BASIC PAY PURPOSES			
					30. TOTAL ACTIVE SERVICE			
					31. FOREIGN AND OR SEA SERVICE			
VA AND EMP. SERVICE DATA	32. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>National Defense Service Medal Vietnam Service Medal with Bronze Service Star Vietnam Campaign Medal</b>		33. EDUCATION AND TRAINING COMPLETED <b>ATP 21-114 Code of Conduct CBR Training</b>					
	34. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>None</b>		35. DAYS ACCRUED LEAVE PAID <b>3</b>		36. INSURANCE IN FORCE (NSI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		37. AMOUNT OF ALLOTMENT <b>NA</b>	
REMARKS	38. VA CLAIM NUMBER <b>NA</b>		39. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
	30. REMARKS <b>12 Years Education - Elementary and High School Blood Group "B" Item 5: SP4 E-4 (P) Date of Rank 22 May 67; Date of Appointment 26 Mar 68</b>							
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>See Item #21</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Johnny Greene</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>CHARLES E. HOKE, 2LT, AGC, ASST ADJ GEN</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Charles E. Hoke</i>				

DD FORM 1 JUL 65 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67

REF ID: A66101

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE