

20322

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NOT OFFICIAL!

P.O. Box 55
Crown Point, Ind

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1. LAST NAME - FIRST NAME - MIDDLE NAME MORGAN STEPHEN WILLIAM		2. SERVICE NUMBER US 54 823 301		3. SOCIAL SECURITY NUMBER 315 152 6471	
4. DEPARTMENT COMPONENT AND BRANCH OR CLASS ARMY AUS USASGD		5. GRADE, RATE OR RANK SP4 (T)	6. PAY GRADE E-4	7. DATE OF RANK 13 NOV 68	8. DATE OF BIRTH 14 DEC 47
7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) VINCENNES IND		9. DATE OF BIRTH 14 DEC 47	
10. SELECTIVE SERVICE NUMBER V12 LB 47 703		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB #43 CROWN POINT IND		12. DATE INDUCTED 9 NOV 67	
11a. TYPE OF TRANSFER OR DISCHARGE TRFD TO USAR SEE ITEM #16		11b. STATION OR INSTALLATION AT WHICH EFFECTED US ARMY PERSONNEL CENTER OAKLAND CALIF		11c. EFFECTIVE DATE 12 JUN 69	
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND SEC VII CH 5 AR 635-200 SPN 411 OSRET (RAD) CO A HQ 701ST MAINT BN		13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED NONR	
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST IS REASSIGNED USAR CONTROL GROUP (ANNUAL) US ARMY ADMIN CENTER ST LOUIS MO		15. REENLISTMENT CODE RE- 1		16. TERMINAL DATE OF RESERVE STATUS CATEGORIZATION 8 NOV 73	
17. PRIOR REGULAR ENLISTMENTS NONE		18. GRADE RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PVT E-1 (P)		19. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) CHICAGO ILLINOIS	
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 904 PENNSYLVANIA DRIVE CROWN POINT IND 46307		22. STATEMENT OF SERVICE		23. SPECIALTY NUMBER & TITLE 71B20 CLK TYP	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL VIETNAM CAMPAIGN MEDAL		25. EDUCATION AND TRAINING COMPLETED SP ORIENTATION USATO FA 11 WKS 68		26. NON-PAY PERIODS TIME LOST (Preceding Two Years) 11	
27. VA CLAIM NUMBER NA		28. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29. AMOUNT OF ALLOTMENT NA	
29. VA CLAIM NUMBER NA		30. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000		31. MONTH ALLOTMENT DISCONTINUED NA	
32. REMARKS BLOOD GROUP: "A" CIVILIAN EDUCATION: 12 YEARS ITEM 5A: PFC E-3 (P) APTD: 25 APR 68		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Stephen W. Morgan</i>		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J. M. Schueler</i>	
35. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SEE #21		36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J. M. Schueler</i>		37. DATE OF SIGNATURE JUN 16 11 45 AM '69	
38. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J. M. SCHUELER CPT AGC ASST ADJ		39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J. M. Schueler</i>		40. DATE OF SIGNATURE E36 jss	

DD FORM 214 1 JUL 68

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67

GPO : 1968 O - 245-125

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

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