

20323

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1. LAST NAME - FIRST NAME - MIDDLE NAME WOLOTKA, FRANK TEDDY		2. SERVICE NUMBER 05 07 142 251		3. SOCIAL SECURITY NUMBER 313 52 8671		
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS ORDC			5a. GRADE, RATE OR RANK SP4 (T)	6. PAY GRADE E-4	7. DATE OF R-2NH 16 Nov 68	8. DATE OF BIRTH 21 Jul 48
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) East Chicago, Indiana				9. DATE OF BIRTH 21 Jul 48
10a. SELECTIVE SERVICE NUMBER 12 183 48 111		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board #183 East Chicago, Indiana			11. DATE INDUCTED 7 Dec 67	
11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See 16)			11b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Sheridan, Illinois			
12. REASON AND AUTHORITY AR 635-200 SPN 227 Hardship			13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED NONE	
14. DISTRICT, AREA, COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Co B 25th Sup & Trans Bn USARPAC			15. REENLISTMENT CODE RE-2			
16. TERMINAL DATE OF RESERVE, UMT&S OBLIGATION 6 Dec 73		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input checked="" type="checkbox"/> OTHER		18. TERM OF SERVICE (Year) 2		
18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1		20. 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) 4729 Carey Street East Chicago(Lake), Indiana 46312		22. STATEMENT OF SERVICE				
23a. SPECIALTY NUMBER & TITLE 63B20 Wheel Veh Rpmn		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 620,281 Truck Mechanic		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		
26a. NON-PAY PERIODS TIME LOST (Preceding 12 Months) 14 Days Excess Leave 20 May - 2 Jun 69		26b. DAYS ACCRUED LEAVE PAID NA		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
28. VA CLAIM NUMBER C		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 JUN 15 MONTH 11 54 AM '69		30. REMARKS 1 year Tech College Blood Group "A" Item 5a: PFC (P) E-3 Appointed 13 May 68		
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) See Item #21		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Frank T. Wolotka</i>				
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER P. J. LASKA 1LT, WAC ASST ADJUTANT		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>P. J. Laska</i>				

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67.

GPO: 1968 O - 233-124

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

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