

28819

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28819
 ASG UNIT: BTRY C 5 BN 60 ARY 800 E CRYSTAL SAGEGARDEN JUDSON, IND 46366

THIS IS AN IMPORTANT RECORD. This Document is the property of the Lake County Recorder.

1. LAST NAME - FIRST NAME - MIDDLE NAME COOPER, JOHN MONROE JR		2. SERVICE NUMBER 17 811 861		3. SOCIAL SECURITY NUMBER 313 52 7035	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY USAR UNASGD		5. GRADE OR RATE PVT (P)		6. DATE OF RANK 7 JUE 69	
7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) WINAMAC, INDIANA		9. DATE OF BIRTH 11 MAR 49	
10a. SELECTIVE SERVICE NUMBER 12 13 19 157 184 43		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 184 43 CROWN POINT, IND 46607		11. DATE INDUCTED NA	
11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGED AS RESERVES OF THE ARMY		11b. STATION OR INSTALLATION AT WHICH EFFECTED FT LEONARD WOOD MO		12. EFFECTIVE DATE 19 AUG 69	
12. REASON AND AUTHORITY SEC III CH 5 AR 635-200 SPN 375 DISCH BECAUSE OF NOT MEETING MEDICAL FITNESS STANDARDS AT TIME OF ENLISTMENT		13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED DD FORM 256A	
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO E 2D BN THIRD BCT BDE, USATC ENGS		13. CHARACTER OF SERVICE HONORABLE		15. REENLISTMENT CODE NA	
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA		15. REENLISTMENT CODE NA		16. TERMINAL DATE OF RESERVE UMFSS OBLIGATION NA	
16. TERMINAL DATE OF RESERVE UMFSS OBLIGATION NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER ORDERED TO ACQUITA		18. TERM OF SERVICE (Years) NA	
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER ORDERED TO ACQUITA		18. TERM OF SERVICE (Years) NA		19. DATE OF ENTRY 7 JUL 69	
18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-2		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) HEBRON, IND	
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (City, State and ZIP Code) RR 2 BOX 185 HEBRON, INDIANA 46341		22. STATEMENT OF SERVICE		23. CREDITABLE FOR BASIC PAY PURPOSES	
23a. SPECIALTY NUMBER & TITLE 09B00 TRAINEE		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE		25. EDUCATION AND TRAINING COMPLETED BFTS OF HON DISCH ATP 21-114 CODE OF CONDUCT UCMJ		26. STATE OF INDIANA FILED FOR RECORD Aug 22 10 26 AM '69 ANDREW J. MOENRO RECORDER	
26a. NON-PAY PERIODS TIME LOST (Preceding 12 Months) NONE		26b. DAYS ACCRUED LEAVE PAID 4 DAYS		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
26b. DAYS ACCRUED LEAVE PAID 4 DAYS		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT NA	
26c. VA CLAIM NUMBER NA		28. AMOUNT OF ALLOTMENT NA		29. MONTH ALLOTMENT DISCONTINUED NA	
29. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		30. REMARKS EDUC 12 YRS ACADEMIC BLOOD GROUP "A" REP TNG	
30. REMARKS EDUC 12 YRS ACADEMIC BLOOD GROUP "A" REP TNG		31. ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SEE 21		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>John M Cooper Jr</i>	
31. ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SEE 21		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>John M Cooper Jr</i>		33. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Chester L Smith</i>	
33. TYPE, NAME, GRADE AND TITLE OF AUTHORIZING OFFICER CHESTER L. SMITH 2LT, INF ACT ASST AG		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Chester L Smith</i>		35. AUTHORITY FOR THIS FORM DD FORM 214	