

45901

45901

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PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME ALSTON LAMONT		2. SOCIAL SECURITY NUMBER 306 46 1650																												
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE, REG AF		5. GRADE OR PAY RATE AB	6. PAY GRADE E1	8. DATE OF RANK DAY: 7 MONTH: OCT YEAR: 69																										
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) GARY, IND.		9. DATE OF BIRTH DAY: 8 MONTH: JAN YEAR: 45																											
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 12 170 45 0111		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB #170, GARY, LAKE, IND.		c. DATE INDUCTED DAY: NA MONTH: YEAR:																										
	11a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY			b. STATION OR INSTALLATION AT WHICH EFFECTED LACKLAND AFB, SAN ANTONIO, TEXAS																											
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY SEC E, CH 3, AFM 39-10 & AF FORM 107(PP-PP-RA), LACKLAND AFB, TEXAS, 2JAN70, SDN 227, DEPENDENCY-HARDSHIP.			d. EFFECTIVE DATE DAY: 6 MONTH: JAN YEAR: 70	12. TYPE OF CERTIFICATE ISSUED NA																										
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3700TH PER-P-SQ (ATC)		13a. CHARACTER OF SERVICE HONORABLE		15. REENLISTMENT CODE RE-2																										
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAFR																														
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: 1 MONTH: JUL YEAR: 75		17. CURRENT ACTIVE SERVICE OTHER THAN BY INTRODUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (Post Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AFQT: 8114		b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY: 7 MONTH: OCT YEAR: 69																									
18. PRIOR REGULAR ENLISTMENTS NA		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE AB		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) CHICAGO, ILL.																											
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 5017 W. 18TH AVE. GARY, LAKE, IND. 46407		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS																									
23a. SPECIALTY NUMBER & TITLE BASIC AMN 00010		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. CREDITABLE FOR BASIC PAY PURPOSES</td> <td>(1) NET SERVICE THIS PERIOD</td> <td>-0-</td> <td>-3-</td> <td>-0-</td> </tr> <tr> <td></td> <td>(2) OTHER SERVICE</td> <td>-0-</td> <td>-3-</td> <td>-5-</td> </tr> <tr> <td></td> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>-0-</td> <td>-6-</td> <td>-5-</td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td></td> <td>-0-</td> <td>-3-</td> <td>-0-</td> </tr> <tr> <td>c. FOREIGN AND/OR SEA SERVICE</td> <td></td> <td>-0-</td> <td>-0-</td> <td>-0-</td> </tr> </table>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	-0-	-3-	-0-		(2) OTHER SERVICE	-0-	-3-	-5-		(3) TOTAL (Line (1) plus Line (2))	-0-	-6-	-5-	b. TOTAL ACTIVE SERVICE		-0-	-3-	-0-	c. FOREIGN AND/OR SEA SERVICE		-0-	-0-	-0-
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	(2) OTHER SERVICE	-0-	-3-	-5-																											
	(3) TOTAL (Line (1) plus Line (2))	-0-	-6-	-5-																											
b. TOTAL ACTIVE SERVICE		-0-	-3-	-0-																											
c. FOREIGN AND/OR SEA SERVICE		-0-	-0-	-0-																											
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM.																															
25. EDUCATION AND TRAINING COMPLETED NA																															
STATE OF INDIANA'S S. NO. LAKE COUNTY FILED FOR RECORD JAN 19 9 55 AM '70 ANDREW J. MICENKO RECORDER																															
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST.		b. DAYS ACCRUED LEAVE PAID 8	27c. INSURANCE IN FORCE (NSLI or UBGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	d. AMOUNT OF ALLOTMENT \$ NA	e. MONTH ALLOTMENT DISCONTINUED NA																									
	28. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE																												
REMARKS	30. REMARKS HIGH SCHOOL - 4. ODS: NONE/7OCT69. "BLOOD GROUP A-NEG." AQE: M-45 A-01 G-30 E-01, UNKNOWN. SECURITY INVESTIGATION; NONE. INITIAL MONETARY CLOTHING ALLOWANCE CREDIT USED; \$36.32.																														
	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>Lamont Alston</i>																											
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER P. C. GAGE, 2ND LT., USAF			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>P. C. Gage</i>																											