

45910

45910

Document is NOT OFFICIAL
THIS IS AN IMPORTANT RECORD SAFEGUARD IT

STOP
This Document is the property of the Lake County Recorder!

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME BALTAS, WILLIAM FOREST		2. SERVICE NUMBER RA 16 840-1143		3. SOCIAL SECURITY NUMBER 311 48 8483																									
	4. DEPARTMENT COMPONENT AND BRANCH OR BRANCHES ARMY-RA-ASA		5. GRADE, RATE OR RANK E-5		6. DATE OF RANK 15 May 69																									
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Hammond, Indiana		9. DATE OF BIRTH 5 Nov 46																									
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER 12 44 46 242		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board # 44 Gary, Indiana		c. DATE INDUCTED NA																									
	11. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See 16)		d. STATION OR INSTALLATION AT WHICH EFFECTED Fort Richardson, Alaska		e. EFFECTIVE DATE 7 Jan 70																									
TRANSFER OR DISCHARGE DATA	12. APO, AFS, APO, APO, APO AND MAJOR COMMAND SHENYA (W024) APO Seattle 98736		13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED NONE																									
	14. USAR Control Group (REINF) US Army Administrative Center ST. Louis, Missouri 63132		15. REENLISTMENT CODE RE-1		16. TERMINAL DATE OF RESERVE UMTS OBLIGATION 29 Dec 71																									
	17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1		19. DATE OF ENTRY 30 Dec 65																									
SERVICE DATA	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) 392 Knox St. Gary, Indiana 46403		22. STATEMENT OF SERVICE																									
	23. SPECIALTY NUMBER & TITLE 98J30 Ew Oper Anal		24. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>4</td> <td>0</td> <td>8</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>0</td> <td>2</td> <td>7</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>4</td> <td>2</td> <td>15</td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td>4</td> <td>2</td> <td>15</td> </tr> <tr> <td>c. FOREIGN SERVICE</td> <td>2</td> <td>3</td> <td>20</td> </tr> </tbody> </table>			YEARS	MONTHS	DAYS	(1) NET SERVICE THIS PERIOD	4	0	8	(2) OTHER SERVICE	0	2	7	(3) TOTAL (Line (1) plus Line (2))	4	2	15	b. TOTAL ACTIVE SERVICE	4	2	15	c. FOREIGN SERVICE	2	3	20
		YEARS	MONTHS	DAYS																										
	(1) NET SERVICE THIS PERIOD	4	0	8																										
	(2) OTHER SERVICE	0	2	7																										
(3) TOTAL (Line (1) plus Line (2))	4	2	15																											
b. TOTAL ACTIVE SERVICE	4	2	15																											
c. FOREIGN SERVICE	2	3	20																											
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, GOML (1st Awd), Sharpshooter Badge (Rifle M-14)																														
25. EDUCATION AND TRAINING COMPLETED ATP 21-114 Code of Conduct Mil Jus Crs B Geneva Conv																														
26. NON PAY PERIODS, TIME LOST (Preceding Two Years) NONE																														
VA AND EMP. SERVICE DATA	27. DAYS ACCRUED LEAVE PAID		28. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29. AMOUNT OF ALLOTMENT NA																									
	30. VA CLAIM NUMBER NA		31. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE																											
REMARKS	32. REMARKS 13 yrs Civilian Education Blood Group:																													
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item # 21			34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>William F Baltas</i>																										
AUTHENTICATION	35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ROBERT H. WEAVER CPT, AGC, Asst Adjutant			36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Robert H Weaver</i>																										

STATE OF INDIANA 5 43
LAKE COUNTY
FILED FOR RECORD
JAN 19 9 55 AM '70
ANDREW J. MICENKO
RECORDER