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PERSONAL DATA	1 LAST NAME FIRST NAME MIDDLE NAME JORGENSEN DANIEL HENRY	2 SERVICE NUMBER US 54c831 516		3 SOCIAL SECURITY NUMBER 310 48 4845		
	4 DEPARTMENT COMPONENT AND BRANCH OR CLASS ARMY-AUS	5 GRADE RATE OR RANK E-5	6 DATE OF RANK 20	7 MONTH Oct	8 YEAR 69	
	7 U S CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8 PLACE OF BIRTH (City and State or Country) Flushing NY	9 DATE OF BIRTH 29	10 MONTH Jun	11 YEAR 48	
SELECTIVE SERVICE DATA	10 SELECTIVE SERVICE NUMBER 12 43 48 348	11 SELECTIVE SERVICE LOCAL BOARD NUMBER CITY COUNTY STATE AND ZIP CODE Local Board No: 48 Crown Point Indiana	12 DATE INDUCED 7	13 MONTH May	14 YEAR 68	
TRANSFER OR DISCHARGE DATA	15 TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See Item #16)	16 STATION OR INSTALLATION AT WHICH EFFECTED FORT LEWIS WASHINGTON	17 REASON AND AUTHORITY Sec VII Chap 5 AR 635-200 SPN 411 (Overseas Returnee)	18 EFFECTIVE DATE 28	19 MONTH Mar	20 YEAR 70
	11 TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See Item #16)	12 STATION OR INSTALLATION AT WHICH EFFECTED FORT LEWIS WASHINGTON	13 REASON AND AUTHORITY Sec VII Chap 5 AR 635-200 SPN 411 (Overseas Returnee)	14 EFFECTIVE DATE 28	15 MONTH Mar	16 YEAR 70
	17 HOME OF RECORD AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 183rd Avn Co APO 96377	18 CHARACTER OF SERVICE USARV HONORABLE	19 TYPE OF CERTIFICATE ISSUED NONE	20 REENLISTMENT CODE RE- 1	21 TERMINAL DATE OF RESERVE 6	22 MONTH May
SERVICE DATA	23 SPECIALTY NUMBER & TITLE 67B20 Sgle Eng Ob Util	24 RELATED CIVILIAN OCCUPATION AND D O T NUMBER NA	25 STATEMENT OF SERVICE 1- NET SERVICE THIS PERIOD 1 10 22 2- OTHER SERVICE None 3- TOTAL (LINE 1) plus line (2) 1 10 22 4- TOTAL ACTIVE SERVICE 1 10 22 5- FOREIGN AND OR SEA SERVICE USARPAC 0 11 21	26 DECORATIONS MEDALS BADGES COMMENDATIONS CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM SPS M-14 VSM VCM 2 O/S Bars	27 EDUCATION AND TRAINING COMPLETED NONE	28 DATE OF ENTRY NA
VA AND EMP. SERVICE DATA	29 NON PAY PERIODS TIME LOST (Prorating Two Years) NONE	30 DAYS ACCRUED LEAVE PAID NONE	31 INSURANCE IN FORCE (NSLI or USGI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	32 AMOUNT OF ALLOTMENT NA	33 MONTH ALLOTMENT DISCONTINUED NA	34 VA CLAIM NUMBER NA
REMARKS	35 CIVILIAN EDUCATION: 12	36 BLOOD GROUP: B Pos	37 VIETNAM SERVICE FROM 7 Apr 69 28 Mar 70	38 SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>[Signature]</i>	39 SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>	30 REMARKS CIVILIAN EDUCATION: 12 BLOOD GROUP: B Pos VIETNAM SERVICE FROM 7 Apr 69 28 Mar 70
AUTHENTICATION	31 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same As Item 21	32 TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER N H CARTER CPT ADA ASST ADJUTANT	33 SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>[Signature]</i>	34 SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>	35 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same As Item 21	36 TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER N H CARTER CPT ADA ASST ADJUTANT