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PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>HOLCOMB ROBERT EDLICT</b>		2. SERVICE NUMBER <b>US \$2 787 154</b>		3. SOCIAL SECURITY NUMBER <b>303 48 4856</b>		
	4. DEPARTMENT COMPONENT AND BRANCH OR CLASS <b>ARMY-AUS QMC</b>		5a. GRADE RATE OR RANK <b>SP4</b>		6. DATE OF RANK <b>20 NOV 69</b>		
SELECTIVE SERVICE DATA	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City, State and Country) <b>South Haven MI</b>		9. DATE OF BIRTH <b>17 MAR 47</b>		
	10a. SELECTIVE SERVICE NUMBER <b>12 162 47 154</b>		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>Local Board No: #162 Gary IN</b>		c. DATE INDUCTED <b>4 JUN 69</b>		
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE <b>Transferred to USAR (See Item #16)</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>FORT LEWIS WASHINGTON</b>				
	c. REASON AND AUTHORITY <b>Sec VII Chap 5 AR 635-200 SPM 411 (Overseas Returnee)</b>		d. EFFECTIVE DATE <b>26 DEC 70</b>		e. TYPE OF CERTIFICATE ISSUED <b>NONE</b>		
	12. HHC 93rd Bn 500th Inf <b>APO 96383 USARV</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		15. REENLISTMENT CODE <b>RE- 1</b>		
SERVICE DATA	14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MISSOURI</b>		16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION <b>3 JUN 75</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER		c. DATE OF ENTRY <b>NA</b>
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PVT E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>New York NY</b>		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>41 W 86th St New York NY 10023</b>		22. STATEMENT OF SERVICE		YEARS MONTHS DAYS		
	23a. SPECIALTY NUMBER & TITLE <b>76Y30 Armorer/UnitSupSp NA</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		c. FOREIGN AND/OR SEA SERVICE <b>USARPAC</b>		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>WDSM VSM VCM ARCOM 2 O/S Bars SPS M-16</b>		25. EDUCATION AND TRAINING COMPLETED <b>QM UccOrgSupSp&amp;Armorer 7 Weeks</b>		STATE OF INDIANA DEC 31 9 50 AM '70 ANDREW J. MCGONNELL RECORDER		
VA AND EMP. SERVICE DATA	25a. NON-PAY PERIODS TIME LOST (Preceding 1-6 Years)		b. DAYS ACCRUED LEAVE PAID <b>24</b>		27a. INSURANCE IN FORCE (NSI or USGI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
	26. VA CLAIM NUMBER <b>NONE</b>		c. <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		<b>\$15,000</b>
AUTHENTICATION	30. REMARKS <b>CIVILIAN EDUCATION: 15 Years VN SERVICE: 5 FEB 70 - 25 DEC 70 BLOOD GROUP: 0 POS Item 22: EM Released 7 Days early as an exception to DA policy Ref DA message 302051Z APR 70</b>			31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>2049 McKinley St Gary IN 46404</b>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>B F BIBER CPT IN ASST ADJUTANT</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Robert Edlict</i>			
			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>B. Biber</i>				

DD FORM 214 JUL 66

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

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE