

RE-1

830265

LEGEND: Insert N/A to the items below which are not applicable

4155 Euclid  
E. Chicago 46312

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>ARNOLD, DION ALLAN</b>		2. SERVICE NUMBER <b>RA 16 570 098</b>		3a. GRADE, RATE OR RANK <b>SPL4 (P) E4</b>		b. DATE OF RANK (Day, Month, Year) <b>15 Nov 62</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY RA AMEDS</b>			5. PLACE OF BIRTH (City and State or Country) <b>East Chicago, Indiana</b>			6. DATE OF BIRTH	DAY	MONTH	YEAR	
	7a. RACE <b>CAUCASIAN</b>	b. SEX <b>Male</b>	c. COLOR HAIR <b>Brown</b>	d. COLOR EYES <b>Brown</b>	e. HEIGHT <b>6'0"</b>	f. WEIGHT <b>172</b>	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS <b>Single</b>		
	10a. HIGHEST CIVILIAN EDUCATION LEVEL <b>4 Years High School</b>			b. MAJOR COURSE OR FIELD <b>General</b>							
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE <b>Trf to USAR (See 18)</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Ft Benning, Ga.</b>						
	c. REASON AND AUTHORITY <b>AR635-200 SPN 201 DA Cir 635-5 dtd 14 Oct 63 ETS</b>				d. EFFECTIVE DATE	DAY	MONTH	YEAR			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Hq Co, 1st Bn (M), 58th Inf 3d US ARMY</b>				13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>NA</b>				
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER <b>12 183 41 142</b>			15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>LB# 183 East Chicago, Indiana</b>					16. DATE INDUCTED		
	DAY	MONTH	YEAR						DAY	MONTH	YEAR
SERVICE DATA	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>Trf to USAR Control Group(Reinf) VI US ARMY CORPS</b>										
	18. TERMINAL DATE OF RESERVE OBLIGATION		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION				b. TERM OF SERVICE (Years)		c. DATE OF ENTRY		
	DAY	MONTH	YEAR	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:				DAY	MONTH	YEAR	
	20. PRIOR REGULAR ENLISTMENTS <b>NONE</b>			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>PVT E-1</b>		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Chicago, Illinois</b>					
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>4755 Euclid Ave East Chicago (Lake) Indiana</b>				24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS		
	25a. SPECIALTY NUMBER AND TITLE <b>911.10 Medical Specialist</b>		b. RELATED CIVILIAN OCCUPATION AND R.O.T. NUMBER <b>2-42 Hosp Attendance</b>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	2	11	13	
						(2) OTHER SERVICE	0	0	0		
						(3) TOTAL (Line (1) + Line (2))	2	11	13		
						b. TOTAL ACTIVE SERVICE	2	11	13		
					c. FOREIGN AND/OR SEA SERVICE	0	5	18			
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NONE</b>											
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>NONE</b>											
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED											
a. SCHOOL OR COURSE			b. DATES (From-To)		c. MAJOR COURSES						
NA			NA		NA						
29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED											
NA											
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>				
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>NA</b>						b. VA CLAIM NUMBER <b>C- NA</b>				
AUTHENTICATION	32. REMARKS <b>Blood Group: "A#" Lump sum payment made for 1 day accrued leave. Item 3b- Date of aptmt-15 Nov 63. SSAN: 307 44 8037</b>										
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>See 23</b>					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Dion A Arnold</i>					
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JOSEPH E. MOTTOLA, 2d Lt, AGC, Asst AG</b>					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Joseph E. Mottola</i>					

STATE OF INDIANA  
 RECORDER  
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