

REENL in the RegAF on 2 Mar 60 THIS IS AN IMPORTANT RECORD SAFEGUARD IT!

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

C. P. O'HARA  
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2nd Lt., USAF

PERSONAL DATA	1 LAST NAME FIRST NAME MIDDLE NAME HERZ EDWIN RAY			2 SERVICE NUMBER AF16 532 534		3 a GRADE, RATE OR RANK A1C E-4		b DATE OF RANK (Day, Month, Year) 1 Mar 59		
	4 DEPARTMENT COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			5 PLACE OF BIRTH (City and State or Country) West Creek Twp, Indiana			6 DATE OF BIRTH 22 May 38		7	
	7 a RACE Caucasian		b. SEX Male	c. COLOR HAIR Brown	d COLOR EYES Hazel	e HEIGHT 5'8"	f WEIGHT 172	8 U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9 MARITAL STATUS Married	
TRANSFER OR DISCHARGE DATA	10 a. HIGHEST CIVILIAN EDUCATION LEVEL High School - 4			b. MAJOR COURSE OR FIELD Academic						
	11 a TYPE OF TRANSFER OR DISCHARGE DISCHARGED			b. STATION OR INSTALLATION AT WHICH EFFECTED Kadena AB, Okinawa, R.I.						
	c. REASON AND AUTHORITY (SIDN900), ETS, Par12, AFR39-10			12 LAST DUTY ASSIGNMENT AND MAJOR COMMAND 6332d USAF Disp, PacAF, APO 239		13. CHARACTER OF SERVICE HONORABLE		14 EFFECTIVE DATE 2000 Mar 64		15 TYPE OF CERTIFICATE ISSUED Form 256AF
SELECTIVE SERVICE DATA	14 SELECTIVE SERVICE NUMBER None			15 SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE N/A					16 DATE INDUCTED N/A	
	17 DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED None									
SERVICE DATA	18 TERMINAL DATE OF RESERVE OBLIGATION None			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (Prior Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			b. TERM OF SERVICE (Years) (4)		DATE OF ENTRY 2 Mar 60	
	20. PRIOR REGULAR ENLISTMENTS One (1)			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE A1C E-4		22 PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) George AFB, Calif.				
	23 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State) Route #2, Box 267 Lowell, Lake Co., Indiana			24 STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line 1 + Line 2) b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE						
	25 a SPECIALTY NUMBER AND TITLE Dental Lab Spec1 98250			b RELATED CIVILIAN OCCUPATION AND D O T NUMBER N/A			26 DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED AFLSA (24May60) GCMDL (25May59-24May62) SOG-57/831CSGp/1962		27 WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None	
	28 SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED SCHOOL OR COURSE Gunter AFB, Alabama			DATES (From - To) Mar 60 - May 60		MAJOR COURSES Complete Denture Prosthetic Crse 98270-1		29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED Ldrshp & Mgt ECI #0005 Compl 1962//		
	30 a GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. AMOUNT OF ALLOTMENT N/A			c. MONTH ALLOTMENT DISCONTINUED N/A			
	31 a VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None			b VA CLAIM NUMBER N/A			c. VA CLAIM NUMBER N/A			
AUTHENTICATION	32 REMARKS Blood Group: A Pos. No lost time. AQE Scores: Gen 65 Admin 70 Mech 75 Elect 65. Not eligible MOP. FSSD: 22 May 59. Paid for (60) days acc lv. NAC, 3 Oct 63, 4th Dist OSI(TAC). RE-3. SSN: 311-40-9299.									
	33 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) RT#2, Box 243, Lowell, Indiana				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Edwin Ray Herz					
	35 a TYPE, GRADE AND TITLE OF AUTHORIZING OFFICER C. P. O'HARA, 2nd Lt., USAF Asst Ch, Career Control Branch				b SIGNATURE OF OFFICER AUTHORIZED TO SIGN C. P. O'HARA					

DD

FORM 1 NOV 55 214 (3 Part) REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

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