

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME FIRST NAME-MIDDLE NAME HERZ EDWIN RAY		2. SERVICE NUMBER AF16532534		3. SOCIAL SECURITY NUMBER 311 40 9299		
	4. DEPARTMENT COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF		5a. GRADE, RATE OR RANK TSgt	5b. PAY GRADE E6	6. DATE OF RANK DAY: 1 MONTH: Sep YEAR: 71		
	7 U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) West Creek Twp, IN		9. DATE OF BIRTH DAY: 22 MONTH: May YEAR: 38			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER Unknown		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Unknown		c. DATE INDUCTED DAY: NA MONTH: NA YEAR: NA		
	11a. TYPE OF TRANSFER OR DISCHARGE Discharge		11b. STATION OR INSTALLATION AT WHICH EFFECTED Chanute AFB, Rantoul, IL				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 39-10, Chap 3 Sec A, (SDN 900) ETS			d. EFFECTIVE DATE DAY: 1 MONTH: Mar YEAR: 72			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USAF Regional Hospital ATC		13a. CHARACTER OF SERVICE HONORABLE		13b. TYPE OF CERTIFICATE ISSUED DD Form 256AF		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA				15. REENLISTMENT CODE NA		
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY: NA MONTH: NA YEAR: NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY: 2 MONTH: Mar YEAR: 68	
18. PRIOR REGULAR ENLISTMENTS Two		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SSgt		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chanute AFB, IL			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Rt #2 Box #243 Lowell (Lake) IN 46356		22. STATEMENT OF SERVICE					
23a. SPECIALTY NUMBER & TITLE 98270- Dental Lab Tech		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		22. STATEMENT OF SERVICE (Continued)			
				YEARS MONTHS DAYS			
				a. (1) NET SERVICE THIS PERIOD 04 00 00			
				CREDITABLE FOR BASIC PAY PURPOSES (2) OTHER SERVICE 11 09 07			
				(3) TOTAL (Lane (1) plus Lane (2)) 15 09 07			
				b. TOTAL ACTIVE SERVICE 09 07 00			
				c. FOREIGN AND/OR SEA SERVICE 00 00 00			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED AFGCM w/2 OLC (25May68-24May71) AFLSA							
25. EDUCATION AND TRAINING COMPLETED None							
VA AND EMP. SERVICE DATA	26a. NON PAY PERIODS TIME LOST (Preceding Two Years) No Time Lost		26b. DAYS ACCRUED LEAVE PAID		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
					27b. AMOUNT OF ALLOTMENT NA		
		28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE (VERA) <input checked="" type="checkbox"/> \$15 000 <input type="checkbox"/> \$10 000			
30. REMARKS High School - Graduated. Blood Group A-POS. G-65, A-70, MALT, NAC, 3 Oct 63, Dist #4, OSI, Bolling AFB, DC.							
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item #21			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Edwin R Herz</i>			
	33. TYPE, NAME, GRADE AND TITLE OF AUTHORIZING OFFICER MARTIN D. WALTMAN, MSGTM USAF			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Martin D. Waltman</i>			

DD FORM 214
JUL 70

PREVIOUS EDITION OF THIS FORM IS TO BE USED

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

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1206 Hilltop Dr. Lowell 46356



MORRIS W. CARTER
 RECORDER
 2000 APR 25 11:24
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD