

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME <b>HERZ EDWIN RAY</b>			2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>311   40   9299</b>			4. DATE OF BIRTH YEAR MONTH DAY <b>1938 MAY 22</b>
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE Reg AF</b>			6a. GRADE, RATE OR RANK <b>TSGT</b>		b. PAY GRADE <b>E-6</b>	7. DATE OF RANK YEAR MONTH DAY <b>1971 SEP 01</b>	
8a. SELECTIVE SERVICE NUMBER <b>NA</b>		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>NA</b>		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>1206 HILLTOP DR LOWELL IN 46356</b>			
9a. TYPE OF SEPARATION <b>RETIREMENT</b>			9b. STATION OR INSTALLATION AT WHICH EFFECTED <b>CHANUTE AFB IL</b>				
10. AUTHORITY AND REASON						d. EFFECTIVE DATE YEAR MONTH DAY <b>1976 MAY 31</b>	10. REENLISTMENT CODE
9. CHARACTER OF SERVICE <b>HONORABLE</b>			11. TYPE OF CERTIFICATE ISSUED <b>DDFM363AF</b>		10. REENLISTMENT CODE		
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>USAF HOSPITAL (ATC)</b>			12. COMMAND TO WHICH TRANSFERRED <b>HQ AFRES (RRS)</b>				
13. TERMINAL DATE OF RESERVE/MSR OBLIGATION YEAR MONTH DAY <b>NA</b>		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>RANTOUL IL 61866</b>				15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY <b>1972 MAR 02</b>	
16a. PRIMARY SPECIALTY NUMBER AND TITLE <b>98270 DENTAL LABORATORY TECHNICIAN</b>		16b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>DENTAL LABORATORY TECHNICIAN 712.381</b>		18. RECORD OF SERVICE			18. DATE ENTERED ACTIVE DUTY THIS PERIOD
17a. SECONDARY SPECIALTY NUMBER AND TITLE <b>NONE</b>		17b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		18. RECORD OF SERVICE			18. DATE ENTERED ACTIVE DUTY THIS PERIOD
18. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL <u>12</u> YRS (grades) COLLEGE <u>0</u> YRS			
21. TIME LOST (Preceding Two Yrs) <b>NO TIME LOST</b>		22. DAYS ACCRUED LEAVE PAID		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <b>\$20,000</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY AMOUNT <b>NO*</b>	
25. PERSONNEL SECURITY INVESTIGATION a. TYPE <b>NO*</b>				b. DATE COMPLETED <b>3 OCT 63</b>			
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>AFGCM w3/OLC(25MAY71-24MAY74)AFM 900-3 AFLSA w4/OLC(AFM 900-3)</b>							
27. REMARKS <b>BLOOD GROUP: A POS AGE: M75 A70 G65 E65 DAFSG: 98270 AFSN: 16532534 OJT TRAINER/SUPERVISOR ORIENTATION CRSE COMPL: 72 MANAGEMENT I FOR AIR FORCE SUPERVISOR COMPL: 72</b>							
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>SAME AS ITEM 8c</b>				29. SIGNATURE OF PERSON BEING SEPARATED <i>Edwin R Herz</i>			
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JAMES I. MOORING, MSGT, USAF NCOIC, Separations Unit</b>				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>James I Mooring</i>			

\*ITEM 25a CONT: 4TH DIST OSI FILE#41-1724578

2000 APR 26 PM 1:24  
MORRIS W. CARTER  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD