

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170
171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200

201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230
231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250
251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290
291	292	293	294	295	296	297	298	299	300

SECRET

**THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME ANGERAME DONALD JOSEPH			2. SERVICE NUMBER AF12669462			3. SOCIAL SECURITY NUMBER 070 94 5373			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			5. GRADE, RATE OR RANK SSGT		6. PAY GRADE E-5	7. DATE OF RANK 01 JUL 68	8. MONTH JUL	9. YEAR 68	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) YONKERS, NY			9. DATE OF BIRTH 26 MAR 45	DAY 26	MONTH MAR	YEAR 45	
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER NA			11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA			12. DATE INDUCTED DAY MONTH YEAR NA			
	13. TYPE OF TRANSFER OR DISCHARGE DISCHARGE			14. STATION OR INSTALLATION AT WHICH EFFECTED ELLSWORTH AFB, SOUTH DAKOTA						
TRANSFER OR DISCHARGE DATA	15. REASON AND AUTHORITY (SDN 203) SECTION A, CHAPTER 3, AFM 39-10			16. EFFECTIVE DATE 11 SEP 70		17. DAY 11	18. MONTH SEP	19. YEAR 70		
	20. LAST CITY, ASSIGNMENT AND MAJOR COMMAND 821 SPS (SAC)			21. CHARACTER OF SERVICE HONORABLE		22. TYPE OF CERTIFICATE (SERIES) DD FORM 256AF				
	23. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA			24. RECALLMENT CODE RE-1						
SERVICE DATA	25. TERMINAL DATE OF RESERVE/UMIGS OBLIGATION DAY MONTH YEAR NA		26. 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			27. TERM OF SERVICE (Years) 4	28. DAY 14	29. MONTH SEP	30. YEAR 66	
	31. PRIOR REGULAR ENLISTMENTS NONE		32. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SERGEANT		33. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) REESE AFB, TX					
	34. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 18 LOCUST HILL AVENUE YONKERS, NY		35. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS	36. CREDITABLE FOR BASIC PAY PURPOSES	37. (1) NET SERVICE THIS PERIOD 03 11 28	38. (2) OTHER SERVICE 04 00 00	39. (3) TOTAL (Line (1) plus Line (2)) 07 11 28
	40. SPECIALTY NUMBER & TITLE 81150 SCTY POLICEMAN		41. RELATED CIVILIAN OCCUPATION AND I.C.T. NUMBER NA		42. b. TOTAL ACTIVE SERVICE 07 11 28	43. c. FOREIGN AND/OR SEA SERVICE 00 11 26	44. 24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED VSM AFGCM NDSM RVCM AFLSA	45. 25. EDUCATION AND TRAINING COMPLETED SECURITY POLICEMAN COMBAT PREP CRSE 3 AZR81150 SECURITY POLICEMAN-SEC POL SUPV CRSE 81150		
	46. 26. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		47. 27. DAYS ACCRUED LEAVE PAID 8	48. 28. INSURANCE IN FORCE (NSLI or USOLD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	49. 29. AMOUNT OF ALLOTMENT NA	50. 30. MONTH ALLOTMENT DISCONTINUED NA	51. 31. VA AND EMP SERVICE DATA	52. 32. DEPENDENT'S BASIC LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		
REMARKS	30. REMARKS HIGH SCHOOL = GED BLOOD GROUP = O POS OJSD = 12JUN69 NAC/9OCT62/ 4 DIST OSI/ SECRET AQE: G60 A70 M30 E25									
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 675 MCLEAN AVENUE YONKERS, NY				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Donald Joseph Angerame</i>					
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R. MIKE FERRY, 2GLT, USAF CHIEF, CAC SECTION				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R. Mike Ferry</i>					