

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

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>BAKER PAUL MICHAEL</b>			2. SERVICE NUMBER <b>NA</b>			3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5a. GRADE, RATE OR RANK <b>SSGT</b>		b. PAY GRADE <b>E5</b>	6. DATE OF RANK DAY: <b>1</b> MONTH: <b>MAY</b> YEAR: <b>71</b>			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>St Louis, MO</b>			9. DATE OF BIRTH DAY: <b>9</b> MONTH: <b>MAY</b> YEAR: <b>47</b>				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>23 220 47 241</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#220, St Louis, Independent City, MO 63101</b>			c. DATE INDUCTED DAY: MONTH: YEAR: <b>NA</b>			
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>KINCHELOE AFB, KINROSS, MI 49788</b>					
TRANSFER OR DISCHARGE DATA	11 b. REASON AND AUTHORITY <b>AFM 39-10 Sec B, Ch 3 Para 3-8j &amp; Ltr 449 CSG/CC to 449 SP/CC, 6 Sep 72, Admin Disch</b>			d. EFFECTIVE DATE <b>(SDN413)</b>		DAY: <b>11</b> MONTH: <b>SEP</b> YEAR: <b>72</b>				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>449th SPSg (SAC)</b>			13 a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>NA</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH REENLISTMENT TRANSFERRED <b>USAFR</b>						15. REENLISTMENT CODE <b>1</b>			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: <b>6</b> MONTH: <b>OCT</b> YEAR: <b>74</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION 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 <b>AFQT-1 (93-I)</b>				b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY: <b>7</b> MONTH: <b>OCT</b> YEAR: <b>68</b>		
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>St Louis, MO</b>						
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>General Delivery St Louis, Independent City, MO 63101</b>				22. STATEMENT OF SERVICE			YEARS MONTHS DAYS			
				a. CREDITABLE FOR BASIC PAY PURPOSES			(1) NET SERVICE THIS PERIOD	03	11	05
				b. TOTAL ACTIVE SERVICE			(2) OTHER SERVICE	00	00	00
23a. SPECIALTY NUMBER & TITLE <b>81170/Sec Pol Supv</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Police Supv 372.268</b>		c. FOREIGN AND/OR SEA SERVICE						
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN Ribbons AWARDED OR AUTHORIZED <b>NDSM AFM 900-3//VSM w/1 BSS AFM 900-3//RVCM AFM 900-3//</b>										
25. EDUCATION AND TRAINING COMPLETED <b>Sec Pol 3ABR 81130,69, //Sec Pol Supv Crse 81150,69//Sec Pol Cmbt Preparedness Crse 81150,70//</b>										
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NO TIME LOST</b>			b. DAYS ACCRUED LEAVE PAID <b>NOT PAID (SEE ITEM #30)</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		
	28. VA CLAIM NUMBER <b>c- NONE</b>			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE						
REMARKS	30. REMARKS <b>College 78SH. Blood Group: O-Pos. AQE Scores: Sep 68, M-50, A-80, G-80, E-80. LNAC, 30 Oct 68, DOD NACC. I have been counseled as to conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment/reenlistment/standards in effect at the time of his application. ACCRUED LEAVE BALANCE NOT AVAILABLE AT TIME OF SEPARATION.</b>									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>326 East Spruce Street Sault Ste Marie, Chippewa, MI 49783</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Paul M. Baker</i>					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>MAURICE DE PINTO, Capt, USAF Chief, Mil Pers</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Maurice de Pinto</i>					