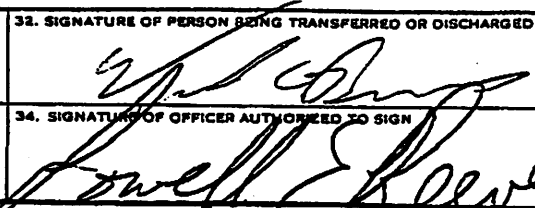



**THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME BURNS VINCENT DE PAUL				2. SERVICE NUMBER AF 13 834 052		3. SOCIAL SECURITY NUMBER [REDACTED]			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF			5a. GRADE, RATE OR RANK SGT		b. PAY GRADE E-4	6. DATE OF RANK 1 Feb 67	DAY	MONTH	YEAR
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Allentown, Penn				9. DATE OF BIRTH 1 Jul 46	DAY	MONTH	YEAR
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 36 39 46 Unk				b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#89, Allentown (Lehigh Co.) Penna.				c. DATE INDUCTED NA	
	11a. TYPE OF TRANSFER OR DISCHARGE Release from Active Duty				b. STATION OR INSTALLATION AT WHICH EFFECTED Andrews AFB, Maryland					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY (SDM 715) Voluntary Release from AD Auth Msg USAFMPC, AFPMACP, ALPERSCOM A/C87/58 Subj: Early Release						d. EFFECTIVE DATE 15 Oct 68	DAY	MONTH	YEAR
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1001 Sec Pol Sq. (HQC)				13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED DD FORM 214			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFRes						15. REENLISTMENT CODE RE-12			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR 16 Aug 70			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. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY MONTH YEAR 19 Aug 64		
18. PRIOR REGULAR ENLISTMENTS None			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Airman Basic		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Phila, Pa.					
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 870 4th St. Fullerton (Lehigh Co) Penna.				22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
	23a. SPECIALTY NUMBER & TITLE 81150A Sec Pol				b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD 04 01 29	(2) OTHER SERVICE 00 00 00	(3) TOTAL (Line (1) plus Line (2)) 04 01 29
							b. TOTAL ACTIVE SERVICE 04 01 29	c. FOREIGN AND/OR SEA SERVICE 00 11 29		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED SAMMR NDSM VSM RVCM AFQM AFOUA AFQM									
	25. EDUCATION AND TRAINING COMPLETED High School - Diploma Air Pol Crse 77130 Compl 64 Air Pol-AP Supvr ECI 77150 Compl 65 Sentry Dog Handler Crse ALR 77130A Compl 66 Air Pol Cmbt Prep Crse AZR 77150 Compl 67									
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No Time Lost			b. DAYS ACCRUED LEAVE PAID 26		27a. INSURANCE IN FORCE (NSLI or USGLD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT \$ NA		c. MONTH ALLOTMENT DISCONTINUED NA
	28. VA CLAIM NUMBER C- NA			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE						
REMARKS	30. REMARKS BIOSU Type: O-Pos. AGE: M-55, A-80, G-75, E-60, Feb 64. ODSO: 23 MAY 60. NATIONAL AGENCY CHECK. 16 Sep 64, 4th Dist OSI, Bolling AFB, D.C. OSI Item 11c cont'd of Regular First Term Airman and Para 3-8Q, AFM 39-10									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 529 Faith Dr. Catasau Qua, Pa 18032					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER LOWELL E REEVES 1STLT USAF BASE SEPARATIONS OFFICER					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				

[Redacted]

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on
 the subject of the land described in the foregoing
 report.

The land described in the foregoing report is situated
 in the County of [County Name], State of [State Name].
 It is bounded on the north by [Description], on the
 east by [Description], on the south by [Description],
 and on the west by [Description]. The area of the
 land is [Area] acres.

The land described in the foregoing report is owned
 by [Owner Name], who is the [Relationship] of [Name].
 The land is being offered for sale to the public
 under the provisions of the [Act Name].