

PERSONAL DATA	1. LAST NAME FIRST NAME-MIDDLE NAME <b>CHRISTOFARO JOSEPH ONOFRIO</b>			2. SERVICE NUMBER <b>AF11977653</b>			3. SOCIAL SECURITY NUMBER <b>7894</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>				5a. GRADE, RATE OR RANK <b>Sgt</b>		5b. PAY GRADE <b>E4</b>	6. DATE OF RANK <b>1 Sep 70</b>	7. DAY <b>1</b>	8. MONTH <b>Sep</b>	9. YEAR <b>70</b>
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Lackawana NY</b>				9. DATE OF BIRTH	DAY <b>14</b>	MONTH <b>Jun</b>	YEAR <b>50</b>	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>30 64 50 416</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>64 Elmira Chemung NY</b>				c. DATE INDUCTED DAY MONTH YEAR <b>NA</b>			
	11. TYPE OF TRANSFER OR DISCHARGE <b>Discharge</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Phan Rang Air Base Republic of Vietnam</b>						
TRANSFER OF DISCHARGE DATA	12. REASON AND AUTHORITY <b>AFM 39-10 Chap 3 Sec B (SDN 902)</b>						d. EFFECTIVE DATE	DAY <b>3</b>	MONTH <b>Mar</b>	YEAR <b>71</b>	
	13. UNIT, DUTY ASSIGNMENT AND MAJOR COMMAND <b>25 OSGP PACAF</b>				13a. CHARACTER OF SERVICE <b>HONORABLE</b>		14. TYPE OF CERTIFICATE ISSUED <b>DD Form 256AF</b>				
	14a. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>						15. REENLISTMENT CODE <b>NA</b>				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION DAY MONTH YEAR <b>3 Sep 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 (76 II)</b>				b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OPENED DAY MONTH YEAR <b>4 Sep 68</b>		
	18. PRIOR REGULAR ENLISTMENTS <b>None (0)</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB E1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>AFKES Syracuse NY</b>					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>587 Cypress St Elmira Chemung Co, NY 14904</b>				22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>67153 Disbursements Accounting Spec</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD <b>02 06 00</b>	(2) OTHER SERVICE <b>00 00 00</b>	(3) TOTAL (Line (1) plus Line (2)) <b>02 06 00</b>		
	b. TOTAL ACTIVE SERVICE <b>02 06 00</b>			c. FOREIGN AND/OR SEA SERVICE <b>00 06 18</b>							
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSB AFM 900-3/VER AFM 900-3/</b>											
25. EDUCATION AND TRAINING COMPLETED <b>Basis Mil Tng ABM0010 Compl 68 Disbursement Acct Spec AER67133 Compl 69</b>											
VA AND EMP SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No Time Lost</b>			b. DAYS ACCRUED LEAVE PAID <b>NOT PAID See Item 30<sup>a</sup></b>		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		d. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>	
	28. VA CLAIM NUMBER <b>NA</b>			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <b>\$15,000</b>							
REMARKS	30. REMARKS <b>High School - Graduate/Blood Group A Pos/AQE M-40 A-95 G-65 E-65/LNAC 26 Sep 68 DOD MACC Ft Holabird MD 21219/-10.5 days excess lv carried forward to next enlistment/</b>										
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same as item 21</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Joseph Onofrio Christofaro</i>					
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>H H HEATON, SMSGT, USAF CHIEF, CAREER ASSISTANCE AND COUNSELING</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>H H Heaton</i>					