

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

**COX**

<b>1. NAME - FIRST NAME - MIDDLE NAME</b> BENJAMIN RAY		<b>2. SERVICE NUMBER</b> AF11303153		<b>3. SOCIAL SECURITY NUMBER</b> [REDACTED] 5826													
<b>4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS</b> AIR FORCE REGAF			<b>5a. GRADE, RATE OR RANK</b> TSGT	<b>5b. PAY GRADE</b> E-6	<b>6. DATE OF RANK</b> 1 JUN 64												
<b>7. U.S. CITIZEN</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>8. PLACE OF BIRTH (City and State or Country)</b> SYRACUSE, NEW YORK		<b>8. DATE OF BIRTH</b> 28 FEB 29													
<b>10a. SELECTIVE SERVICE NUMBER</b> 30 52 29 323 29 329		<b>8. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE</b> LB#52, ONEIDA, MADISON, NEW YORK		<b>9. DATE INDUCTED</b> DAY MONTH YEAR NA NA NA													
<b>11 a. TYPE OF TRANSFER OR DISCHARGE</b> RETIREMENT			<b>b. STATION OR INSTALLATION AT WHICH EFFECTED</b> TRAVIS AFB, FAIRFIELD, CALIFORNIA														
<b>c. REASON AND AUTHORITY</b> AFM 35-7, (SDN-230) VOLUNTARY RETIREMENT				<b>d. EFFECTIVE DATE</b> 31 MAY 68	<b>DAY MONTH YEAR</b> 31 MAY 68												
<b>12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> 635 SCTY POLICE SQ PACAF			<b>13. CHARACTER OF SERVICE</b> HONORABLE		<b>b. TYPE OF CERTIFICATE ISSUED</b> DD FORM 363AF												
<b>14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED</b> NA				<b>15. REENLISTMENT CODE</b> 2													
<b>16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION</b> DAY MONTH YEAR NA NA NA		<b>17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION</b> 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		<b>b. TERM OF SERVICE (Years)</b> 5	<b>c. DATE OF ENTRY</b> DAY MONTH YEAR 30 JUL 63												
<b>18. PRIOR REGULAR ENLISTMENTS</b> TWO		<b>19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC</b> STAFF SERGEANT		<b>20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)</b> ETAIN AB, FRANCE													
<b>21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)</b> BOX 85 SPEER, NATRONA, WYOMING 82601		<b>22. STATEMENT OF SERVICE</b>		YEARS	MONTHS												
<b>23. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER</b> POLICE SERGEANT, PRECINCT, 375.168		<b>24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED</b> VIETNAM SERVICE MEDAL, W/LBSS, AFM 900-3/ AF LONGEVITY SERVICE AWARD, W/4BR OLC, AFM 900-3/ AF GOOD CONDUCT MEDAL, W/LBR OLC (2JUN64-1JUN67), AFM 900-3/ NATIONAL DEFENSE SERVICE MEDAL, W/LBSS, AFM 900-3//		a. CREDITABLE FOR BASIC PAY PURPOSES													
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>04</td> <td>10</td> <td>01</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>16</td> <td>09</td> <td>26</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>21</td> <td>07</td> <td>27</td> </tr> </table>		(1) NET SERVICE THIS PERIOD	04	10	01	(2) OTHER SERVICE	16	09	26	(3) TOTAL (Line (1) plus Line (2))	21	07	27
				(1) NET SERVICE THIS PERIOD	04	10	01										
(2) OTHER SERVICE	16	09	26														
(3) TOTAL (Line (1) plus Line (2))	21	07	27														
b. TOTAL ACTIVE SERVICE		20	07	15													
		c. FOREIGN AND/OR SEA SERVICE		03	10	16											
<b>25. EDUCATION AND TRAINING COMPLETED</b> MGT FOR AF SUPERVISORS CRSE #0006, ECI, COMPL 64/ HAND SHOULDER B DEF WPNS, CRSE #7531 (ECI), COMPL 64/ NON COMM OFF LEADERSHIP CRSE #0007B, ECI, COMPL 64/ INTEL FUND CRSE #2000, ECI, COMPL 64/ AIR POLICE-AIR POLICE SUPVR, CDC, COMPL 65/ OJT SUPV CRSE AJF 75000-24, COMPL 67/ SENTRY DOG SUPV CRSE AZR81170A, COMPL 67//		<b>26. NON-PAY PERIODS/TIME LOST (Preceding Two Years)</b> NO NON-PAY PERIODS NO TIME LOST		<b>27. DAYS ACCRUED LEAVE PAID</b> 11 DAYS													
		<b>28. VA CLAIM NUMBER</b> C- NONE		<b>29. INSURANCE IN FORCE (NSLI or USGLI)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
		<b>30. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE</b> <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		<b>31. AMOUNT OF ALLOTMENT</b> NA													
		<b>32. MONTH ALLOTMENT DISCONTINUED</b> NA															
<b>30. REMARKS</b> HS-GRAD/ BLOOD GP AB POS/ AQE: G-60, A-40, M-40, E-40, DATE UNKNOWN/ CDSI: 23 MAY 68/ HI CONDUCTED 25OCT57, FILED 4TH DIST OSI//																	
<b>31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (incl. RFD, City, County, State and ZIP Code)</b> BOX 109 EATON, MADISON, NEW YORK 13334				<b>32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED</b> Benjamin R. Cox													
<b>33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER</b> HAYES A. KIERNAN 2D LT., USAF ASST. CHIEF, PORT SEPARATION SECTION				<b>34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN</b> Hayes A. Kiernan													

