

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME ELTZROTH HAROLD WILLIAM			2. SERVICE NUMBER AF 68037564			[REDACTED]					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF			5a. GRADE, RATE OR RANK SGT		6. PAY GRADE E-4	6. DATE OF RANK 1 APR 70	7. DAY 1	7. MONTH APR	7. YEAR 70		
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) MARION, IN				9. DATE OF BIRTH 14 JUL 49	9. DAY 14	9. MONTH JUL	9. YEAR 49		
SELECTIVE SERVICE DATA	10c. SELECTIVE SERVICE NUMBER 20 14 49 216			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB # 14, DOWAJAIC, CASS, MI			c. DATE INDUCTED NA					
	11. TYPE OF TRANSFER OR DISCHARGE DISCHARGE			b. STATION OR INSTALLATION AT WHICH EFFECTED TRAVIS AFB, FAIRFIELD, CA								
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY PAR 3-34 SEC E CHAP 3 AFM 39-10 & 2ND IND 6200 ABW(DP) 2JUL71 TO SGT ELTZROTH'S LTR 30JUN71 (SDN 227)						d. EFFECTIVE DATE 23 JUL 71	d. DAY 23	d. MONTH JUL	d. YEAR 71		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND DET 2, 6200 ABW PACAF			13. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED DD FORM 256AF					
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA						15. REENLISTMENT CODE 2					
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION NA			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION g. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AFQT: 852			b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY 18 JUN 68	c. DAY 18	c. MONTH JUN	c. YEAR 68	
SERVICE DATA	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) INDIANAPOLIS, IN					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) EDWARDSBURG, MI 49112 CASS CO						22. STATEMENT OF SERVICE					
	23a. SPECIALTY NUMBER & TITLE 81150 SCTY POLICEMAN			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER GUARD 372.868			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD 03 01 06	(2) OTHER SERVICE 00 00 00	(3) TOTAL (Line (1) plus Line (2)) 03 01 06		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, SAEMR, AFGCM(18JUN68-17JUN71) AFM 900-3//						b. TOTAL ACTIVE SERVICE 03 01 06	c. FOREIGN AND/OR SEA SERVICE 00 08 02	YEARS 03	MONTHS 01	DAYS 06	
	25. EDUCATION AND TRAINING COMPLETED SCTY POL CRSE 3ABR81130 COMPL68/SCTY POL SUPVR 81150 COMPL69/UPGRADE TNG GEN SUBJ 10000 COMPL69/USAF CMBT SCTY POL TNG CRSE COMPL69//						c. MONTHS 00	DAYS 08	DAYS 02	YEARS 00	MONTHS 08	DAYS 02
	26. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO NON PAY PERIODS NO TIME LOST			b. DAYS ACCRUED LEAVE PAID 43 DAYS		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	d. AMOUNT OF ALLOTMENT \$ NONE		c. MONTH ALLOTMENT DISCONTINUED NA			
28. VA CLAIM NUMBER c- NONE			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000									
AUTHENTICATION	30. REMARKS HS-GRAD/BLOOD GP A NEG/M90 A65 G80 E90 APR68/LNAC JUL68 DOD NACC FORT HOLABIRD, MD 21219//REF ITEM # 11C: DEPENDENCY HARDSHIP//						32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Harold Eltzroth</i>					
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) RR #1, BOX 389, EDWARDSBURG, CASS, MI 49112						34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J B Fitzgerald</i>					
33. OFFICER NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J B FITZGERALD, CWO W4, USAF ASST CHIEF, PORT SEPARATION SECTION												

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

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