


THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME FALCON, NORMAND (NMN)		2. SERVICE NUMBER AF11324304		3. SOCIAL SECURITY NUMBER [REDACTED]																														
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS UNITED STATES AIR FORCE		5a. GRADE, RATE OR RANK TSGT	6. PAY GRADE E-6	6. DATE OF RANK DAY: 1 MONTH: Jul YEAR: 69																														
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) BEDFORD, QUEBEC, CANADA		9. DATE OF BIRTH DAY: 14 MONTH: Nov YEAR: 38																															
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER N/A		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE N/A		c. DATE INDUCTED DAY: MONTH: YEAR: N/A																														
	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE		b. STATION OR INSTALLATION AT WHICH EFFECTED DET 704, 3507 USAF RECRTG GP, ST CLOUD MN																																
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY SDN 900, EXPIRATION TERM OF SERVICE		d. EFFECTIVE DATE DAY: 12 MONTH: Feb YEAR: 73		e. TYPE OF CERTIFICATE ISSUED DD Form 256 AF																														
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Det 704, 3507 USAF RECTG GP (ATC)		13a. CHARACTER OF SERVICE HONORABLE		15. REENLISTMENT CODE N/A																														
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED N/A																																		
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY: MONTH: YEAR: N/A		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION 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. TERM OF SERVICE (Years) 4		c. DATE OF ENTRY DAY: 13 MONTH: Feb YEAR: 69																												
	18. PRIOR REGULAR ENLISTMENTS (3) three		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SSGT		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) SAN ANTONIO TX																														
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 597 BROAD ST HARTFORD, CT 06109		22. STATEMENT OF SERVICE																																
	23a. SPECIALTY NUMBER & TITLE T81271 LAW ENFOR COR SUPV		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER		c. FOREIGN AND/OR SEA SERVICE																														
					<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>a. CREDITABLE FOR BASIC PAY PURPOSES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>04</td> <td>00</td> <td>00</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>12</td> <td>00</td> <td>00</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>16</td> <td>00</td> <td>00</td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td>16</td> <td>00</td> <td>00</td> </tr> <tr> <td>c. FOREIGN AND/OR SEA SERVICE</td> <td>01</td> <td>00</td> <td>00</td> </tr> </tbody> </table>				YEARS	MONTHS	DAYS	a. CREDITABLE FOR BASIC PAY PURPOSES				(1) NET SERVICE THIS PERIOD	04	00	00	(2) OTHER SERVICE	12	00	00	(3) TOTAL (Line (1) plus Line (2))	16	00	00	b. TOTAL ACTIVE SERVICE	16	00	00	c. FOREIGN AND/OR SEA SERVICE	01	00	00
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24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED AFGCM w/3 OLC (12Jun69-11Jun72) AFM 900-3// AFLSA w/2 OLC AFM 900-3// BMS-SOG-1002 HQ 7 AIR FORCE 25 Apr 72// AM-w/30LC SOG-1022 HQ's 7 AIR FORCE 30 Apr 72 VSM- AFM 900-3// RVCM- AFM 900-3																																			
25. EDUCATION AND TRAINING COMPLETED SECURITY POL CMBT PREPAREDNESS CRSE: 30ZR8124-70// JUNGLE SURVIVAL SCHOOL CRSE: NO. S-V 88-A// RECRUITER CRSE: 3AZR99120-71																																			
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		b. DAYS ACCRUED LEAVE PAID		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. MONTH ALLOTMENT DISCONTINUED N/A																												
	28. VA CLAIM NUMBER C NONE		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000.00																																
REMARKS	30. REMARKS BLOOD TYPE: O POS// HIGH SCHOOL GED// AQE: G-65, M-35, E-50, A-50// NAC-4 DIST OSI 22May63// VIETNAM-YES, KOREA-YES, INDOCHINA-NO// DAFSC: 99120																																		
NOTIFICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 594 BROAD ST HARTFORD, CT 06109			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 																															
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN																															