

1. LAST NAME, FIRST NAME, MIDDLE NAME <b>KELLOGG, DUANE EUGENE</b>			2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>499 : 62 : 7067</b>			4. DATE OF BIRTH YEAR <b>54</b> MONTH <b>NOV</b> DAY <b>15</b>
5. DEPARTMENT COMPONENT AND BRANCH OR CLASS <b>Air Force, Reg AF</b>				6. GRADE, RATE OR RANK <b>A1C</b>	7. PAY GRADE <b>E-3</b>	8. DATE OF RANK YEAR <b>75</b> MONTH <b>SEP</b> DAY <b>22</b>	
9. SELECTIVE SERVICE NUMBER <b>230 245 411 96</b>		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>23 Liberty, MO 64029</b>		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>Box 102 (Clay Co) Missouri City, MO 64072</b>			
12. TYPE OF SEPARATION <b>Discharge</b>				13. STATION OR INSTALLATION AT WHICH EFFECTED <b>McConnell AFB, KS 67221</b>			
14. AUTHORITY AND REASON <b>AFM 39-12 (SPD- JMH)</b>						15. EFFECTIVE DATE YEAR <b>76</b> MONTH <b>APR</b> DAY <b>22</b>	
16. CHARACTER OF SERVICE <b>Honorable</b>					17. TYPE OF CERTIFICATE ISSUED <b>DD Fm 256 AF</b>		18. REENLISTMENT CODE <b>2C</b>
19. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>381 SPS (SAC)</b>				20. COMMAND TO WHICH TRANSFERRED <b>N/A</b>			
21. TERMINAL DATE OF RESERVE/MSR OBLIGATION YEAR MONTH DAY <b>N/A</b>		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>AFEES Kansas City, MO 64024</b>				23. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY <b>73 FEB 01</b>	
24. PRIMARY SPECIALTY NUMBER AND TITLE <b>81150 Security Police</b>		25. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Guard 328.116</b>		26. RECORD OF SERVICE			
27. SECONDARY SPECIALTY NUMBER AND TITLE <b>N/A</b>		28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>N/A</b>		29. RECORD OF SERVICE			
30. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				31. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY HIGH SCHOOL <b>11</b> YRS (1-12 grades) COLLEGE <b>0</b> YRS			
32. TIME LOST (Preceding Two Yrs) <b>(*) 45 days</b>		33. DAYS ACCRUED LEAVE PAID <b>0</b>		34. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <b>\$20,000</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		35. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT <b>None</b>	
36. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>ADSM</b>				37. PERSONNEL SECURITY INVESTIGATION a. TYPE <b>(**) NAC</b> b. DATE COMPLETED <b>6 May 73</b>			
38. REMARKS  Blood: A+ DAFSC: 81150 (* ) Lost Time: 45 days - 21 Jun 75-04 Aug 75 (**) OSI DIST: DOD/MACCL AQE: M-30, A-30, G-40, E-45  Individual requests a copy of his DD Form 214 _____  MISSOURI NATIONAL GUARD OFFICE OF MILITARY RECORDS CERTIFIED TRUE COPY <i>RDW</i> DATE: <u>1-29-99</u>							
39. HOME ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>1333 May St, Apt 707, Wichita (Sedgewick Co), Kansas 67213</b>				39. SIGNATURE OF PERSON BEING SEPARATED			
40. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>T. A. TURNER, MSgt, USAF S/C, Quality Force Section</b>				40. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			