

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

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>KASZUBA STANLEY JOSEPH</b>				2. SERVICE NUMBER <b>AF11987496</b>			3. SOCIAL SECURITY NUMBER <b>166   40   1796</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE-Reg AF</b>				5a. GRADE, RATE OR RANK <b>SGT</b>		6. PAY GRADE <b>E4</b>	6. DATE OF RANK <b>1 JUL 69</b>	DAY	MONTH	YEAR
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Olyphant, Pennsylvania</b>				9. DATE OF BIRTH <b>26 NOV 48</b>	DAY	MONTH	YEAR	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>36   80   48   485</b>			5. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#80, Scranton, Pennsylvania</b>				c. DATE INDUCTED <b>N/A</b>			
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Release From Active Duty</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Loring AFB, Limestone, Maine 04750</b>						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AFM 39-10, Chap 3, Sec A (SDN 203)</b>					d. EFFECTIVE DATE <b>20 SEP 71</b>	DAY	MONTH	YEAR		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>42a SPSq(SAC)</b>				13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>N/A</b>				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>ARPC(ORS)</b>						15. REENLISTMENT CODE <b>1</b>				
SERVICE DATA	18. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION <b>20 SEP 73</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 checked="" type="checkbox"/> OTHER <b>AFQT: 8C 83 II</b>				b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY <b>21 SEP 67</b>			
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</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>Wilkes Barre, Pennsylvania</b>						
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>412 Delaware Ave Olyphant, Pa. 18447</b>				22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS		
	23a. SPECIALTY NUMBER & TITLE <b>81150-Security Specialist</b>		b. RELATED CIVILIAN OCCUPATION AND R.O.T. NUMBER <b>Guard 372.868</b>		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	04	00	00		
					b. TOTAL ACTIVE SERVICE	(2) OTHER SERVICE	00	00	00		
					c. FOREIGN AND/OR SEA SERVICE	(3) TOTAL (Line (1) plus Line (2))	04	00	00		
						b. TOTAL ACTIVE SERVICE	04	00	00		
						c. FOREIGN AND/OR SEA SERVICE	01	00	00		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, AFM 900-3/VSM, AFM 900-3/AFCM SO-G-1204 18 MAY 70 7AF/ RVCM, AFM 900-3/AFGCM, (21 SEP 67-20 SEP 70), AFM 900-3/</b>										
	25. EDUCATION AND TRAINING COMPLETED <b>ABM 00010, Compl 67/Crs 77150, Compl 68/</b>										

Recorded in the office for Recorder of Deeds  
in and for Lackawanna County, Pennsylvania  
in Sol. Dis. Book 62 Page 388  
Witness my hand and seal of this office the  
28 day Sept. A.D. 1971  
*Edward J. Coleman*  
Recorder of Deeds

**SEE DISB. Book 62 Page 388**

VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NO LOST TIME</b>		b. DAYS ACCRUED LEAVE PAID <b>(32) THIRTY-TWO</b>		27a. INSURANCE IN FORCE (NHLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> X		b. AMOUNT OF ALLOTMENT <b>N/A</b>		c. MONTH ALLOTMENT DISCONTINUED <b>N/A</b>
	28. VA CLAIM NUMBER <b>C- N/A</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE						

30. REMARKS  
**High School-4-Compl 66/Blood Group: B POS/AQE SCORES: M-35, A-55, G-65, E-55/LNAC (16 OCT 67), DOD NAC CEN, Ft. Holabird, Md./Member paid for thirty-two (32) days acc lv./"I have been counseled as to conditions for my reentry into the Air Force and I understand that every former member must meet the enlistment standards in effect at the time of his application."/**

AUTHENTICATION	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>Stanley Joseph Kaszuba</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>THOMAS E. ULRICH 2d Lt., USAF CHIEF CBPO-CAC</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Thomas E. Ulrich</i>			