

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>LATHAM ROM EVERETT</b>		2. SERVICE NUMBER <b>AF13827168</b>		3. SOCIAL SECURITY NUMBER <b>4300</b>																														
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5a. GRADE, RATE OR RANK <b>A2C</b>	b. PAY GRADE <b>E-3</b>	6. DATE OF RANK <b>1 Oct 65</b>	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																												
	8. PLACE OF BIRTH (City and State or Country) <b>Norfolk, Va.</b>			9. DATE OF BIRTH <b>21 Apr 45</b>																															
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>44 84 45 202</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>1B#84, Norfolk, Va.</b>			c. DATE INDUCTED <b>NA</b>																													
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Release from Active Duty</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Langley AFB, Hampton, Va.</b>																															
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>(SDN227)Sec E, Chap 3, Para 3-30, AFM 39-10, HdShp</b>			d. EFFECTIVE DATE <b>7 Jul 67</b>																															
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Dat 1, 48th FIS (ADC)</b>		13 a. 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>AFRes</b>				15. REENLISTMENT CODE <b>20</b>																														
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>14 Jun 70</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 type="checkbox"/> OTHER <b>AFQT: 8b-56-III</b>		b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY <b>15 Jun 64</b>																													
18. PRIOR REGULAR ENLISTMENTS <b>None</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Richmond, Va.</b>																															
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>2622 E. Oceanview Ave. Norfolk Va.</b>		22. STATEMENT OF SERVICE																																	
23a. SPECIALTY NUMBER & TITLE <b>77150-Air Policeman</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Chief Guard 372.168</b>		<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>03</td> <td>00</td> <td>23</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>03</td> <td>00</td> <td>23</td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td>03</td> <td>00</td> <td>23</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	03	00	23	(2) OTHER SERVICE	00	00	00	(3) TOTAL (Line (1) plus Line (2))	03	00	23	b. TOTAL ACTIVE SERVICE	03	00	23	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 <b>VSM/AFR900-10/NDSM/AFR900-10</b>																																			
25. EDUCATION AND TRAINING COMPLETED <b>None</b>																																			
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>N/A</b>		b. DAYS ACCRUED LEAVE PAID <b>20 - 5 days Coll</b>		27 a. INSURANCE IN FORCE (NSLI or USGL) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>\$ N/A</b>																												
			28. VA CLAIM NUMBER <b>C-</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		c. MONTH ALLOTMENT DISCONTINUED <b>N/A</b>																												
REMARKS	30. REMARKS <b>Blood Group: A Pos M-40 A-55 AQE-62/Mar64 G-50 E-40</b>																																		
	<b>ODSD: 13Nov66 NAC 13Jul64, 4th Dist OSI</b>																																		
AUTHENTIC.	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>Rom Latham</i>																														
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>RODNEY J. SCHAER, 1Lt, USAF</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Rodney J. Schaer</i>																														

No.	Name	Address	Remarks
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