THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

DATA	LAST NAME-FIRST NAME-MIDDLE NAME LAMPE JOHN JOSEPH		2. SERVICE NUMBER : AF 17701826					SECURITY N	
PERSONAL D	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF		GRADE, RATE OR RANK 6. PAY GRADE E4s.		GRADE	6. DATE OF RANK	1	OCT	FEAR
Se	7. U. S. CITIZEN 8. PLACE OF BIRTH (City and State or Co					9. DATE	DAY	MONTH	YEAR
	X YES NO BELLEVILLE, ILLI		NOIS			OF BIRTH	12	FEB	47
E.E.	10 a. SELECTIVE SERVICE NUMBER 6. SELECTIVE	SERVICE LOCAL BOARD NUME	SER, CITY, COUN		ZIP CODE		c D	MONTH .	
SELECTIVE SERVICE DATA	11 190 47 63 LB#1	E, ILLINOIS				NONE		YEAR-	
OR DISCHARGE DATA	RELEASE FROM ACTIVE DUTY		A STATION OR INSTALLATION OF WHITE ARECTED ELLIS WORTH LEGESCUTH DA				KOTA		
	CONVENIENCE OF THE GO		VERNMENT & EFFECTIVE				DAY MONTH YEAR		
Z ols	(SDN 715) FAR 3-89	The state of the s				13	DEG_	68	
őă	12. LAST DUTY ASSIGNMENT AND MAJOR COMMA	13 d. CHARACTER OF SERVICE				b. TYPE OF CERT HOLATE ISSUED			
IRANSFER	821st SPS (SAC)	HONORABLE				NONE			
Ž ≾	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH					15. REENLISTMENT CODE			
Ľ.	AFRes		•				RE - 1		
	TERMINAL DATE OF RESERVE/ UMT & OBLIGATION 4. SOURCE OF ENTRY:					b. TERM OF SERVICE		TE OF ENT	
	DAY MONTH YEAR		NLISTED (Prior Service) REENLISTED			(Years)	DAY	MONTH	YEAR
	14 JUN 71 OTHER		4				15	JUN	65
	ENTRY IN	TATE OR RANK AT TIME OF	SVC				(City and State)		
	NONE AIRMA	ST LOUIS, MISSOURI							
	21 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)		22. STATEMENT OF SERVICE				YEARS	MONTHS	4YS
	2420 WHITE STREET	- ~	CREDITABLE			RIOD	03	05	29
	EAST ST LOUIS, ILLINOI	CIVILIAN OCCUPATION AND	FOR BASIC PAY	(2) OTHER S			09	00	29
	D.O.T. NU	IMBER			Line (1) plus	Line (2))	03	05 05	29
	81150 - SCTY POLICEMAN		6. TOTAL ACTIVE SERVICE				01	00	01
	24. DECORATIONS, MEDALS, BADGES, COMMENDA	ATIONS CITATIONS AND CAMP				· ·			
	AFOUA NDSM VSM W/1 BSS AFGCM RVCM								
	25. EDUCATION AND TRAINING COMPLETED								
	AP UFV 77150								
}	AP CMBT PREP CRSE 7715		27 & INSURANCE	IN PORCE A	. AMOUNT O	F ALLOTMEN	er Te	MONTH AL	LOTMENT
VA AND EMP. SERVICE DATA	(Preceding Two Years)		(NSLI or t					DISCONTI	NUED
			☐ YES []	JNO	s N	ONE		NOI	VE
	26	. VA CLAIM NUMBER	29. SERVICEME	N'S GROUP LI	FE INSURANC	E COVERAGE			
		;-	D3 \$ 10.000	□\$ 5.0	∞ □	NONE			1
	NO TIME LOST	NONE	**						
	30. REMARKS								
REMARKS	HIGH SCHOOL - GRADUATED BLOOD GROUP O POSITIVE ODSD: 7Nov67 NAC: 10Jul65 4th DIST OSI - SECRET								
7	31 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE 32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED								
ECATION .	(Street, RFD, City, County, State and ZIP Code) SAME AS ITEM #21	2		des).	-do	444	•		
	TS. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER								
鬖	JOHN W. BORON, 2LT., USAF								