

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME MASHACK HENRY ALLISTON		2. SERVICE NUMBER AF 19 702 335		3. SOCIAL SECURITY NUMBER [REDACTED]							
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF		5. GRADE, RATE OR RANK SSGT	6. PAY GRADE E-5	6. DATE OF RANK 1 Sep 67	DAY 1	MONTH Sep	YEAR 67				
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) Los Angeles, Calif.			9. DATE OF BIRTH 29 May 42	DAY 29	MONTH May	YEAR 42				
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER 4 118 42 204		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB/118, Los Angeles, Los Angeles County, Calif.			12. DATE INDUCTED N/A						
	11 a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE	11 b. STATION OR INSTALLATION AT WHICH EFFECTED Andrews AFB, Maryland						12. REASON AND AUTHORITY (SDN 203) EXPIRATION TERM OF SERVICE, Section A, Chapter 3, AFM 39-10	13. EFFECTIVE DATE 19 Jul 68	DAY 19	MONTH Jul	YEAR 68
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1002 Sec Pol Sq. (HQ COMD)		13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED DD FORM 256AF							
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED N/A						15. REENLISTMENT CODE RE-12					
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION N/A		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION: 4. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		6. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY 20 Jul 64			DAY 20	MONTH Jul	YEAR 64	
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS One (1)		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AIRMAN SECOND CLASS		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Bitburg AB, Germany							
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1872 West 38th Place, Los Angeles, Los Angeles County, California 90062		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS	a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD 4 0 0	(2) OTHER SERVICE 3 0 28	(3) TOTAL (Line (1) plus Line (2)) 7 0 28	
	23. SPECIALTY NUMBER & TITLE 81150 - Security Policeman		24. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER None		b. TOTAL ACTIVE SERVICE 7 0 28	c. FOREIGN AND/OR SEA SERVICE 4 0 27	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED AFLSA AFR 900-10 AFGCM AFM 900-3 NDSM AFM 900-3 VSM w/LBSS AFR 900-10 RVCM AFM 900-3					
	25. EDUCATION AND TRAINING COMPLETED College - 2years Engineering		26. VA CLAIM NUMBER C- N/A		27. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		25. EDUCATION AND TRAINING COMPLETED Mili Just (ECI) 7800 Compl 65 Air Police Combat Prepartness Crse AZR 77150 Compl 66					
	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No Time Lost		27. VA CLAIM NUMBER C- N/A		27. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		26. VA CLAIM NUMBER C- N/A					
	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No Time Lost		27. VA CLAIM NUMBER C- N/A		27. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		26. VA CLAIM NUMBER C- N/A					
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No Time Lost		27. VA CLAIM NUMBER C- N/A		27. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		26. VA CLAIM NUMBER C- N/A					
	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) No Time Lost		27. VA CLAIM NUMBER C- N/A		27. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		26. VA CLAIM NUMBER C- N/A					
REMARKS	30. REMARKS Blood Group O AGE: M-60, A-60, G-50, E-25, Jun61. ODSB: 4Jul67. BACKGROUND INVESTIGATION: 31Jan62. Filed 4th Dist OSI Bolling AFB, Washington 25, D.C.											
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as item #21						32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Henry A. Mashack					
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER LOWELL E. REEVES, 1st Lt. USAF Mil Pers Div						34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN Lowell E. Reeves					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER LOWELL E. REEVES, 1st Lt. USAF Mil Pers Div						34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN Lowell E. Reeves					

