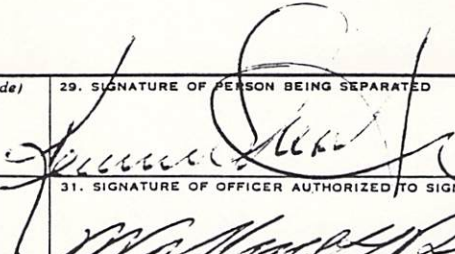


1. LAST NAME-FIRST NAME-MIDDLE NAME <b>NEAL KENNETH</b>			2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>8869</b>		4. DATE OF BIRTH <b>1946 Aug 18</b>
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			6a. GRADE, RATE OR RANK <b>SSgt</b>		b. PAY GRADE <b>E-5</b>	7. DATE OF RANK <b>1974 Nov 01</b>
8a. SELECTIVE SERVICE NUMBER <b>NA</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>NA</b>		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>913 E. Kilbourne Avenue # 25 Milwaukee WI 53202</b>		
9a. TYPE OF SEPARATION <b>Discharge</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Travis AFB CA</b>			
c. AUTHORITY AND REASON -----			d. EFFECTIVE DATE <b>1979 Mar 19</b>	YEAR <b>1979</b>	MONTH <b>Mar</b>	DAY <b>19</b>
e. CHARACTER OF SERVICE <b>HONORABLE</b>			f. TYPE OF CERTIFICATE ISSUED <b>DD Form 256AF</b>		10. REENLISTMENT CODE -----	
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>USAF HOSPITAL MISAWA (PACAF)</b>			12. COMMAND TO WHICH TRANSFERRED <b>NA</b>			
13. TERMINAL DATE OF RESERVE / MSS OBLIGATION YEAR MONTH DAY <b>NA</b>		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>Chandler AZ</b>			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY <b>1976 Mar 02</b>	
10a. PRIMARY SPECIALTY NUMBER AND TITLE <b>Dental Laboratory Techn 98270</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		10. RECORD OF SERVICE		
17a. SECONDARY SPECIALTY NUMBER AND TITLE <b>None</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		YEARS MONTHS DAYS		
				(a) NET ACTIVE SERVICE THIS PERIOD <b>03 00 18</b>		
				(b) PRIOR ACTIVE SERVICE <b>07 03 22</b>		
				(c) TOTAL ACTIVE SERVICE (a+b) <b>10 04 10</b>		
				(d) PRIOR INACTIVE SERVICE <b>02 00 07</b>		
				(e) TOTAL SERVICE FOR PAY (c+d) <b>12 04 17</b>		
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD <b>02 01 17</b>		
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY / HIGH SCHOOL <b>12</b> YRS (1-12 grades) COLLEGE _____ YRS			
21. TIME LOST (Preceding Two Yrs) <b>NO LOST TIME</b>	22. DAYS ACCRUED LEAVE PAID <b>-8 days</b>	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$ 20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT <b>NA</b>		25. PERSONNEL SECURITY INVESTIGATION a. TYPE <b>* LNAC</b> b. DATE COMPLETED <b>22 Dec 66</b>
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>SAEMR, AFR 900-48      NDSM, AFR 900-48      RVCM, AFR 900-48</b> <b>AFLSA, w/2OLC, AFR 900-48      VSM, w/4BSS, AFR 900-48      AFGCM, w/2OLC, AFR 900-48</b> <b>(9 Nov 74-8 Nov 77)</b>						
27. REMARKS <b>DAFSC:98270/Svc schools: Crown &amp; Fixed Partial Deture Prosthetics Crs 3AZR 98270-8, Mar 76./Blood Group - A Positive/Individual requests DD Form 214 <u>D</u>/Ref Item # 25a Secty Clearance filed: DOD NACC; File # 334-0939./Member completed 26 months oversea duty where the normal tour is 30 months./</b>						
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>913 E. Kilbourne Avenue # 25, Milwaukee Wisconsin 53202 (Milwaukee Co.,)</b>				29. SIGNATURE OF PERSON BEING SEPARATED 		
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>WALLACE H. RILEY, MSgt, USAF NCOIC, Separations Unit</b>				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 