

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

Military Discharge Records

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>PERKINS SHELDON DEAN</b>		2. SERVICE NUMBER <b>AF17654743</b>		3. a. GRADE, RATE OR RANK <b>A2C E-3</b>		b. DATE OF RANK (Day, Month, Year) <b>1 JUN 65</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REG AF</b>		5. PLACE OF BIRTH (City and State or Country) <b>GOVE CO, KANSAS</b>			6. DATE OF BIRTH	DAY <b>13</b>	MONTH <b>AUG</b>	YEAR <b>44</b>		
	7a. RACE <b>CAUCASIAN</b>	b. SEX <b>MALE</b>	c. COLOR HAIR <b>BROWN</b>	d. COLOR EYES <b>BROWN</b>	e. HEIGHT <b>5'11"</b>	f. WEIGHT <b>200</b>	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS <b>MARRIED</b>		
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>HIGH SCHOOL 4</b>		b. MAJOR COURSE OR FIELD <b>ACADEMIC</b>								
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB, FAIRFIELD, CALIFORNIA</b>								
	c. REASON AND AUTHORITY (SDN411) CONVENIENCE OF THE GOVERNMENT <b>PAR 3-80, SEC B, CHAP 3, AFM 39-10</b>					d. EFFECTIVE DATE	DAY <b>10</b>	MONTH <b>NOV</b>	YEAR <b>66</b>		
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>3RD APRON (PACAF)</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>DD FORM 217AF</b>					
	14. SELECTIVE SERVICE NUMBER <b>41 27 44 305</b>		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>LB #27 DALLAS (DALLAS) TEXAS</b>			16. DATE INDUCTED					
						DAY	MONTH	YEAR			
SERVICE DATA	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>AFRES</b>			18. TERMINAL DATE OF RESERVE OBLIGATION		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION		b. TERM OF SERVICE (Years)		c. DATE OF ENTRY	
	DAY	MONTH	YEAR	<input checked="" type="checkbox"/> ENLISTED (First Enlistment)	<input type="checkbox"/> ENLISTED (Prior Service)	<input type="checkbox"/> REENLISTED	4	DAY	MONTH	YEAR	
	<b>10</b>	<b>JUN</b>	<b>69</b>	<input type="checkbox"/> OTHER: AFOT: 8B (44-III)				<b>11</b>	<b>JUN</b>	<b>63</b>	
	20. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>AIRMAN BASIC</b>		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>KANSAS CITY, MISSOURI</b>						
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>712 N. MONROE HUTCHINSON (RENO) KANSAS</b>		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	YEARS	MONTHS	DAYS				
				(2) OTHER SERVICE	03	05	00				
				(3) TOTAL (Line (1) + line (2))	00	00	00				
				b. TOTAL ACTIVE SERVICE	03	05	00				
				c. FOREIGN AND/OR SEA SERVICE	00	11	24				
VA DATA	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>BSS AFM 900-3/ NATIONAL DEFENSE SERVICE MEDAL AFM 900-3/ SMALL ARMS EXPERT MARKSMANSHIP RIBBON SO G-26, 3 TFWG, 66//</b>			27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>NA</b>		28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED		29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
	SCHOOL OR COURSE	DATES (From-To)	MAJOR COURSES								
	<b>NA</b>	<b>NA</b>	<b>NA</b>								
VA DATA	30. a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>						
	31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>NA</b>			b. VA CLAIM NUMBER <b>NA</b>		c. VA CLAIM NUMBER <b>NA</b>					
AUTHENTICATION	32. REMARKS <b>BLOOD GROUP O/ NO TIME LOST/ NAC COMPLETED 3 JUL 63, 4TH DIST OSI/ ODSO: 8 NOV 66/ AQE: JUN 63, G-55, A-60, M-45, E-55/ RE-12/ SSN: 510-42-5932/ SGLI: \$10,000/ PAID FOR 12 DAYS LEAVE//</b>										
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR-DISCHARGE (Street, RFD, City, County and State) <b>SAME AS ITEM #23</b>					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>Sheldon D. Perkins</b>					
	35. a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>DAVID T DEFRIES 1ST LT USAF ASST CHIEF SEPARATION CENTER</b>					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>David T Defries</b>					

DD FORM 1 NOV 55 214 (8 Part)