

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME SAVAGE STEPHEN CLARENCE			2. SERVICE NUMBER AF11454716			3. SOCIAL SECURITY NUMBER 002 34 7497								
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			5a. GRADE, RATE OR RANK SGT		b. PAY GRADE E4	6. DATE OF RANK 1 Dec 67	DAY	MONTH	YEAR					
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Windsor, Vermont			9. DATE OF BIRTH 3 Jul 46	DAY	MONTH	YEAR						
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 27 10 46 101			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#10, Newport, Sullivan, New Hampshire			c. DATE INDUCTED N/A			DAY	MONTH	YEAR			
	11a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY			b. STATION OR INSTALLATION AT WHICH EFFECTED Topsham AFS Maine						DAY	MONTH	YEAR			
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY (SDN 715) AFM 39-10, para 3-8q and USAFMPC Msg 132300Z Dec 68.						d. EFFECTIVE DATE 17 Jan 69	DAY	MONTH	YEAR	17 JAN 1969				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND DET 1 60TH FIS ADC			13a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED N/A			DAY	MONTH	YEAR			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFRes						15. REENLISTMENT CODE 1			DAY	MONTH	YEAR			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR 19 Aug 71			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. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY MONTH YEAR 20 Aug 65			DAY	MONTH	YEAR		
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS None			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Manchester, New Hampshire									
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 85 Sullivan Street, Claremont, New Hampshire			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	a.	(1) NET SERVICE THIS PERIOD	03	04	28	
	23a. SPECIALTY NUMBER & TITLE 81150A-Security Policeman			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Guard 372.868			b. CREDITABLE FOR BASIC PAY PURPOSES	(2) OTHER SERVICE	00	00	00	(3) TOTAL (Line (1) plus Line (2))	03	04	28
							b. TOTAL ACTIVE SERVICE	03	04	28	c. FOREIGN AND/OR SEA SERVICE	01	00	00	
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED SAEMR. NDSM. VSM. RVCM.														
	25. EDUCATION AND TRAINING COMPLETED AP Preparedness Crse AZR 77150 67 High school-graduate														
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST			b. DAYS ACCRUED LEAVE PAID 13		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT N/A		c. MONTH ALLOTMENT DISCONTINUED N/A					
	28. VA CLAIM NUMBER C- N/A			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE											
REMARKS	30. REMARKS Blood Group A-Pos/ M-50 A-85 G-70 E-45/ ODSD: 15Apr68/ BI conducted 12Sep68, Dist 1 OSI/														
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) See item 21					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Stephen C. Savage</i>									
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER THOMAS D. MCCOLLUM, CAPT, USAF					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Thom D. McCollum</i>									