

THIS IS AN IMPURIANI RECORD  
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>SOMMERFELDT GERALD WILLIAM</b>		2. SERVICE NUMBER <b>AF16854471</b>		3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>																								
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5g. GRADE, RATE OR RANK <b>Sgt</b>	6. PAY GRADE <b>E-4</b>	7. DATE OF RANK <b>1 Dec 67</b>																							
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Janesville, Wisconsin</b>			9. DATE OF BIRTH <b>17 Mar 46</b>																							
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>47 62 46 144</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>#62, Janesville, Wisconsin</b>			c. DATE INDUCTED <b>NA</b>																							
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Retirement</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Lackland Air Force Base, San Antonio, Texas</b>																									
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AFM 35-4, (SDN 271), Permanently retired by reason of physical disability</b>			d. EFFECTIVE DATE <b>21 Oct 70</b>	DAY	MONTH	YEAR																						
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Wilford Hall USAF Medical Center, AFSC</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>DD Form 363AF</b>																							
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>			15. REENLISTMENT CODE <b>NA</b>																									
	16. TERMINAL DATE OF RESERVE/UMTB'S OBLIGATION DAY MONTH YEAR <b>NA</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			b. TERM OF SERVICE (Years) <b>4</b>		c. DATE OF ENTRY DAY MONTH YEAR <b>2 Mar 66</b>																					
18. PRIOR REGULAR ENLISTMENTS <b>None</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>Airman Basic</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Chicago, Illinois</b>																									
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>Box 192 Orfordville, Rock, Wisconsin 53576</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS																							
23a. SPECIALTY NUMBER & TITLE <b>81150 Sec Policeman</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Guard 372.868</b>		<table border="1"> <tr> <td rowspan="3">a. CREDITABLE FOR BASIC PAY PURPOSES</td> <td>(1) NET SERVICE THIS PERIOD</td> <td>4</td> <td>7</td> <td>20</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>0</td> <td>2</td> <td>23</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>4</td> <td>10</td> <td>13</td> </tr> <tr> <td colspan="2">b. TOTAL ACTIVE SERVICE</td> <td>4</td> <td>7</td> <td>20</td> </tr> <tr> <td colspan="2">c. FOREIGN AND/OR SEA SERVICE</td> <td>0</td> <td>4</td> <td>27</td> </tr> </table>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	4	7	20	(2) OTHER SERVICE	0	2	23	(3) TOTAL (Line (1) plus Line (2))	4	10	13	b. TOTAL ACTIVE SERVICE		4	7	20	c. FOREIGN AND/OR SEA SERVICE		0	4	27
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24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, VSM w/1BSS, AFGCM (2Mar66-1Mar69), AFCM, PH</b>																													
25. EDUCATION AND TRAINING COMPLETED <b>Air Policeman Crse 77130 Completed - 1966</b> <b>Air Police-AP Supvr (ECI) Crse 77150 Completed - 1967</b>																													
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No time lost</b>		b. DAYS ACCRUED LEAVE PAID <b>60</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>\$ NA</b>																						
	28. VA CLAIM NUMBER <b>C- 24 689 012</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <b>\$15,000</b>																										
REMARKS	30. REMARKS <b>High School--graduated. Blood Group AB Pos. AQE: G-80, A-85, M-65, E-80, Nov 65. National Agency Check completed 24 Mar 66, 4th Dist OSI, Bolling AFB, Washington, D. C.</b>																												
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same as Item 21.</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Gerald W. Sommerfeldt</i>																									
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>R. J. CRAVEN, MSGT, USAF Personnel Division</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R. J. Craven</i>																									