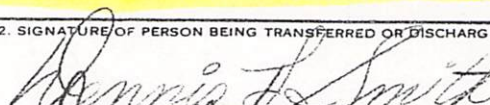


**THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME SMITH DENNIS LEE			2. SERVICE NUMBER AF 16798803			3. SOCIAL SECURITY NUMBER 314 46 7807				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF			5a. GRADE, RATE OR RANK SGT		6. PAY GRADE E4	6. DATE OF RANK 1 MAY 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) LAPORTE, INDIANA				9. DATE OF BIRTH 2 JAN 46	DAY	MONTH	YEAR	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 12 257 46 1			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB # 257, SOUTH BEND, ST. JOSEPH, INDIANA			c. DATE INDUCTED NA				
	11 a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY			b. STATION OR INSTALLATION AT WHICH EFFECTED TRAVIS AFB, FAIRFIELD, CA							
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY SEC A, CHAP 3, AFM 39-10; (SDN 203);						d. EFFECTIVE DATE	DAY	MONTH	YEAR	
	EXPIRATION OF TERM OF SERVICE						15	JUL	68		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 632 SECURITY POLICE SQ PACAF			13 a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED NA				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFRES						15. REENLISTMENT CODE 1				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY MONTH YEAR 15 JUL 70			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 APT: 8B (45-III)			b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY MONTH YEAR 16 JUL 64			
	18. PRIOR REGULAR ENLISTMENTS NONE			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AIRMAN BASIC			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) INDIANAPOLIS, INDIANA				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1018 SOUTH 51ST ST., SOUTH BEND, ST. JOSEPH, INDIANA 46615			22. STATEMENT OF SERVICE							
	23a. SPECIALTY NUMBER & TITLE 81150 SECURITY POLICEMAN			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 372.868 GUARD			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	YEARS	MONTHS	DAYS
							(2) OTHER SERVICE	00	00	00	
							(3) TOTAL (Line (1) plus Line (2))	04	00	00	
							b. TOTAL ACTIVE SERVICE	04	00	00	
							c. FOREIGN AND/OR SEA SERVICE	00	08	17	
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL, VIETNAM SERVICE MEDAL, AF LONGEVITY SERVICE AWARD, REPUBLIC OF VIETNAM CAMPAIGN MEDAL, AF GOOD CONDUCT MEDAL, (16 JUL 64-15 JUL 67); AFM 900-3/ SMALL ARMS EXPERT MARKSMANSHIP RIBBON, SOG-28, 9 AUG 66, 42 BW/ PURPLE HEART, SOG-497, 16 FEB 68,										
	25. EDUCATION AND TRAINING COMPLETED SENTRY DOG HANDLERS CRSE AZR 77130, 66/ ECI CRSE MGMT FOR AF SUPVRS # 0006, 65/ SECURITY POLICE CMPT PREPAREDNESS CRSE AZR 77150, 67//										
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO NON-PAY PERIODS NO TIME LOST			b. DAYS ACCRUED LEAVE PAID 3 DAYS		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT \$ NA		c. MONTH ALLOTMENT DISCONTINUED NA	
				28. VA CLAIM NUMBER C- NONE		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 HIGH SCHOOL-GRADUATED/ BLOOD GROUP O POS/ ODSB: 14 JUL 68/ AGE: G-45 A-60 M-35 E-40, JUL 64/ NAC COMPL 10 AUG 64, FILED 4TH DIST OSI/ "I HAVE BEEN COUNSELED AS TO CONDITIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION."/ REF ITEM # 24: H; 7TH AF/ BRONZE STAR MEDAL, W/V DEVICE, SOG-1564, 27 MAY 68, HQ 7TH AF//										
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 3, WALKERTON, ST. JOSEPH, INDIANA 46574					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER HAYES A KIERNAN, 2D LT., USAF ASST CHIEF, PORT SEPARATION SECTION					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 