

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME STEWART JAMES ALDEN				2. SERVICE NUMBER AF16850647		3. SOCIAL SECURITY NUMBER 6997		
	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 Feb 68	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Flint, Mich				9. DATE OF BIRTH 11 Mar 46		
SELECTIVE SERVICE DATA	10 a. SELECTIVE SERVICE NUMBER 20 25 46 98			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#25, Flint, Genesee, Mich				c. DATE INDUCTED NA	
	11 a. TYPE OF TRANSFER OR DISCHARGE Release from Active Duty				b. STATION OR INSTALLATION AT WHICH EFFECTED Wurtsmith AFB Mich				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY (SDN715) COG, Ch 3 Sec B para 3-8q para AFM 39-10 & USAFMPC Msg AFPMAP B/154/69						d. EFFECTIVE DATE 8 Dec 69		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 379 SPS (SAC)				13 a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED NA	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAFR						15. REENLISTMENT CODE 1		
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION 10 Feb 72			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION g. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AFQT 8C 98 I			b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY 15 Mar 66	
18. PRIOR REGULAR ENLISTMENTS None			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Basic Airman E-1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Detroit, Mich				
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 227 W State, Montrose, Genesee, Mich 48457			22. STATEMENT OF SERVICE						
23 a. SPECIALTY NUMBER & TITLE 81150A Sentry DogHandler			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER			c. CREDITABLE FOR BASIC PAY PURPOSES	d. TOTAL ACTIVE SERVICE		
						(1) NET SERVICE THIS PERIOD	YEARS	MONTHS	DAYS
						(2) OTHER SERVICE	03	08	12
						(3) TOTAL (Line (1) plus Line (2))	00	01	04
						b. TOTAL ACTIVE SERVICE	03	08	12
						c. FOREIGN AND/OR SEA SERVICE	01	00	02
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM RVCM VSM w/IBSS SAEMR AFGCM AFM 900-3									
25. EDUCATION AND TRAINING COMPLETED Air Police AP Supv ECI Crs 77150 compl 67 Air Police Cmbt Preparedness Crs AZR77150 compl 67 Sentry Dog Handler (Air Policeman) Crs ALR77130A compl 66									
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST No time lost			b. DAYS ACCRUED LEAVE PAID 29.0		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 NA			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 Neg Early release due to budgetary limitations OESD: 10 Sep68 High School Graduate NAC 7Apr66 4th Dist OSI File#41 2029810 AQE Scores: G95 A95 M95 E95, Jan66								
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 550 Chamberlain St., Apt# 905, Flushing, Genesee, Mich 48433					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>James Alden Stewart</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER LAWRENCE GAWELL 2NDLT., USAF CHIEF PERSONAL AFFAIRS SECTION					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Lawrence Gawell</i>			

**APPLICATION FOR CORRECTION OF MILITARY RECORD
UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552**
(Please read instructions on reverse side BEFORE completing application.)

Form Approved
OMB No. 0704-0003
Expires Mar 31, 1996

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0003), Washington, DC 20503.
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON THE BACK OF THIS PAGE.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 US Code 1552, EO 9397.
PRINCIPAL PURPOSE: To initiate an application for correction of military record. The form is used by Board members for review of pertinent information in making a determination of relief through correction of a military record.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.

1. APPLICANT DATA

a. BRANCH OF SERVICE (X one) (1) ARMY (2) NAVY (3) AIR FORCE (4) MARINE CORPS (5) COAST GUARD

b. NAME (Last, First, Middle Initial) (Please print)
STEWART, JAMES A.
c. PRESENT PAY GRADE
d. SERVICE NUMBER (if applicable)
AF 16850647
e. SSN
[REDACTED]

2. TYPE OF DISCHARGE (If by court-martial, state type of court.)
HONORABLE
3. PRESENT STATUS, IF ANY, WITH RESPECT TO THE ARMED SERVICES (Active duty, Retired, Reserve, etc.)
4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY
8 DEC 1969

5. ORGANIZATION AT TIME OF ALLEGED ERROR IN RECORD
377th Security Police Sq.
6. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (No expense to the Government) (X one)
 a. YES b. NO

7. COUNSEL (If any)
a. NAME (Last, First, Middle Initial)
N/A
b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)
N/A

8. I REQUEST THE FOLLOWING CORRECTION OF ERROR OR INJUSTICE: PLEASE ISSUE A DD-215 TO AMEND THE DD-214 ISSUED ON 8 DEC 1969. I REQUEST THE RIBBONS AND DEVICES THAT WERE AUTHORIZED BUT WERE NOT INCLUDED OR LEFT INCOMPLETE ON MY 214.

9. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST IN THE FOLLOWING PARTICULARS: I BELIEVE I AM ENTITLED TO THE FOLLOWING: VIETNAM CROSS OF GALLANTRY W/ PALM UNIT CITATION AND THE AIR FORCE PRESIDENTIAL UNIT CITATION. ADDITIONALLY, THE VIETNAM SERVICE MEDAL W/ 1 BSS IS SHOWN ON MY 214, HOWEVER, IT SHOULD HAVE TWO BRONZE SERVICE STARS.

10. IN SUPPORT OF THIS APPLICATION I SUBMIT AS EVIDENCE THE FOLLOWING: (If Veterans Administration records are pertinent to your case, give Regional Office location and Claim Number.) A COPY OF MY DD-214 AS ISSUED ON 8 DEC 1969. A COPY OF PAGE 353, AFP 900-2, IS JUNE 1971 SHOWING THE AWARD OF THE PUC TO THE 377 SPS. A COPY OF PAGE 73, AFP-900-2, 23 NOV 1981 SHOWING THE AWARD OF THE RUNGCWIP TO THE 377 SPS.

11. ALLEGED ERROR OR INJUSTICE

a. DATE OF DISCOVERY
FEB 26, 1998
b. IF MORE THAN THREE YEARS SINCE THE ALLEGED ERROR OR INJUSTICE WAS DISCOVERED, STATE WHY THE BOARD SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER THIS APPLICATION.
N/A

12. APPLICANT MUST SIGN IN ITEM 16. IF THE RECORD IN QUESTION IS THAT OF A DECEASED OR INCOMPETENT PERSON, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY APPLICATION. IF APPLICATION IS SIGNED BY OTHER THAN APPLICANT, INDICATE RELATIONSHIP OR STATUS BY MARKING APPROPRIATE BOX.
 a. SPOUSE b. WIDOW c. WIDOWER d. NEXT OF KIN e. LEGAL REP f. OTHER (Specify)

13. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Sec. 287, 1001, provides a penalty of not more than \$10,000 fine or not more than 5 years imprisonment or both.)

14. COMPLETE CURRENT ADDRESS, INCLUDING ZIP CODE (Applicant should forward notification of all changes of address.)
311 N. SAGINAW ST. POB 67
MONT ROSE, MI 48457-0067
DOCUMENT NUMBER (Do not write in this space.)

15. DATE SIGNED
16. SIGNATURE (Applicant must sign here.)

(810) 639-5755

INSTRUCTIONS

(All data should be typed or printed)

1. For detailed information see: Air Force Regulation 31-3; Army Regulation 15-185; Coast Guard, Code of Federal Regulations; Title 33, Part 52; or Navy, NAVEXOS P-473, as revised.
2. Submit only original of this form.
3. Complete all items. If the question is not applicable, mark "None."
4. If space is insufficient, use "Remarks" or attach additional sheet.
5. Various veterans and service organizations furnish counsel without charge. These organizations prefer that arrangements for representation be made through local posts or chapters.
6. List all attachments and enclosures.
7. **ITEMS 6 AND 7.** Personal appearance of you and your witnesses or representation by counsel is not required to ensure full and impartial consideration of applications. Appearances and representations are permitted, at no expense to the Government, when a hearing is authorized.
8. **ITEM 8.** State the specific correction of record desired.
9. **ITEM 9.** In order to justify correction of a military record, it is necessary for you to show to the satisfaction of the Board, or it must otherwise satisfactorily appear, that the alleged entry or omission in the record was in error or unjust. Evidence may include affidavits or signed testimony of witnesses, executed under oath, and a brief of arguments supporting application. All evidence not already included in your record must be submitted by you. The responsibility for securing new evidence rests with you.
10. **ITEM 11.** 10 U.S.C. 1552b provides that no correction may be made unless request is made within three years after the discovery of the error or injustice, but that the Board may excuse failure to file within three years after discovery if it finds it to be in the interest of justice.

MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW

ARMY	COAST GUARD
<p>(For Active Duty Personnel) Army Board for Correction of Military Records Department of the Army, 2nd Floor 1941 Jefferson Davis Highway Arlington, VA 22202-4508</p> <p>(For Other than Active Duty Personnel) CO, USARPERCEN ATTN: DARP-VSA-A 9700 Page Blvd. St. Louis, MO 63132-5200</p>	<p>Chairman Board for Correction of Military Records (C-60) Department of Transportation 400 7th St., SW Washington, DC 20590</p>
NAVY AND MARINE CORPS	AIR FORCE
<p>Board for Correction of Naval Records Department of the Navy Washington, DC 20370-5100</p>	<p>Board for Correction of Air Force Records ATTN: SAF/MIBR 550-C Street West A Wing, Basement Randolph AFB, TX 78150-4722</p>

17. **REMARKS** (Applicant has exhausted all administrative channels in seeking this correction and has been counseled by a representative of his/her servicing military personnel office. (Applicable only to active duty and reserve personnel.))