

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>STANLONIS WALTER ANTHONY JR</b>		2. SERVICE NUMBER <b>AF16926364</b>		3. SOCIAL SECURITY NUMBER <b>0011</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>			5a. GRADE, RATE OR RANK <b>SGT</b>	6. PAY GRADE <b>W4</b>	7. DATE OF RANK <b>1 MAR 69</b>	8. DATE OF BIRTH <b>16 JAN 43</b>
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>DETROIT, MI</b>				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>20 103 48 28</b>		9. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #103, DETROIT, WAYNE, MI</b>			c. DATE INDUCTED <b>NA</b>	
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB, FAIRFIELD, CA</b>			
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>PARA 3-8C, SEC B, CHAP 3, AFM 39-10 (SDN 411) COE</b>				d. EFFECTIVE DATE <b>2 APR 70</b>		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>388TH SEC POL SQ (PACAF)</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>NA</b>	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AERES</b>				15. REENLISTMENT CODE <b>1</b>		
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR <b>5 JUL 72</b>		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 APOT: <b>7C (46-III)</b>		b. TERM OF SERVICE (Years) <b>4</b>		c. DATE OF ENTRY DAY MONTH YEAR <b>3 SEP 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>DETROIT, MI</b>		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>5301 MANISTIQUE AVENUE DETROIT WAYNE MI 48224</b>			22. STATEMENT OF SERVICE			
	23a. SPECIALTY NUMBER & TITLE <b>81150, SECURITY POLICEMAN</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.Y. NUMBER <b>PATROLMAN 375,268</b>		c. FOREIGN AND/OR SEA SERVICE		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM; VSM W/LBSS; RVCM; AFGCM (8SEP66-7SEP69): AFM 900-3//</b>						
25. EDUCATION AND TRAINING COMPLETED <b>GE STRUC PWMTS CRSE 55000 (ECI), 67/ UPGD TNG GEN SUBS CRSE 10000, 68/ SENTRY DOG HANDLER CRSE 3ALR81130A, 68/ SEC POL-SEC POL SUPVR CRSE 81150, 69// SEC POL CMBT PREP CRSE 3AZR81150, 69//</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>EXCESS LEAVE: (8 JAN 70-16 JAN 70) (26 APR 69-26 APR 69) NO TIME LOST</b>		b. DAYS ACCRUED LEAVE PAID <b>NOT PAID: SEE ITEM 30</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
	28. VA CLAIM NUMBER <b>C- NONE</b>		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 <b>HS-GRAD/ BLOOD GP A-PS/ M-55, A-55, G-55, E-45, JUN66/ NAC, 20OCT66, DOD/NACC, FT HOLABIRD, MD 21219/ EXCESS LV 10 DAYS/ "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."/</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>Walter A. Stanlonis</i>		
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>F. J. DRISCOLL, MSGT, USAF HCOIC, PORT SEPARATION SECTION</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>F. J. Driscoll</i>		

DD FORM 214 JUL 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

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APPROVED: \_\_\_\_\_  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
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SUBJECT: \_\_\_\_\_  
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