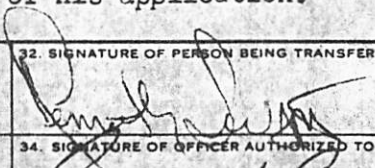
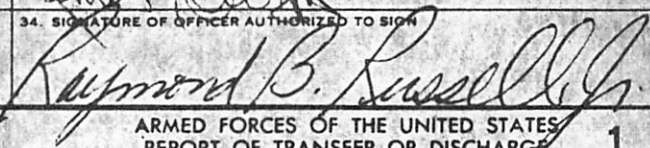


PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>SWART KENNETH JESSE</b>			2. SERVICE NUMBER <b>AF12742081</b>		3. SOCIAL SECURITY NUMBER <b>8702</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			5a. GRADE, RATE OR RANK <b>SGT</b>	6. PAY GRADE <b>E4</b>	6. DATE OF RANK DAY: <b>1</b> MONTH: <b>Jun</b> YEAR: <b>69</b>		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8. PLACE OF BIRTH (City and State or Country) <b>Saugerties NY</b>		9. DATE OF BIRTH DAY: <b>20</b> MONTH: <b>May</b> YEAR: <b>47</b>		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>30 19 47 305</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #19, Kingston NY</b>			c. DATE INDUCTED DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>	
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Release from active duty</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>McChord AFB Tacoma Washington</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>Sec B Chap 3 AFM 39-10</b>			SDN-411		d. EFFECTIVE DATE DAY: <b>15</b> MONTH: <b>Apr</b> YEAR: <b>70</b>		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>12 SPS PACAF</b>			13 a. 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>USAFR</b>			15. REENLISTMENT CODE <b>1</b>				
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: <b>20</b> MONTH: <b>Apr</b> YEAR: <b>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 <b>AFQT-8C (33-III)</b>			b. TERM OF SERVICE (Years) <b>4</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>			c. DATE OF ENTRY DAY: <b>21</b> MONTH: <b>Apr</b> YEAR: <b>66</b>		
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>101 Partition St., Saugerties, NY</b>			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Albany NY</b>			22. STATEMENT OF SERVICE		
23a. SPECIALTY NUMBER & TITLE <b>81150 Scty Pol</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Unknown</b>			YEARS MONTHS DAYS		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>RVCM SAEMR AFGCM NDSM VSMw/IBSS</b>			25. EDUCATION AND TRAINING COMPLETED <b>Bsc Mil Tng ABM00010, 1966 AP-AP Supv ECI 77150, 1967</b>			26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>No time lost</b>		
26 b. DAYS ACCRUED LEAVE PAID <b>27</b>			27 a. 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- NA</b>			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
30. REMARKS <b>High School-3yrs. Blood Group A-Pos. AGE Scores:M25 A55 G45 E50, Jan66. ODS:14 Apr70. NAC, 19Jan67, DOD NACC. I have been counseled as to conditions for my reentry into the AF and I understand that every former AF member must meet the enlistment standards in effect at the time of his application.</b>								
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>144 Washington Ave., Saugerties NY 12477</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 					
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>RAYMOND B RUSSELL JR 2ND LT USAF ASST CHIEF PORT SEPARATION SECTION</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 					

1. NAME OF THE PARTY [Illegible]		2. ADDRESS [Illegible]	
3. OCCUPATION [Illegible]		4. DATE OF BIRTH [Illegible]	
5. MARITAL STATUS [Illegible]		6. EDUCATION [Illegible]	
7. RELIGION [Illegible]		8. POLITICAL AFFILIATION [Illegible]	
9. SIGNATURE OF PARTY [Illegible Signature]		10. DATE [Illegible]	

I hereby certify that the above is a true and correct copy of the original document.

[Illegible text, possibly a signature or official stamp]

[Illegible text, possibly a witness statement or additional information]

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