

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME WARNER WALTER CHARLES		2. SERVICE NUMBER AF 16866511		3. SOCIAL SECURITY NUMBER ██████ 5710																													
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF		5a. GRADE, RATE OR RANK SSGT	6. PAY GRADE E-5	6. DATE OF RANK DAY MONTH YEAR 1 Jul 69																													
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) St Louis, MO		9. DATE OF BIRTH DAY MONTH YEAR 26 Aug 45																													
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 11 192 45 425		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE L.B.#192, Belleville, IL			c. DATE INDUCTED DAY MONTH YEAR NA																												
	11a. TYPE OF TRANSFER OR DISCHARGE Release from active duty		11b. STATION OR INSTALLATION AT WHICH EFFECTED Forbes AFB, KS																															
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY SDN 715, par 3-8g, AFI 39-10 & Release for Christmas		d. EFFECTIVE DATE DAY MONTH YEAR 15 Dec 69																															
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 821st CSPSq (TAC)		13a. 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 DAY MONTH YEAR 7 Mar 72		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 AFOT: 7c 65 II		b. TERM OF SERVICE (Years) 4		c. DATE OF ENTRY DAY MONTH YEAR 8 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) St Louis, MO																														
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) #3 Judith Dr, Belleville, IL 62223		22. STATEMENT OF SERVICE																																
23a. SPECIALTY NUMBER & TITLE 64550-InvMgtSpec1		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 213.138		<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>a. CREDITABLE FOR BASIC PAY PURPOSES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>03</td> <td>09</td> <td>08</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>03</td> <td>09</td> <td>08</td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td>03</td> <td>09</td> <td>08</td> </tr> <tr> <td>c. FOREIGN AND/OR SEA SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> </tbody> </table>				YEARS	MONTHS	DAYS	a. CREDITABLE FOR BASIC PAY PURPOSES				(1) NET SERVICE THIS PERIOD	03	09	08	(2) OTHER SERVICE	00	00	00	(3) TOTAL (Line (1) plus Line (2))	03	09	08	b. TOTAL ACTIVE SERVICE	03	09	08	c. FOREIGN AND/OR SEA SERVICE	00	00	00
	YEARS	MONTHS	DAYS																															
a. CREDITABLE FOR BASIC PAY PURPOSES																																		
(1) NET SERVICE THIS PERIOD	03	09	08																															
(2) OTHER SERVICE	00	00	00																															
(3) TOTAL (Line (1) plus Line (2))	03	09	08																															
b. TOTAL ACTIVE SERVICE	03	09	08																															
c. FOREIGN AND/OR SEA SERVICE	00	00	00																															
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFM 900-3// AFGCM 8Mar66-7Mar69 AFM 900-3// SAEMR AFM 900-3// VSM w/LESS AFM 900-3//																																		
25. EDUCATION AND TRAINING COMPLETED College - 65SH/2 Years InvMgtSpec1 Crs ECI 64550 StdBaseLvlSupSysCrs ECI 64000 InvMGTSpec1 Crs ECI 64550 InvMgtSpec1 Crs ABR 64530																																		
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		b. DAYS ACCRUED LEAVE PAID 48.0		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. MONTH ALLOTMENT DISCONTINUED NA																											
	28. VA CLAIM NUMBER C- 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: O Pos ODSD: None/Mar66 AQE-Feb66: G65, A80, M65, E80. NAC-31Mar66, 4thDistOSI																																	
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Star Route MH, Lake Ozark, MO 65049			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Walter C. Warner</i>																														
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ROBERT E HARTMAN, CAPT, USAF Chief, Personnel Affairs Section			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>																														