1. LAST NAME - FIRST NAME - MIDDLE NAME



## THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

| A ACTION CONTRACTOR OF THE                            | Nega .             |                   |              |             |             |  |  |  |  |  |
|---|--------------------|-------------------|--------------|-------------|-------------|--|--|--|--|--|
|   |                    |                   |              |             |             |  |  |  |  |  |
|   | r                  |                   |              |             | ·           |  |  |  |  |  |
|   |                    | 3±1               | 1.7          |             |             |  |  |  |  |  |
|   | (32)               |                   | Figure.      |             |             |  |  |  |  |  |
| ECORD   | CH'E               |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              | ·           |             |  |  |  |  |  |
| 2. SERVICE NUMBE                                      | R                  | 1                 | 3. SOCIAL    | SECURITY NU | MBER        |  |  |  |  |  |
| 477707  |                    | 1                 | 039          |             |             |  |  |  |  |  |
| AF3393  | A PAY              | 6. DATE           | DAY          | шол         | YEAR        |  |  |  |  |  |
| i   | UNNUL              | OF                | _            | _           |             |  |  |  |  |  |
| NSgt  | E-7                | RANK              | 1            | Dec         | 66          |  |  |  |  |  |
| -   |                    | 9. DATE           | DAY          | MONTH       | YEAR        |  |  |  |  |  |
| Co., Penns  | rev! van           | OF<br>BIRTH       | 13           | Nov         | 26          |  |  |  |  |  |
| COUNTY, STATE AND                                     | ZIP CODE           |                   |              | ATE INDUCT  |             |  |  |  |  |  |
|   |                    |                   | DAY          | MONTH       | YEAR        |  |  |  |  |  |
|   |                    |                   |              |             | 1           |  |  |  |  |  |
| comery Co.  |                    | MA                |              |             |             |  |  |  |  |  |
| OR INSTALLATION                                       | AT WHICH EI        | FECTED            |              |             |             |  |  |  |  |  |
| in_Woin Al  | B 0A-              | mo ma             |              |             |             |  |  |  |  |  |
| in-Main Al  | o GAI              | MATIA             | DAY          | MONTH       | YEAR        |  |  |  |  |  |
|   |                    | EFFECTIVE<br>DATE |              | 1           |             |  |  |  |  |  |
| f Service   |                    | DATE              | 14           | Jul         | 70          |  |  |  |  |  |
| ACTER OF SERVICE                                      |                    | •                 | b. TYPE O    | F CERTIFICA | TE ISSUED   |  |  |  |  |  |
| NORABLE   |                    |                   | ב תת         | form 2      | 56AF        |  |  |  |  |  |
| HORADLE   |                    | ISTMENT COL       |              |             |             |  |  |  |  |  |
|   |                    |                   | -            |             |             |  |  |  |  |  |
|   |                    |                   | NA           |             |             |  |  |  |  |  |
| TION  |                    | A. TERM OF        | c. t         | DATE OF ENT | RY          |  |  |  |  |  |
| SERVICE<br>(Years)                                    |                    | (Years)           | DAY          | HONTH       | YEAR        |  |  |  |  |  |
| rior Service) 🙀 🦳 🗨                                   | ENLISTED           | 3                 | 15           | Jul         | 67          |  |  |  |  |  |
| OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) |                    |                   |              |             |             |  |  |  |  |  |
| OF ENTRY INTO CU                                      | RRENT ACT          | IVE SERVICE       | (City and St | Ale)        | i           |  |  |  |  |  |
| rgstrom A   | FB. Te             | esas              |              |             |             |  |  |  |  |  |
| STATEMENT OF  |                    |                   | YEARS        | MONTHS      | DAYS        |  |  |  |  |  |
| (1) NET SERVIC  | E THIS PERI        | DD                | 07           | 00          | 00          |  |  |  |  |  |
| BLE   |                    |                   | 03           | 00          | 00          |  |  |  |  |  |
| ES (Z) OTHER SER                                      |                    |                   | 21           | 07          | 29          |  |  |  |  |  |
| (3) TOTAL (LI   | ne (1) plus L      | tne (2))          | 2.4          | 07          | 29          |  |  |  |  |  |
| ACTIVE SERVICE  |                    |                   | 24           | 07          | 29          |  |  |  |  |  |
| N AND/OR SEA SERV                                     | ICE                |                   | 03           | 05          | 09          |  |  |  |  |  |
| AWARDED OR AUTH                                       |                    |                   | <u> </u>     | 1 07        | 1 03        |  |  |  |  |  |
|   |                    | •                 |              |             |             |  |  |  |  |  |
| AFM 900-  | 3/VSN              | w/2 B             | SS, A        | FM 900      | -3/         |  |  |  |  |  |
| )   | - •                | •                 | •            | ·           |             |  |  |  |  |  |
| •   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             | <del></del> |  |  |  |  |  |
| •   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
| ANCE IN FORCE 6.                                      | c. MONTH ALLOTMENT |                   |              |             |             |  |  |  |  |  |
| or USGLI)   |                    | DISCONTINUED      |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
| LJ <b>Ž</b> 0   | •                  |                   |              | RA          |             |  |  |  |  |  |
| EMEN'S GROUP LIFE                                     | INSURANCE          | COVERAGE          |              |             |             |  |  |  |  |  |
| 000 🔲 \$5.000   | , ,                | NONE              |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |
|   |                    |                   |              |             |             |  |  |  |  |  |

| DAT                           | COBOURN WALTER  | SHAFFER  | Sa. GRADE, RATE OR RANK                        | 14 PAY           | 6                     | DAY                           | HO.                      | YEAR          |  |  |  |
|-------------------------------|---|--|--|------------------|-----------------------|-------------------------------|--------------------------|---------------|--|--|--|
|                               | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS  |  |  | GRADE            | OF                    | _                             | _                        | 1 1           |  |  |  |
| ERSONAL                       | AIR FORCE "RegAl  |  | NSgt   | E-7              | RANK                  | DAY                           | Dec                      | 66<br>YEAR    |  |  |  |
| PER                           | 7. U. S. CITIZEN  | B. PLACE OF BIRTH (City and State or Country     |  |                  | DATE                  | -                             |                          |               |  |  |  |
|                               | YES KO  | Bryn Mawr, Montgo                                | mery Co., Penn                                 | sylvan           | 18 IRTH               | 13_                           | Nov                      | 26            |  |  |  |
| SELECTIVE<br>SERVICE<br>DATA  | 10 a. SELECTIVE SERVICE NUMBER  | & SELECTIVE SERVICE LOCAL BOARD NUM              | BER, CITY, COUNTY, STATE A                     | ND ZIP CODE      |                       |                               | ATE INDUC                | _             |  |  |  |
| ES Y                          |   |  |  |                  |                       | DAY                           | MONTH                    | YEAR          |  |  |  |
| SER<br>P                      | NA I  | LB #4. Bryn Maer.                                | Montgomery Co                                  | Pa Pa            | •                     | 1                             | MA                       | 1             |  |  |  |
| <u> </u>                      | 114. TYPE OF TRANSFER OR DISCHA   |  | & STATION OR INSTALLATION                      | AT WHICH EP      | FECTED                |                               | 1                        |               |  |  |  |
| я<br>В                        |   |  | Rhein-Main A                                   | B 000            |                       |                               |                          | 1             |  |  |  |
| ¥ ¥                           | Discharge   |  | Knein-main A                                   | D. Ger           | narry                 | DAY                           | MONTH                    | YEAR          |  |  |  |
| ă                             |   |  | EF   |                  |                       |                               |                          | 70            |  |  |  |
| TRANSFER OR DISCHARGE<br>DATA |   | 900) Expiration Of T                             | erm Of Service DATE                            |                  |                       | 14                            | Jul                      | 70            |  |  |  |
| ۱۳۵                           | 12. LAST DUTY ASSIGNMENT AND MA.  | JOR COMMAND                                      |  | •                |                       | b. TYPE OF CERTIFICATE ISSUED |                          |               |  |  |  |
| <u>E</u>                      | 630 MASS (MAC)  | ·  | HONORABLE                                      |                  |                       | DD Form 256AF                 |                          |               |  |  |  |
| ź                             | 14. DISTRICT, AREA COMMAND OR CO  | DRPS TO WHICH RESERVIST TRANSFERRED              |  |                  |                       | 15. REENLISTMENT CODE         |                          |               |  |  |  |
| -                             | NA '  | •  |  | •                |                       | NA .                          |                          |               |  |  |  |
|                               | 16. TERMINAL DATE OF RESERVE/<br>UMTAS OBLIGATION   | 17. CURRENT ACTIVE SERVICE OTHER TH              | N BY INDUCTION                                 |                  | 5. TERM OF<br>SERVICE | c. DATE OF ENTRY              |                          |               |  |  |  |
| 1                             | DAY MONTH YEAR  | a. SOURCE OF ENTRY:                              | NI ISTED (Brien Service) (30)                  | EFWI ISTER       | (Years)               | DAY                           | HONTH                    | YEAR          |  |  |  |
| ]                             | Nr.a  |  | NLISTED (Prior Service) REENLISTED             |                  |                       | 15                            | Jul                      | 67            |  |  |  |
| 1                             | 18. PRIOR REGULAR ENLISTMENTS   | OTHER  | 20. PLACE OF ENTRY INTO C                      | URRENT ACT       |                       | 1                             | 1                        | <del></del>   |  |  |  |
|                               | Six (6)   | ENTRY INTO CURRENT ACTIVE SVC                    | <u>.</u>                                       |                  |                       |                               |                          |               |  |  |  |
|                               |   | Master Sergeant                                  | Bergstrom /                                    |                  | X88                   |                               | т                        | <del>.,</del> |  |  |  |
| ł                             | 21. HOME OF RECORD AT TIME OF EI<br>(Street, RFD, City, County, State an  | NTRY INTO ACTIVE SERVICE and ZIP Code)           | 22. STATEMENT O                                | F SERVICE        |                       | YEARS                         | MONTHS                   | DAYS          |  |  |  |
| 1                             | 1124 Ford St.,  | T. Conshohocken                                  | CREDITABLE                                     | ICE THIS PERIC   | D                     | 03                            | 00                       | 00            |  |  |  |
| 1                             | Montgomery Co.,   | Pennsylvania 19428                               | FOR BASIC PAY (Z) OTHER SE                     | RVICE            |                       | 21                            | 07                       | 29            |  |  |  |
| 1                             | 234. SPECIALTY NUMBER & TITLE   | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER |  | Line (1) pius Li | ne (2))               | 24                            | 07                       | 29            |  |  |  |
| ≾                             | 10090 First   |  | & TOTAL ACTIVE SERVICE                         | •                |                       | 24                            | 07                       | 29            |  |  |  |
| DATA                          | Sergeant  | c. FOREIGN AND/OR SEA SERVICE                    |  |                  | 03                    | 05                            | 09                       |               |  |  |  |
| ERVICE                        |   | NA<br>COMMENDATIONS, CITATIONS AND CAMPAI        | 1  |                  |                       | <u> </u>                      | 1 0                      | 1 0           |  |  |  |
|                               | 25. EDUCATION AND TRAINING COMP   | PLETED   |  |                  |                       |                               |                          |               |  |  |  |
| M. V.                         | 26 a. NON-PAY PERIODS/TIME LOST (Preceding b. DAYS ACCRUED LEAV   |  | (NSLI or USGLI)                                |                  |                       | Т                             | E. MONTH AL<br>DISCONTII |               |  |  |  |
| VA AND EMP.                   |   | 60   | 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE |                  |                       |                               |                          | FA            |  |  |  |
| <b>₹</b>                      | NO TIME LOST  | 26. VA CLAIM NUMBER                              |  |                  |                       |                               |                          |               |  |  |  |
| 2<br>2<br>2<br>3              |   | c NA   | \$10,000 S\$,000 NONE                          |                  |                       |                               |                          |               |  |  |  |
|                               |   |  |  |                  |                       |                               |                          |               |  |  |  |
|                               | 30. REMARKS   | ***  | •  |                  |                       |                               |                          |               |  |  |  |
| REMARKS                       | High School-Graduated/Blood Group "B-POS"/AGE Scores: M60, A90, G80/BI, 17 J 56, 10th Dist OSI, San Antonio AFS, Texas/ |  |  |                  |                       |                               |                          |               |  |  |  |
|                               | 31. PERMANENT ADDRESS FOR MAIL  | ING PURPOSES AFTER TRANSFER OR DISCHA            | ARGE 12 SIGNATURE OF                           | PERSON BEIN      | G TRANSFER            | RED OR DI                     | CHARGED                  |               |  |  |  |
| ĕ                             | (Street, RFD, City, County, State an  | a AIF Code)                                      | ahla   | 0-               | /                     | //                            | 11                       |               |  |  |  |
| Y.                            | SAME AS ITEM #21  |  |  |                  |                       |                               |                          |               |  |  |  |
| Ę                             | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER S. SIGNATURE OF OFFICER AUTHORIZED TO SIGN                       |  |  |                  |                       |                               |                          |               |  |  |  |
| AUTHENTICATION                | JOHN H.V. LORCH, Major, USAF Chief, CBPO  |  |  |                  |                       |                               |                          |               |  |  |  |
| 1                             | 1   |  |  |                  |                       |                               |                          |               |  |  |  |

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.



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