Call Co	SE2	No. of the	SBALL,	1485	
	785	FF	HIII	IRN	E OF

	WOODS PARE RICHARD						3. SOCIAL SECURITY NUMBER			
	WOODS PATE B	Sa GRADE, RATE OR RANK & PAY			6.	DAY	MONTH	VEAR:		
	AIR FORCE RegA	8: PLACE OF BIRTH (City and State or	Sgt		Brade	OF RANK	1	May.	577	
Ľ	YES NO	Somerville, Mass				DATE OF BIRTH	17	Aug	YEAR 46	
CTIVE	E DENVICE NOMBER	6. SELECTIVE SERVICE LOCAL BOARD NU	MBER, CITY, COL	NTY, STATE AND	ZIP CODE		c.	DATE INDUC		
SELEC	11 a. TYPE OF TRANSFER OR DISCHAR	NA NA				DAY	NA NA	YEAR		
TRANSFER OR DISCHARGE DATA	Discharge	Lockbourne AFR, Ohio								
	& Ch 2 Sec A Al	Ltr, 840SPS dtd, 26Jul 68				DAY 2	MONTH ALIC	YEAR		
	840 SPS, TAC	13 d. CHARACTER OF SERVICE				b. TYPE OF CERTIFICATE ISSUED DD FORM 256AF				
	14. DISTRICT, AREA COMMAND OR CO.					15. REENLISTMENT CODE				
		UMTRS OBLIGATION				AN BY INDUCTION 5. TERM OF				
and and and	DAY MONTH YEAR	a. SOURCE OF ENTRY: ENLISTED (First Enlistment)	ENLISTED (Prior Service) REENLISTED (Years)			SERVICE	C D	MONTH	YEAR	
1.5	19 0000 000	9. GRADE RATE OF PANK AT THE CO.	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE				21	Aug	68	
16	None	AB E-1		Mass Mass	RENT ACTIV	E SERVICE	(City and State)			
	21 HOME OF RECORD AT TIME OF (Street RFD, City, County, State and 120 Brookway Ro	ZIP Code)	22.	STATEMENT OF S	ERVICE	10	YEARS	MONTHS	DAYS	
	Roslindale, Suf	folk Mass	CREDITABLE	(1) NET SERVICE	NET SERVICE THIS PERIOD		03	11	12	
	234 SPECIALTY NUMBER & TITLE 6	RELATED CIVILIAN OCCUPATION AND	FOR BASIC PAY		2) OTHER SERVICE		00	00	00	
SERVICE DATA	81150A Sec	D.O.T. NUMBER	(3) TOTAL (Line (1) plus Line (2))			ine (2))	03	11	12	
	Policeman	None	b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE				03	11	12	
	AP Crse//Pri Veh Driver Educ Prom//Air Police Cmbt Prepardness//									
	26 a. NON-PAY PERIODS/TIME LOST	6. DAYS ACCRUED LEAVE PAID	27 & INSURANCE	IN FORCE A	1011111					
EMP.	(Preceding Two Years)		(NSLI or U	SGLI)	OUNT OF A	LLOTMENT	c	MONTH ALL	DTMENT	
28	NA	11		NO \$	NA			NA		
VA AND EMP. SERVICE DATA		28. VA CLAIM NUMBER	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE \$ 10,000 \$ 5,000 NONE							
	30. REMARKS					·				
REMARKS	(A) High School (C) ODSD 29Dec67 (B) M=25 A=80 G	4 (B) Blood Grou (D) NAC Comple 75 E=40	p O Pos ted 16Se	ep64(4 D)	IST OS	i)				
NO	PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 32. SIGNATURE OF PERSON BEING TRANSFERRE							ARGED		
2	Same as item 21								-	
AUTHENTICATION	JOHN P BACHTEL, 1st Lt, USAF									
₹	Ch. Data Control	LST Lt, USAF	1	1	Xon	1	4			
manula	FORM OLA CONTROL	section		1	esco					

DD 1 JUL 66 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETI

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE