This document is made available through the declassification efforts and research of John Greenewald, Jr., creator of:

# The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA) document clearinghouse in the world. The research efforts here are responsible for the declassification of hundreds of thousands of pages released by the U.S. Government & Military.

**Discover the Truth at: http://www.theblackvault.com** 

#### JFK Assassination System Identification Form

Date:

10/1/201

Agency Information

AGENCY:

**HSCA** 

RECORD NUMBER:

180-10101-10053

**RECORD SERIES:** 

**NUMBERED FILES** 

AGENCY FILE NUMBER:

002276

Released under the John

r. Kennedy

Assassination Records Collection Act of 1992 (44 USC 2107 Note).

Case#:NW 54756 Date:

10-31-2017

Document Information

ORIGINATOR:

DOD, ARMY

FROM:

MERRILL, WILLIAM K.

TO:

NIELSON, D.E.

TITLE:

DATE:

09/12/1977

PAGES: 9

SUBJECTS:

USA, FILES

HALL, LORAN E.

"DOCUMENT TYPE:

MEMORANDUM

CLASSIFICATION:

Unclassified

RESTRICTIONS:

3 Redact

**CURRENT STATUS:** 

DATE OF LAST REVIEW:

01/31/1996

**OPENING CRITERIA:** 

COMMENTS:

GSA verification and military records attached. Box 54.



## DEPARTMENT OF, THE ARMY OFFICE OF THE ASSISTANT SECRETARY

0.1027;

WASHINGTON, D.C. 20310

12 SEP 1977

MEMORANDUM FOR CAPTAIN D. E. NIELSON, USN
OSD/SPECIAL COORDINATION STAFF

SUBJECT: Request for Information

In response to your memorandum of 31 August 1977, subject as above, inclosed are authenticated copies, provided by the General Services Administration, of the only documents available in that agency pertaining to Loran E. Hall (Tab A).

Apparently the Official Military Personnel Records of Mr. Hall were destroyed in a fire at the National Personnel Records Center in 1973. That Center has requested from the Veterans Administration Regional Office in Los Angeles, all available records pertaining to him that may be on file there.

It is anticipated any information available in that office will be received in the next few days. Upon receipt it will be hand carried to your office.

1 Incl

Chin Mil Peer Pol Bay





## GENERAL SERVICES ADMINISTRATION National Archives and Records Service

To all whom these presents shall come, Greeting:

By the of the authority vested in me by the Administrator of General Services, I certify the behalf, under the seal of the United States General Services Administration that the ched reproduction(s) is a true and correct copy of documents in his custody.

P. CHRISMAN Sept 7, 1977

TITLE

Chief, Records Reconstruction Branch

NAME AND ADDRESS OF DEPOSITORY

National Personnel Records Center

(Military Personnel Records)

9700 Page Boulevard

St. Louis, MO 63132

GSA FORM 6791C (REV. 3/77)

	DATA	4-1						<i></i>			
	30. MILITARY	L SPECIALTY A			1 00	ILITARY QUALIFICATION AN	(i a	intentry avie	tion and mar	kamanahin had	ron ota l
7	CONTRIBUTOR PROTOCOLOGO	24			31. 8		OBALE (1.0	.,,,	mon and mar	kamanamp baa	ges, etc.)
	I NO MI MIN	* OCCU	PATION			NONE		*			
1	. BATTLES	NS				E 202			,		
		20 2								200	
: '											•
1	NONE MAN										
. !						**					
	33. DECORATION	ATIONS									•
		**			160						
		ł				*	191	•	*		
	VICTO	7.5					*				
	A . 7 .	DAL.		•						8	
-	34. WOUNDS	ACTION				····			7		
	- 1003 ATTOCOMOLOG	ACTION .		•	•	£2					
	NONE										2
						`					
	35?	LATEST IMMUT	NIZATION DATE	.s		36.	SERVICE O	UTSIDE CONTINI	ENTAL U. S. A	ND RETURN	
	SMALLE	. TET	TANUS	OTHER (SPE	ecily)	DATE OF DEPARTU	URE	DESTINATION .		DATE OF ARRI	YAL
						3	1.0	٠			
- 1	7:7	v 417 5	44N 47	MONE		NONE	- 1	£ .			
1			Manage of A	1 01 1936		185mm	- 1				
2	TOTAL LEAD	OF SERVICE		30. HIGHEST	GRADE HELD		- [		• .	1	
B	CONTINENTAL SERVICE	FOREIGN					i			1	9
				i	· · · · · · · · · · · · · · · · · · ·	i	ļ		100	1	
		1 3 13	THS DAYS				ı			1	
	19   31 91	0 10	10	P.V.	1	i .					
1	39. PRIOR SERVICE					····					
	39. PRIOR SERVICE								9		
	9 7 9									*	
10.	3.33.05		,						<		
. [	MONE								(a)		* ·
					<del></del>	···					
- 1	PT' TON AND AUTHORIT					-					•
	615 765	COLUL C	NET TO COLL								
				V. Y. 1	13 A 25 A	" " " " " " " " " " " " " " " " " " "	* : * A				
- 1	017 307	CAMA ?	A GUV	SEC 1	PAR 2	C 2 CIR 1	391				
	41. SERVICE SCHOOLS ATT		B GUV	SEC 1	PAR 2	CSCIR	391	······································	142	EDUCATION (	Yearel
	41. SERVICE SCHOOLS ATT		A GUV	<u> </u>	PAR 2	C 2 C1H C	391		42.	EDUCATION (	
,	41. SERVICE SCHOOLS ATT		A GOV	<u> </u>	<u>PAR 2</u>	C 2 CIR C	391		42. Grami		
	n 1007 #		<u> </u>	SEC 1			<u> </u>				
	n 1007 #		* GOV	<u>880 1</u>	PAR 2		<u> </u>				
	NONE	ENDED				DATA		TAL AMOUNT, NA	Grami	mar   High School	
	NONE	ENDED	MUSTERING C	OUT PAY 4	P A Y	DATA		TAL AMOUNT, NA	Grami	mar   High School	
	NONE  43. LONGEVITY FOR PAY PUR YEARS MONTHS DAYS	POSES 44	MUSTERING C	OUT PAY 4	P A Y	DATA		TAL AMOUNT, NA	Grami	mar   High School	
	NONE	ENDED	MUSTERING C	OUT PAY 4	PAY	DATA		TAL AMOUNT, NA	Grami	mar   High School	
	NONE  43. LONGEVITY FOR PAY PUR YEARS MONTHS DAYS	ENDED	MUSTERING C	OUT PAY 4	PAY	DATA		AL AMOUNT, NA	Grami	mar   High School	
	NONE  43. LONGEVITY FOR PAY PUR YEARS MONTHS DAYS	POSES 44:	MUSTERING C	OUT PAY 4 S PAYMENT	PAY 5.30LDIER DEPO	DATA  SITS 46. TRAVEL PAY  S  NCE NOTICE	47. 101		ME OF DISSURE	ING OFFICER	
	NONE  43. LONGEVITY FOR PAY PUR YEARS MONTHS DAYS	POSES 44:	MUSTERING C	OUT PAY 4 S PAYMENT	PAY 5.30LDIER DEPO	DATA  SITS 46. TRAVEL PAY  S  NCE NOTICE	47. 101		ME OF DISSURE	ING OFFICER	
	NONE  43. LONGEVITY FOR PAY PUR YEARS MONTHS DAYS	POSES 44; S TOTAL S SIM IS NOT PAR	MUSTERING (THE	OUT PAY S PAYMENT  OIL WITHIN TO D PORWARD TO O. Effective Dat	PAY  5.50LDIER DEPO  INSURA  INTY-ONE DAY  O COLLECTION  to of Allot-	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAFTER, INSU 85 SUBBUSION, VETE 11. Date of Next Premium	RANCE WIRANS ADM	LL LAPSE. MAE	NE OF DISBURS	ING OFFICER	Collego
	NONE  43. LONGEVITY FOR PAY PURY YEARS MONTHS DAYS  IMPORTANT IF PREMITY AND KIND OF INSURANCE	POSES 44; 5 TOTAL 5 FAIRMARK OF PAIREASURER OF 49. HOW	MUSTERING (THE	OUT PAY 4 S PAYMENT 1	PAY  5.50LDIER DEPO  INSURA  INTY-ONE DAY  O COLLECTION  to of Allot-	DATA  SITS 46. TRAVEL PAY  S NCE NOTICE S THEREAFTER, INSU S SUBDIVISION, VETE	RANCE WIRANS ADM	LL LAPSE, MAI	NE OF DISBURS	MAR HIGH School	Collego
	NONE  43. LONGEVITY FOR PAY PURPLE AND	POSES 44; 5 TOTAL 5 FAIRMARK OF PAIREASURER OF 49. HOW	MUSTERING (THE U.S. ANI	OUT PAY S PAYMENT  OIL WITHIN TO D PORWARD TO O. Effective Dat	PAY  5.50LDIER DEPO  INSURA  INTY-ONE DAY  O COLLECTION  to of Allot-	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAFTER, INSU 65 SUBBUSION, VETE 61. Date of Noxt Premium	RANCE WIRANS ADM	LL LAPSE. MAE	ME OF DISBURS  NE OF DISBURS  NE CHECKS OF WASHINGTON	MAN HIGH SCHOOL SING OFFICER MONEY ORDERO 25, D. C. NTION OF VETER	Collego
	NONE  43. LONGEVITY FOR PAY PURY YEARS MONTHS DAYS  IMPORTANT IF PREMITY AND KIND OF INSURANCE	POSES 44; 5 TOTAL 5 FAIRMARK OF PAIREASURER OF 49. HOW	MUSTERING THIS S  D WHEN DUE THE U. S. AND PAID Direct to	OUT PAY S PAYMENT  OIL WITHIN TO D PORWARD TO O. Effective Dat	PAY  5.50LDIER DEPO  INSURA  INTY-ONE DAY  O COLLECTION  to of Allot-	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAFTER, INSU 65 SUBBUSION, VETE 61. Date of Noxt Premium	RANCE WIRANS ADM	LL LAPSE. MAE	ME OF DISBURS  NE OF DISBURS  NE CHECKS OF WASHINGTON	MAN HIGH SCHOOL SING OFFICER MONEY ORDERO 25, D. C. NTION OF VETER	Collego
	NONE  43. LONGEVITY FOR PAY PURY YEARS MONTHS DAYS  IMPORTANT IF PREMITY AND KIND OF INSURANCE	POSES 44; 5 TOTAL 5 FAIRMARK OF PAIREASURER OF 49. HOW	MUSTERING THIS S  D WHEN DUE THE U. S. AND PAID Direct to	OUT PAY S PAYMENT  OIL WITHIN TO D PORWARD TO O. Effective Dat	PAY  5.50LDIER DEPO  INSURA  INTY-ONE DAY  O COLLECTION  to of Allot-	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAFTER, INSU 65 SUBBUSION, VETE 61. Date of Noxt Premium	RANCE WIRANS ADM	LL LAPSE. MAE	ME OF DISBURS  NE OF DISBURS  NE CHECKS OF WASHINGTON	MAN HIGH SCHOOL SING OFFICER MONEY ORDERO 25, D. C. NTION OF VETER	Collego
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING CONTROL THE U. S. ANI PAID Direct to V. A.	OUT PAY S PAYMENT OR WITHIN TO D PORWARD TO O. Effective Dat ment Disconti	PAY  8.30LDIER DEFO  INSURA  HIRTY ONE DAY  10 COLLECTION.  10 of Allot- Inuanca	DATA  SITS 46. TRAVEL PAY  S NCE NOTICE S THEREAPTER, INSU S SUBBUSION, VETE 11. Date of Next Premium (One month after \$	RANCE WIRANS ADM	IJ. LAPSE. MAR INISTRATION, V PREMIUM DUE EACH MONTH	GE CHECKS OF WASHINGTON	ING OFFICER  E MONEY DITTERS  25, D. C.  NITION OF VETER  Continue Only  8	Collego
	NONE  43. LONGEVITY FOR PAY PURY YEARS MONTHS DAYS  IMPORTANT IF PREMITY AND KIND OF INSURANCE	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING CONTROL THE U. S. ANI PAID Direct to V. A.	OUT PAY S PAYMENT OR WITHIN TO D PORWARD TO O. Effective Dat ment Disconti	PAY  8.30LDIER DEFO  INSURA  HIRTY ONE DAY  10 COLLECTION.  10 of Allot- Inuanca	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAFTER, INSU 65 SUBBUSION, VETE 61. Date of Noxt Premium	RANCE WIRANS ADM	IJ. LAPSE. MAR INISTRATION, V PREMIUM DUE EACH MONTH	GE CHECKS OF WASHINGTON	ING OFFICER  E MONEY DITTERS  25, D. C.  NITION OF VETER  Continue Only  8	Collego
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING OF THE U. S. ANI PAID DIRECT TO V. A.	OUT PAY S PAYMENT S PAYMENT OIL WITHIN TI D FORWARD TO O. Effective Dat ment Disconti	PAY  INSURA  INSURA  HREY-ONE DAY  O COLLECTION  to of Allot- Inuanca	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAPTER, INSU S SUBDIVISION, VETE 1. Date of Next Premium (One month after S  above items or ent	RANCE WIRANS ADM	IJ. LAPSE. MAR INISTRATION, V PREMIUM DUE EACH MONTH	GE CHECKS OF WASHINGTON	ING OFFICER  E MONEY DITTERS  25, D. C.  NITION OF VETER  Continue Only  8	Collego
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING OF THE U. S. ANI PAID DIRECT TO V. A.	OUT PAY S PAYMENT OR WITHIN TO D PORWARD TO O. Effective Dat ment Disconti	PAY  INSURA  INSURA  HREY-ONE DAY  O COLLECTION  to of Allot- Inuanca	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAPTER, INSU S SUBDIVISION, VETE 1. Date of Next Premium (One month after S  above items or ent	RANCE WIRANS ADM	IJ. LAPSE. MAR INISTRATION, V PREMIUM DUE EACH MONTH	GE CHECKS OF WASHINGTON	ING OFFICER  E MONEY DITTERS  25, D. C.  NITION OF VETER  Continue Only  8	Collego
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING THIS  D WHEN DUE THE U. S. ANI PAID Direct to V. A.	OUT PAY S PAYMENT OR WITHIN TO P FORWARD TO O. Effective Dat ment Disconti	INSURA HIGH-ONE DAY to of Allot- Inuanca completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAPTER, INSU S SUBDIVISION, VETE 11. Date of Next Premium (One month after S  above items or ent	RANCE WIRANS ADM	IJ. LAPSE. MAR INISTRATION, V PREMIUM DUE EACH MONTH	GE CHECKS OF WASHINGTON	ING OFFICER  E MONEY DITTERS  25, D. C.  NITION OF VETER  Continue Only  8	Collego
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING THIS THE U. S. ANI PAID Direct to V. A.	OUT PAY S PAYMENT OIL WITHIN TE D PORWARD TO O. Effective Date ment Disconti	PAY  5. SOLDIER DEPO  INSURA  INTY ONE DAY  OCCULEUTION  to of Allot- Invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STHEREAPPER, INSU- STUBBUSION, VETE 11. Date of Next Premium (One month after S  above items or ent	RANCE WIND RANS ADM TO Due 52.	EL LAPSE MAP EINISTRATION, V PREMIUM DUE EACH MONTH  S OF Ilems specia	GE CHECKS OF CONTROL INTE	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING THIS THE U. S. ANI PAID Direct to V. A.	OUT PAY S PAYMENT OIL WITHIN TE D PORWARD TO O. Effective Date ment Disconti	PAY  5. SOLDIER DEPO  INSURA  INTY ONE DAY  OCCULEUTION  to of Allot- Invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STHEREAPPER, INSU- STUBBUSION, VETE 11. Date of Next Premium (One month after S  above items or ent	RANCE WIND RANS ADM TO Due 52.	EL LAPSE MAP EINISTRATION, V PREMIUM DUE EACH MONTH  S OF Ilems specia	GE CHECKS OF CONTROL INTE	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: S TOTAL S S HOW Allotinent	MUSTERING (THE STATE U. S. ANI PAID Direct to V. A.  EMARKS (Thi	OUT PAY S PAYMENT OF WITHIN TO D PORWARD TO O. Effective Dat ment Disconti	PAY  8. SOLDIER DEFO  INSURA  HIRTY ONE DAY  10 COLLECTION  10 of Allot- invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE S THEREAPTER, INSU S SUBDIVISION, VETE 11. Date of Next Premium (One month after S  above items or ent	RANCE WIND RANS ADM TO Due 52.	EL LAPSE MAP EINISTRATION, V PREMIUM DUE EACH MONTH  S OF Ilems specia	GE CHECKS OF CONTROL INTE	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44.  S TOTAL  S	MUSTERING (THE STATE U. S. ANI PAID Direct to V. A.  EMARKS (Thi	OUT PAY S PAYMENT OF WITHIN TO D PORWARD TO O. Effective Dat ment Disconti	PAY  8. SOLDIER DEFO  INSURA  HIRTY ONE DAY  10 COLLECTION  10 of Allot- invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STHEREAPPER, INSU- STUBBUSION, VETE 11. Date of Next Premium (One month after S  above items or ent	RANCE WIND RANS ADM TO Due 52.	EL LAPSE MAP EINISTRATION, V PREMIUM DUE EACH MONTH  S OF Ilems specia	GE CHECKS OF CONTROL INTE	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: 5 TOTAL 5 TOTAL REASURER OF 49. HOW O Allotment 20 Allotment 21 55. R	MUSTERING (THE STATE U. S. ANI PAID Direct to V. A.  EMARKS (Thi	OUT PAY S PAYMENT OIL WITHIN TE D PORWARD TO O. Effective Date ment Disconti	PAY  8. SOLDIER DEFO  INSURA  HIRTY ONE DAY  10 COLLECTION  10 of Allot- invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STHEREAPPER, INSU- STUBBUSION, VETE 11. Date of Next Premium (One month after S  above items or ent	RANCE WIND RANS ADM TO Due 52.	EL LAPSE MAP EINISTRATION, V PREMIUM DUE EACH MONTH  S OF Ilems specia	GE CHECKS OF CONTROL INTE	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44: 5 TOTAL 5 TOTAL REASURER OF 49. HOW O Allotment 20 Allotment 21 55. R	MUSTERING (THE STATE U. S. ANI PAID Direct to V. A.  EMARKS (Thi	OUT PAY S PAYMENT OF WITHIN TO D PORWARD TO O. Effective Dat ment Disconti	PAY  8. SOLDIER DEFO  INSURA  HIRTY ONE DAY  10 COLLECTION  10 of Allot- invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STHEREAPPER, INSU- STUBBUSION, VETE 11. Date of Next Premium (One month after S  above items or ent	RANCE WIND RANS ADM TO Due 52.	EL LAPSE MAP EINISTRATION, V PREMIUM DUE EACH MONTH  S OF Ilems specia	GE CHECKS OF CONTROL INTE	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44.  S TOTAL  S	MUSTERING (THE STATE U. S. ANI PAID Direct to V. A.  EMARKS (Thi	OUT PAY S PAYMENT OF WITHIN THE DEPORTURE DATE OF STATE O	PAY  8.SOLDIER DEPO  INSURA  INTUINE BAN  O COLLECTION  TO of Allot- Invance  COMPletion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STITUTE AFFER, INSU 65 SUBDIVISION, VETE 61. Date of Next Premium (One month after S  above items or ent	47. TOT  RANCE WI RANS ADM  Due 52.	III. I.APSE. MAH IINISTRATION, V PREMIUM DUE EACH MONTH  of items special	OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CONTROL OF CO	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44:  TOTAL  TOTAL  S  MIS NOT PAI  REASURER OF  Allotnent  Allotnent  FR. NOT PAI  REASURER OF  APPRICATE OF PAI  TOTAL  T	MUSTERING OF THE U. S. ANI PAID Direct to V. A.  EMARKS (This Control of the U. S. ANI DIRECT	OUT PAY S PAYMENT OF WITHIN THE DEPORTURE DATE OF STATE O	PAY  8.SOLDIER DEPO  INSURA  INTUINE BAN  O COLLECTION  TO of Allot- Invance  COMPletion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STITUTE AFFER, INSU 65 SUBDIVISION, VETE 61. Date of Next Premium (One month after S  above items or ent	47. TOT  RANCE WI RANS ADM  Due 52.	III. I.APSE. MAH IINISTRATION, V PREMIUM DUE EACH MONTH  of items special	OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CONTROL OF CO	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44:  TOTAL  TOTAL  S  MIS NOT PAI  REASURER OF  Allotnent  Allotnent  FR. NOT PAI  REASURER OF  APPRICATE OF PAI  TOTAL  T	MUSTERING OF THE U. S. ANI PAID Direct to V. A.  EMARKS (This Control of the U. S. ANI DIRECT	OUT PAY S PAYMENT S PAYMENT OIL WITHIN TE D PORWARD TO O. Effective Dat ment Disconti	PAY  5. SOLDIER DEPO  INSURA  INTY ONE DAY  OCCULEUTION  TO OF Allot- Invance  COMPLETION	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STITUTE APPEIL, INSU S SUBBUSION, VETE 11. Date of Next Premium (One month after S  above items or ent  LD  XXXXXX  ALIFIED F(	47. TOT  RANCE WI RANS ADM  Due 52.	III. I.APSE. MAH IINISTRATION, V PREMIUM DUE EACH MONTH  of items special	OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CONTROL OF CO	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44:  TOTAL  TOTAL  S  MIS NOT PAI  REASURER OF  Allotnent  Allotnent  FR. NOT PAI  REASURER OF  APPRICATE OF PAI  TOTAL  T	MUSTERING OF THE U. S. ANI PAID Direct to V. A.  EMARKS (This Control of the U. S. ANI DIRECT	OUT PAY S PAYMENT S PAYMENT OIL WITHIN TE D PORWARD TO O. Effective Dat ment Disconti	PAY  8. SOLDIER DEPO  INSURA  INTUINE DAY  O COLLECTION  O of Allot- Invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STITUTE AFFER, INSU (One month after S  above items or ent  CONTROL OF CONTROL OF CONTROL  ALIFIED FOR CONTROL OF CONTROL  FIGURE (Type name, control of cont	47. TOT  RANCE WI RANS ADM  Due 52.	III. I.APSE. MAH IINISTRATION, V PREMIUM DUE EACH MONTH  of items special	OF CHECKS OF WASHINGTON FOR CHECKS OF CHECKS OF CONTINUE STATE CON	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44.  S TOTAL  S TOTAL  S HOW  Allotinent  D S5. R  PRESURE OF  A PRESURE OF  A PRESURE OF  B B B B B B B B B B B B B B B B B B B	MUSTERING OF THE U. S. ANI PAID Direct to V. A.  EMARKS (This Control of the U. S. ANI DIRECT	OUT PAY S PAYMENT S PAYMENT OIL WITHIN TE D PORWARD TO O. Effective Dat ment Disconti	PAY  8. SOLDIER DEPO  INSURA  INTUINE DAY  O COLLECTION  O of Allot- Invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STITUTE AFFER, INSU (One month after S  above items or ent  CONTROL OF CONTROL OF CONTROL  ALIFIED FOR CONTROL OF CONTROL  FIGURE (Type name, control of cont	47. TOT  RANCE WI RANS ADM  Due 52.	III. I.APSE. MAH IINISTRATION, V PREMIUM DUE EACH MONTH  of items special	OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CHECKS OF CONTROL OF CO	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44:  TOTAL  TOTAL  S  MIS NOT PAI  REASURER OF  Allotnent  Allotnent  FR. NOT PAI  REASURER OF  APPRICATE OF PAI  TOTAL  T	MUSTERING OF THE U. S. ANI PAID Direct to V. A.  EMARKS (This Control of the U. S. ANI DIRECT	OUT PAY S PAYMENT S PAYMENT OIL WITHIN TE D PORWARD TO O. Effective Dat ment Disconti	PAY  8. SOLDIER DEPO  INSURA  INTUINE DAY  O COLLECTION  O of Allot- Invance  Completion of	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STITUTE APPEIL, INSU S SUBBUSION, VETE 11. Date of Next Premium (One month after S  above items or ent  LD  XXXXXX  ALIFIED F(	47. TOT  RANCE WI RANS ADM  Due 52.	III. I.APSE. MAH IINISTRATION, V PREMIUM DUE EACH MONTH  of items special	OF CHECKS OF WASHINGTON FOR CHECKS OF CHECKS OF CONTINUE STATE CON	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY F	POSES 44.  S TOTAL  S	MUSTERING (THE U. S. ANI PAID Direct to V. A. PAID WARKS (This Control of the U. S. ANI PAID DIRECT TO V. A. PAID WARMS (This Control of the U. PAID WARMS (This Control o	OUT PAY S PAYMENT S PAYMENT OF CONTROL OF FORWARD TO OFFICE PAYMENT OFFICE OFFICE PAYMENT OFFICE PAYMENT OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	PAY  8. SOLDIER DEPO  INSURA  INTY ONE BAN  O COLLECTION  TO OF Allot- Invance  COMPletion of  ALLOY  PERSONNEL OF	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STITUTE AFFER, INSU (One month after S  above items or ent  CO  ALIFIED F  FIGURE (Type name, g  TALIFIED F	try of other	DATE OF THE CONTROL OF T	OF CITECUS OF CONTROL OF CITECUS OF CONTROL	MONEY ORDERO MONEY	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY YEARS MONTHS DAYS  IMPORTANT TO THE TE 48. KIND OF INSURANCE Nat. Serv. U.S. Govt. None  54.	POSES 44.  S TOTAL  S	MUSTERING (THE U. S. ANI PAID Direct to V. A. PAID WARKS (This Control of the U. S. ANI PAID DIRECT TO V. A. PAID WARMS (This Control of the U. PAID WARMS (This Control o	OUT PAY S PAYMENT S PAYMENT OF CONTROL OF FORWARD TO OFFICE PAYMENT OFFICE OFFICE PAYMENT OFFICE PAYMENT OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	PAY  8. SOLDIER DEPO  INSURA  INTY ONE BAN  O COLLECTION  TO OF Allot- Invance  COMPletion of  ALLOY  PERSONNEL OF	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STHEREAPTER, INSU SUBDIVISION, VETE 1. Date of Next Premium (One month after S  ALIFED  FIGUR (Type name, of the second of the se	RANCE WIRANS ADM  Try of other  grade and	DE LAPSE. MAINISTRATION, NAMED TO BE REACH MONTH  OF Items special design of the special	Gramme OF DISBURG  OF CHECKS OF WASHINGTON  53. INTE  Continue  fied in W. D.	MONEY ORDERO MONEY	PAYABLE AN TO Discontinue
	NONE  43. LONGEVILY FOR PAY PURITY FEARS MONTHS DAYS  IMPORTANT OF THE	POSES 44.  S TOTAL  TOTAL  S T	MUSTERING (THE U. S. ANI PAID DIrect to V. A.  PAID LACK LACK LACK LACK LACK LACK LACK LACK	OUT PAY S PAYMENT S PAYMENT OF WITHIN THE DEPORTMENT DEPORTMENT DEPORTMENT DEPORTMENT DEPORTMENT DEPORTMENT DEPORTMENT DEPORTMENT DEPORTMENT DE STATEMENT DE STAT	PAY  8. SOLDIER DEFO  INSURA  HIRTY ONE DAY  10 of Allot- invance  Completion of  COMPLETION  PERSONNEL OF  PERSONNEL OF  Selfitions of	DATA  SITS 46. TRAVEL PAY  S NCE NOTICE STHEREAPTER, INSU S SUBBUSION, VETE II. Date of Next Premium (One month after S  above items or ent  LD  XXXXX  ALIFIED F  TATE IN DATE  7. REEMPLE	RANCE WIRANS ADM  Try of other  grade and	DE LAPSE. MAINISTRATION, NAMED TO BE REACH MONTH  OF Items special design of the special	Gramme OF DISBURG  OF CHECKS OF WASHINGTON  53. INTE  Continue  fied in W. D.	MONEY ORDERO MONEY ORDERO SO, D. C. NOTION OF VETER Continue Only 8	PAYABLE AN TO Discontinue
	NONE  43. LONGEVITY FOR PAY PURITY YEARS MONTHS DAYS  IMPORTANT TO THE TE 48. KIND OF INSURANCE Nat. Serv. U.S. Govt. None  54.	POSES 44: 5 TOTAL 5 TOTAL 8 POW 49. HOW 6 Allotment 1 BEING SEPAR This form WD AGO entitled it	MUSTERING (THE U. S. ANI PAID Direct to V. A. PAID WARKS (This Control of the U. S. ANI PAID DIRECT TO V. A. PAID WARMS (This Control of the U. PAID WARMS (This Control o	OUT PAY S PAYMENT S PAYMENT OIL WITHIN THE DEPORTMENT OF PORTMENT OF PORTMENT OF PAYMENT	PAY  INSURA  INSURA  HREY ONE DAY  O COLLECTION  to of Allot- Invanca  Completion of  STATE OF THE COLLEGE  PERSONNEL OF  STATE OF THE COLLEGE  STATE OF T	DATA  SITS 46. TRAVEL PAY  5  NCE NOTICE STHEREAPTER, INSU SUBDIVISION, VETE 1. Date of Next Premium (One month after S  ALIFECT (Type name, g  TALIFICA (Type name, g  TALIFI	RANCE WIRANS ADM  Try of other  grade and	DATE OF THE CONTROL OF T	Gramme OF DISBURG  OF CHECKS OF WASHINGTON  53. INTE  Continue  fied in W. D.	MONEY ORDERO MONEY	PAYABLE AN TO Discontinue

# ENLISTED RECORD AND REPORT OF SEPARATION -9-C HONORABLE DISCHARGE

13

					~ ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		~~	
HALL LORAN () E		224 4	150	PVT	UNASI	GNED		3 MAS
CO D 130TH TRNG BN RTC		APR 4	7		SEPARATION S		HOIT	
9. PERMANENT ADDRESS FOR MAILING PURPOSES 1202 W 6TH NEWTON KANS HARS	VEY CO		JAN 3	TH	11. PLACE OF			121
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9			LOR EYES 14.	BLACK	15. HEIGHT	16. WEIG	GHT  17;	NO. DEPEN
18. RACE 10 MARITAL STATUS WHITE REGRO OTHER (Specify) SINGLE MARRIED OTHER (Specify	20. U.S. CITIZ Y) YES Y NO	ZEN 21. CIV	AILINN DCCAI	UPATION AND N				
0.7	MILITARY		FORY.	*1 F E	116.77 1 /		fa 3:0	
	DATE OF ENTRY INTO ACT  9 JAN 47	TIVE SERVICE .	25. PLACE	LLEY K				*
SELECTIVE 26. PEGISTERED 27. LOCAL S.S. BOARD NO. 20. COUNTY SERVICE DATA			29. HOME		TIME OF ENTR	Y INTO SER	VICE	я
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. NO MILITARY OCCUPATION	31, MILIT	1	2000 000000	_	try, aviation an	nd marksmc	inship bad	lges, etc.)
** BATTLES AND CAMPAIGNS		E ser i nee						
NONE		,	•					
33. DECORATIONS AND CITATIONS	<del></del>			<del></del>			<del></del>	
VICTORY MEDAL	· · · · · ·		*	:*c		el .	w2	
34. WOUNDS RECEIVED IN ACTION						<del> </del>		
HONE								
35.3 LATEST IMMUNIZATION DATES SMALLPOX TYPHOID TETANUS OTHER	(specily)	DATE OF DE		DESTINA	CONTINENTAL U		ETURN TE OF ARRI	IYAL
JAN 47 JAN 37 MAN 47 MIN	45.	NO	NE.				÷	
• 1	HEST GRADE HELD		Profess		, • · ·	İ		¥1
YEARS   MONTHS   DAYS   WONTHS   DAYS	>VT							
39. PRIOR SERVICE	71			1.		1	<del></del>	
PENE		4	•	6 ***	*		9	
97'30N AND AUTHORITY FOR SEPARATION			*	8	v oc			
= 615 365 CONV OF GOV SEC	1 PAR 2 C	2 2 01	18 391	1	-	·		
41. SERVICE SCHOOLS ATTENDED NONE							DUCATION (	
Most	РАҮ	DATA	<del> </del>					13
43. LUNGEVITY FOR PAY PURPOSES 44. MUSTERING OUT PAY YEARS MONTHS DAYS TOTAL THIS PAYMENT	45.20LDIER DEPOSITS		EL PAY 47	. TOTAL AMOU	UNT, NAME OF D	DISBURSING	OFFICER	
YEARS MONTHS DAYS TOTAL THIS PAYMENT		S NOTICE		<del></del>	100 mg	112	TAC	<u> </u>
IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN TO THE TREASURER OF THE U. S. AND FORWARD	INSURANC N THIRTY-ONE DAYS TO D TO COLLECTIONS S			CE WILL LAPSI	E. MAKE CHE	CKS OR MO	SEY DRDER	S PAYABL
48. KIND OF INSURANCE 49. HOW PAID 50. Effective	Date of Allot-   51.	Date of Next Po	Premium Due		M DUE   53.	. INTENTIO		RAN TO
Nat. Serv. U.S. Govt. None Alloument Direct to					13.5%	8	Imac	74
54.   55, REMARKS (This space in	or completion of a	hove items	or entry o	of other item:	specified in	w. D. Din	actives)	
2	TON ISSUE		o			W1 -1		
XXXXXXXXX					9			
E PHYSICALL	Y DISGUAL	0.000 0.000 0.000 0.000	FOR	FURTH	er. Seri	VICE	IN ARI	MY O
UNITED ST	ATES	*	42	, r2 , g	*			
56. SIGNATURE OF PERSON BEING SEPARATED	7. PERSONNEL OFFIC	I.R (Type n	iame, grade	e and organi	zation - signo	alute)		•
	CMD .	U.	A	\$.		ja .		
VD AGO FORM 53.55  This form supersedes all previous 11 November 1944  WD AGO Forms 53 and 55 for entitled to an Honorable Dis	ions editions of enlisted persons	7. RF	EEMPLOYM elective Ser	FINT COMMI	ITTEEMAN CC e shown in Ite	DPY (To: Si	tate ·Directo	or of

NW 54756 DocId:32258995 Page 4

Table   Loran Eugene   515 20 3802   Jan 4,1930   Newton, Kansas or on effective records search, it is important that ALI periods of service be shown below.	ART I — RECORNATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible)  NAME USED DURNS SERVICE (loss, first, middin)  2. SOCIAL SECURITY NO.  3. DATE OF BIRTH  4. PLACE OF BIRTH  4. PLACE OF BIRTH  5. SOCIAL SECURITY NO.  6. DATE OF ACTIVE DUTY  7. (Check One)  8. SERVICE (NUMBER OF NUMBER OF
TREAT: DOTAIN EUgene 515 20 3802 Jan 4,1930 Newton, Kansas or on effective records search, it is important that All periods of service be shown below.  CITYLE SERVICE  5. BRANCH OF SERVICE  (Show this load organization, if known)  1-7-47 4-47  1-7-47 4-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-47  1-7-4	**Hall's Loran Eugene
TO ON EFFECTIVE SERVICE  SO BRANCH OF SERVICE  (Show did lest organization, if known)  (L. S. ARMY  1. 7-47  4. 4-47  1. 8. ARTY  6. 48  9. 52  1. 7-47  4. 4-47  1. 8. ARTY  8. SERVICE NUMBER  DURNO THIS PERIOD  SERVES SERVICE  9. DOATE MANSTOD  1. 1. 7-47  1. 8. ARTY  1. 9. ARTY  1. 9. ARTY  1. 9. BRÂNCH OF SERVICE  9. DOATE MANSTOD  10. DATE MANSESHIP  11. (Check One)  9. BRÂNCH OF SERVICE  11. DATE MANSESHIP  11. (Check One)  12. SERVICE NUMBER  DURNO THIS PERIOD  AND 11. SERVICE NUMBER  DURNO THIS PERIOD  AND 11. SERVICE NUMBER  DURNO THIS PERIOD  11. SERVICE NUMBER  DURNO THIS PERIOD  13. SERVICE PROSEND ECCEASES?  DURNO THIS PERIOD  14. ART 11. ART 17. DATE MANSESHIP 18. (Check One) 19. SERVICE NUMBER  DURNO THIS PERIOD  15. SERVICE PROSEND DECEASES?  DURNO THIS PERIOD  16. IS SERVICE PROSEND DECEASES?  DURNO THIS PERIOD  17. SI SERVICE PROSEND DECEASES?  DURNO THIS PERIOD  18. SERVICE PROSEND DECEASES?  DURNO THIS PERIOD  19. TESTIC "Yes" enter dobte.)  ART II. REQUEST  EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  ART II. REQUEST  EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  ART II. MANSESHARATION DOCUMENT REPLACEMENT REQUESTED (Park 2)  19. SERVICE PROSEND DECEASES?  19. DOCUMENT REPLACEMENT REQUESTED (Park 2)  19. SERVICE PROSEND DECEASES?  19. DOCUMENT REPLACEMENT REQUESTED (Park 2)  ART II. MANSESHARATION DOCUMENT REPLACEMENT REQUESTED (Park 2)  19. SERVICE PROSEND REPLACEMENT REQUESTED (Pa	For on effective records search, it is important Mot ALL periods of service be shown below.  ACTIVE SERVICE  S. BRANCH OF SERVICE  (Slow onlo lost organization, if known)  AT NOTIVE ON SILEMAND FOLK  (Slow onlo lost organization, if known)  1. 7-47  1. 7-47  1. 7-47  1. 8. ATMY  6-48  9-52  X. RA17224450  ESERVE SERVICE  PHONE, CHICK ID HONE  SECAN SERVICE  PHONE, CHICK ID HONE  9. BRÂNCH OF SERVICE  PHONE, CHICK ID HONE  10. DATE MEMBERSHIP  11. (Check One)  12. SERVICE NUMBER  DURING THIS PERIOD  ATIONAL GUARD MEMBERSHIP  11. AND  12. SERVICE NUMBER  DURING THIS PERIOD  AND  13. SERVICE NUMBER  DURING THIS PERIOD  AND  14. AND  15. SERVICE PERSON DECASED:  DURING THIS PERIOD  AND  15. SERVICE PERSON DECASED:  DURING THIS PERIOD  AND  16. OR GANIZATION  BEGON
For an effective records search, it is important that ALL periods of service be shown below.  ACTIVE SERVICE  S. BRANCH OF SERVICE  S. DATES OF ACTIVE DUTY  7. (Clied One)  1. T. A. 4-47  X. RA17224450  1. T. A. A. TMY  1. S. A. TMY  6. 48  9. 52  X. RA17224450  SERVICE SHORT CHICK DINON  SERVICE SHOWN CHICK DINON  SECOND SERVICE  SHORT CHICK DINON  SECOND SERVICE SHORT DINON  AND I 14. AIR  17. DATE MEMBERSHIP  SHORT CHICK DINON  SECOND SERVICE SHORT DINON  SERVICE SHORT DINON  SECOND SER	For an effective records search, it is important that ALL periods of service be shown below.  ACTIVE SERVICE  S. BRANCH OF SERVICE  S. DATES OF ACTIVE DUTY  7. (Check One)  1. T. A. 4-47  X. RA17224450  T. A. Army  1. S. Army  1. BRANCH OF SERVICE  S. BRANCH OF SERVIC
ACTIVE SERVICE  S. BRANCH OF SERVICE  (Sow on the fault organization, if known)  1. "S. Army  1.	CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE OR SERVANDON DOCUMENT REPLACEMENT SYOU NEED OR CHECK THEMS SO. IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THEMS 2 OR 3   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THEMS 2 OR 3   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THEMS 2 OR 3   CHECK THEMS 2 OR 3   CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY   CHECK THEMS 2 OR 3   CHECK THEMS 2 OR 3   CHECK THEMS 2 OR 3   CHECK THIS SOUR THE YOUNG THE YOU
S. BRANCH OF SERVICE  (Show also lest aganization, if Anown)  1. "S. AFMY  1. "S. A	S. BRANCH OF SERVICE  (Show also led agraination, if known)  1. "S. Army  1.7-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-47  4.4-
Show the last organization, if known)	Show also last organization, if known)   FIRST ERIOD   RELEASED RION   CHICKE   CHILSTED   DURING THIS PERIOD
I. S. Army  1.7-47  4.47  4.8. RA17224450  J. S. Army  6-48  9-52  X. RA1722450  J. S. Army  6-48  9-52  X. RA17224450  J. S. Army  6-48  9-52  X. RA17224450  J. S. Army  6-48  11. Check One)  12. SERVICE PROBESHIP  J. S. Army  13. ARMY  14. ARR  17. DATE MEMBERSHIP  J. S. Army  18. Check One)  19. SERVICE NUMBER  DURING THIS PERIOD  OFFICE Ensisted  OFFICE Ensiste	1. S. Army
RESERVE SERVICE    P. NONE, CHECK   DIONE	RESERVE SERVICE    P. NORE, CHECK   NORE   NORE, CH
RESERVE SERVICE  # RHOME, CHECK   DHONE  9. BRÂNCH OF SERVICE  # RHOME, CHECK   DHONE  9. BRÂNCH OF SERVICE  10. DATE MEMBERSHIP  11. (Check One)  12. SERVICE NUMBER  DURING THIS PERIOD  NATIONAL GUARD MEMBERSHIP  13. ARMY  14. AIR  17. DATE MEMBERSHIP  18. (Check One)  19. SERVICE NUMBER DURING THIS PERIOD  NO   YES   (Firetire ender date)  DURING THIS PERIOD  OFFICER RESERVICE NUMBER  DURING THIS PERIOD  19. SERVICE NUMBER  DURING THIS PERIOD  OFFICER RESERVICE NUMBER  DURING THIS PERIOD  19. SERVICE NUMBER  DURING THIS PERIOD  DURING THIS PE	RESERVE SERVICE    P. NORE, CHECK   NORE   NORE, CH
RESERVE SERVICE  9. BRÂNCH OF SERVICE  10. DATE MEMBERSHIP  11. (Check One)  12. SERVICE NUMBER  13. ARMY  14. AR  17. DATE MEMBERSHIP  18. (Check One)  19. SERVICE NUMBER  DURING THIS PERIOD  NATIONAL GUARD MEMBERSHIP  18. (Check One)  19. SERVICE NUMBER  DURING THIS PERIOD  OFFICIAL SUBSTITUTE OF SERVICE  DURING THIS PERIOD  OFFICIAL SUBSTITUTE OF SERVICE ONLY  ARTII — REQUEST  EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  DISCHARGE CERTIFICATE ISSUED IN	RESERVE SERVICE  9. BRÂNCH OF SERVICE  10. DATE MEMBERSHIP  11. (Check One)  12. SERVICE NUMBER  13. ARMY  14. AIR  17. DATE MEMBERSHIP  18. (Check One)  19. SERVICE NUMBER  10. ORGANIZATION  10. SERVICE PRISON  10. DATE MEMBERSHIP  11. Check One)  12. SERVICE NUMBER  13. ARMY  14. AIR  17. DATE MEMBERSHIP  18. (Check One)  19. SERVICE NUMBER  19. DURING THIS PERIOD  19. SERVICE NUMBER  19. DURING THIS PERIOD  19. SERVICE PRISON  19. SERVICE
9. BRÂNCH OF SERVICE  BEGAN  ENDED  OFFICER  DURING THIS PERIOD  NATIONAL GUARD MEMBERSHIP  IF NONE, CHECK   HOME  13. ARMY  14. AIR  17. DATE MEMBERSHIP  IF NONE, CHECK   HOME  13. ARMY  14. AIR  17. DATE MEMBERSHIP  IF NONE, CHECK   HOME  18. (Check One)  19. SERVICE RUMBER  DURING THIS PERIOD  OFFICER  ENUISITED  DURING THIS PERIOD  OFFICER  ENUISITED  OFFICER  ENUISITED  DURING THIS PERIOD  OFFICER  ENUISITED  OFFICER  OFF	9. BRÂNCH OF SERVICE    10. DATE MEMBERSHIP   11. (Check One)   12. SERVICE NUMBER DRING THIS PERIOD OWICES   FNISTID
DUBING THIS PERIOD  NATIONAL GUARD MEMBERSHIP  IF NONE, CHECK   MOHE  13. ARMY  14. AIR  17. DATE MEMBERSHIP  IF NONE, CHECK   MOHE  19. SERVICE NUMBER  10. ORGANIZATION  BEGAN  ENDED  OFFICER  ENUSTED  DUBING THIS PERIOD  19. SERVICE NUMBER  DUBING THIS PERIOD  OFFICER  ENUSTED  DUBING THIS PERIOD  19. SERVICE NUMBER  DUBING THIS PERIOD  DUBING THIS PERIOD  19. SERVICE NUMBER  DUBING THIS PERIOD  TO TEQUES TERM THIS PERIOD  DUBING THIS PERIOD  DUBING THIS PERIOD  DUBING THIS PERIOD  TO TEQUES THE PERIOD  DUBING THIS PERIOD  TO TEQUE THIS PERIOD  DUBING THIS PERIOD  TO TEQUE THIS PERIOD  TO TEQUE THIS PERIOD  DUBING THIS PERIOD  TO TEQUE THIS PERIOD  DUBING THIS PERIOD  TO TEQUE THIS PERIO	NATIONAL GUARD MEMBERSHIP    13. ABMY
NATIONAL GUARD MEMBERSHIP  IF NONE, CHECK DIONE  13. ARMY 14. AIR  17. DATE MEMBERSHIP  18. (Check One)  19. SERVICE NUMBER 5. STATE  10. ORGANIZATION  BIGAN  10. IS SERVICE PERSON DECEASED?  DATE OF DEATH  21. IS [Wais] INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?  NO VES (If "Yes" enter date.)  NO VES (If "Yes" enter date.)  ART II — REQUEST  EXPLAIN WHA! INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cheek Q15/2)  BY FORT OF SEPARATION (10 Form 214 or equivalent) ISSUED IN 15/2 (IV.) (This contains information normally needed to determine eligibility for bare file. If may be furnished only to the veteron, its surviving next-oldrin, or to this representative with veteron's ligible decease outhorization—time 6.)  DISCHARGE CERTIFICATE ISSUED IND — (IV.) (This shorts only date and character of distance and is of filtre votine meligibility for bare filt. If may be issued only to veterons distance and only date and character of distance and is of filtre votine determining eligibility for bare filts. If may be issued only to veterons distance poth homosoble conditions, or, if deceased, to the surviving spouse.)  A HOW WAS SERBARTION DOCUMENT LOST? In moving  PERSON IDENTIFIED IN PART I  OF REQUESTER (Scheck proper box)  PERSON IDENTIFIED IN PART I  OF REQUESTER (Fluese type or print complete return address. Include 2IP code)  RELEASE AUTHORIZATION (If required, read instruction no. 3 on reverse)  LOS Angeles, California 90010  A SIGNATURE OF VETERAN (If signs by other from each of the requested information / documents to the addressee shown at right.  A SIGNATURE OF VETERAN (If signs by other from each of the requested information / documents to the addressee shown at right.  A SIGNATURE OF VETERAN (If signs by other from each of the requested information / documents to the addressee shown at right.  A SIGNATURE OF VETERAN (If signs by other from each of the requested information / documents to th	NATIONAL GUARD MEMBERSHIP  IF NONE, CHECK DIONE  13. ARMY  14. AIR  17. DATE MEMBERSHIP  18. (Check One)  19. SERVICE NUMBER  DURING THIS PERIOD  10. IS SERVICE FERSON DECASED?  DATE OF DEATH  10. IS SERVICE FERSON DECASED?  DATE OF DEATH  11. IS (Wai) INDIVIDUAL A MULTARY RETIREE OR FLEET RESERVIST?  NO VES 161 "Yes" enter date;  NO VES 161 "Yes" enter date;  ART II — REQUEST  EXPLAIN WHA! INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check Q16.2)  STEPRED TO SEPARATION (DO Form 214 or equivolent) ISSUED IN 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
NATIONAL GUARD MEMBERSHIP    13. ARMY	NATIONAL GUARD MEMBERSHIP    13. ARMY
13. ARMY 14. AIR 17. DATE MEMBERSHIP 18. (Check One) 19. SERVICE NUMBER DURING THIS PERIOD OFFICER ENLISTED OFFICER ENL	13. ARMY 14. AIR 17. DATE MEMBERSHIP 18. (Check One) 19. SERVICE MUMBER DURING THIS PERIOD OFFICER ENLISTED OFFICER SERVICE PURNAGE THIS PERIOD OFFICER ENLISTED OFFICER OFFIC
DISTABLE 16. ORGANIZATION SEGAN PRODED OFFICER ENUSTED DURING THIS PERIOD  TO IS SERVICE PERSON DECEASED?  DATE OF DEATH  21. IS (Was) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?  NO YES  VEST II — REQUEST  EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMEN REPLACEMENT REQUESTED (Check 1952)  BEPORT OF SEPARATION DOCUMENT SEPACEMENT REQUESTED (Check 1952)  A. HOW WAS SEPARATION DOCUMENT SEPACEMENT REQUESTED (Check 1952)  A. HOW WAS SEPARATION DOCUMENT SEPACEMENT SEPACEME	DISTABLE 16. ORGANIZATION SEGAN PURED OFFICER ENLISTED DURING THIS PERIOD  STATE 16. ORGANIZATION BEGAN PURED OFFICER ENLISTED DURING THIS PERIOD  ON SERVICE PERSON DECEASED?  DATE OF DEATH  21. IS (Wai) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?  NO YES  PART II — REQUEST  EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  CERTAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  DISCHARGE CERTIFICATE ISSUED IN (1/1) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving neat-of-kin, or to his representative with veteran is agained release authorization—item 6.]  DISCHARGE CERTIFICATE ISSUED IN (1/1) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving neat-of-kin, or to his representative with veteran signal release authorization—item 6.]  DISCHARGE CERTIFICATE ISSUED IN (1/1) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving neat-of-kin, or to his representative with veteran signal relations cultivation for the his veteran distribution with veteran signal relations cultivation for the his veteran distribution for the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER (Scheet proper box)  SA SIGNATURE OF REQUESTER  SA SIGNATURE OF REQUESTER  SA SIGNATURE OF REQUESTER  PRESON DENTIFIED IN PART I (Show relationship)  SURVIVING SPOUSE  A SIGNATURE OF VETERAN (If signost by other than veteral)  Los Angeles, California 90010  A STANDARD FORM 180  STANDARD FORM 180  GENERALTIONSHIP TO VETERAN  Attn: Nametsa Hossier Mary Tlearnan  STANDARD FORM 180  GENERALTIONSHIP TO VETERAN
10. IS SERVICE PERSON DECEASED?  DATE OF DEATH  21. IS (Was) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?  NO YES (#"Yes" enter date.)  PART II — REQUEST  ERRIAN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check 1952  SEPORT OF SEPARATION DOCUMENT Are required in its subject release authorizoham—Jem 6.)  SISCHARGE CERTIFICATE ISSUED IN	10. IS SERVICE PERSON DECEASED?    DATE OF DEATH   21. IS (Was) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST?   NO
ART II — REQUEST  . EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  . CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  . LOST SEPARATION DOCUMENT REFLECEMENT REQUESTED (Cline & 0.1952)  . REPORT OF SEPARATION DOCUMENT REFLECEMENT REQUESTED (Cline & 0.1952)  . REPORT OF SEPARATION DOCUMENT REFLECEMENT REQUESTED (Cline & 0.1952)  . DISCHARGE CERTIFICATE ISSUED IN	PART II — REQUEST  . EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  . CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  I. LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT BEAULECAMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT BEAULECAMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT SERVE CAMENDA (Mr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be furnished only to veterons discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  TO request Certificate of Eligibility for home loan.  I. REQUESTER (S (Check proper box)) NEXT OF KIN (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PERSON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  STANDARD FORM 105 (Show relationship)  A. SIGNATURE OF VETERAN (If signal by other than veture), complete reform address. Include ZIP code)  Attn: Namettsa Hospier Mary Terman  STANDARD FORM 105 (SERVICES ADMINISTRATION FAME IN 1051 11 10-07 11 11 11-07 11 11 11-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11
ART II — REQUEST  . EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  . CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  . LOST SEPARATION DOCUMENT REFLECABENT REQUESTED (Check of 1952)  . REPORT OF SEPARATION DOCUMENT REFLECABENT REQUESTED (Check of 1952)  . REPORT OF SEPARATION DOCUMENT REFLECABENT REQUESTED (Check of 1952)  . DISCHARGE CERTIFICATE ISSUED IN	PART II — REQUEST  . EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  . CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  I. LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT BEAULECAMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT BEAULECAMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT SERVE CAMENDA (Mr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be furnished only to veterons discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  TO request Certificate of Eligibility for home loan.  I. REQUESTER (S (Check proper box)) NEXT OF KIN (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PERSON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  STANDARD FORM 105 (Show relationship)  A. SIGNATURE OF VETERAN (If signal by other than veture), complete reform address. Include ZIP code)  Attn: Namettsa Hospier Mary Terman  STANDARD FORM 105 (SERVICES ADMINISTRATION FAME IN 1051 11 10-07 11 11 11-07 11 11 11-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11
ART II — REQUEST  . EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  . CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  . LOST SEPARATION DOCUMENT REFLECAMENT REQUESTED (Cline & 0.1952)  . REPORT OF SEPARATION DOCUMENT REFLECAMENT REQUESTED (Cline & 0.1952)  . REPORT OF SEPARATION DOCUMENT REFLECAMENT REQUESTED (Cline & 0.1952)  . DISCHARGE CERTIFICATE ISSUED IN	PART II — REQUEST  . EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  . CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  I. LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT REPLACEMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT BEAULECAMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT BEAULECAMENT REQUESTED (Cherk Q 1952  SERVENT OF SEPARATION DOCUMENT SERVE CAMENDA (Mr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be furnished only to veterons discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  TO request Certificate of Eligibility for home loan.  I. REQUESTER (S (Check proper box)) NEXT OF KIN (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PERSON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  SURVIVINO SPOUSE OTHER (Specify) MOTTRAGE  PRESON IDENTIFIED IN PART I (Show relationship)  STANDARD FORM 105 (Show relationship)  A. SIGNATURE OF VETERAN (If signal by other than veture), complete reform address. Include ZIP code)  Attn: Namettsa Hospier Mary Terman  STANDARD FORM 105 (SERVICES ADMINISTRATION FAME IN 1051 11 10-07 11 11 11-07 11 11 11-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11 10-07 11 11 11
PART II — REQUEST  EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check \$1952)  REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN \$1847 (Yr.) (This contains information normally needed to determine eligibility for benefit. It may be furnished only to the veteron, his surviving near-to-kin, or to his represendative with veteron signed release on whorization—Hem 6.)  DISCHARGE CERTIFICATE ISSUED IN (Yr.) (This stontoins information normally needed to determine eligibility for benefits. It may be fursished only to the veteron, his surviving near-to-kin, or to his represendative with veteron signed release on white the veteron is discharge and is of little value in determining eligibility for benefits. It may be issued only to veterons discharged homorably or under honorable conditions, or, if deceased, to the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  1. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)	PART II — REQUEST  EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3  COST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check 1952)  REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 1952  SEPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 1952  SEPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 1952  SEPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 1952  SEPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 1952  SICHARGE (ERIFICATE ISSUED IN 1952)  SICHARGE (ERIFICATE ISSUED IN 1952)  SICHARGE (ERIFICATE ISSUED IN 1952)  AND HOW WAS SEPARATION DOCUMENT LOST? In moving  In PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)
CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check 0.06.47 (Yr.) (This contains information normally needed to determine eligibility for benefits. If may be furnished only to the veteran, his surviving next-okin, or to his representative with veteran's signed release outhorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check OB) 1952   REPORT OF SEPARATION (DD Form 21.4 or equivalent) ISSUED IN 1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-okkin, or to his representative with veteran's signed release authorization—item 6.)   DISCHARGE CERTIFICATE ISSUED IN
CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check 0.06/24.7 (Yr.)) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-okkin, or to his representative with veteran's signed release outhorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check OB) 1952   REPORT OF SEPARATION (DD Form 21.4 or equivalent) ISSUED IN 1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-okkin, or to his representative with veteran's signed release authorization—item 6.)   DISCHARGE CERTIFICATE ISSUED IN
CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check 1964)  REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 19647 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving neat-okin, or to his representative with veteran's signed release authorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check OB) 1952   REPORT OF SEPARATION (DD Form 21.4 or equivalent) ISSUED IN 1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-okkin, or to his representative with veteran's signed release authorization—item 6.)   DISCHARGE CERTIFICATE ISSUED IN
CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY  LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check 1964)  REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 19647 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving neat-okin, or to his representative with veteran's signed release authorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check OB) 1952   REPORT OF SEPARATION (DD Form 21.4 or equivalent) ISSUED IN 1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-okkin, or to his representative with veteran's signed release authorization—item 6.)   DISCHARGE CERTIFICATE ISSUED IN
LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check post of SEPARATION (DD Form 214 or equivolent) ISSUED IN 1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box) NEXT OF KIN (Show relationship)  SURVIVING SPOUSE OTHER (Specify) Mortgagee  7. REQUESTER (Please type or print complete reform address. Include ZIP code)  No. 3 on reverse)  hereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity), complete 681  A. SIGNATURE OF VETERAN (If signed by other than velocity), complete 681  Attn: Nametsae Hogner Mary Tlexman  STANDARD FORM 180  OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check one)   1952     REPORT OF SEPARATION (DD form 214 or equivolent) ISSUED IN   1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)    DISCHARGE CERTIFICATE ISSUED IN   (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)    ALL HOW WAS SEPARATION DOCUMENT LOST? In moving   1
LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check proper to SEPARATION (DD Form 214 or equivolent) ISSUED IN 1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box) NEXT OF KIN (Show relationship)  SURVIVING SPOUSE OTHER (Specify) Mortgagee  7. REQUESTER (Please type or print complete reform address. Include ZIP code)  No. 3 on reverse)  hereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity), complete 6B)  A. SIGNATURE OF VETERAN (If signed by other than velocity), complete 6B)  A. RELATIONSHIP TO VETERAN  A. RELATIONSHIP TO VETERAN  A. RELATIONSHIP TO VETERAN  A. SIGNATURE OF PORT 180  COCOBER 1770 EDITION CENTRAL SERVICES ADMINISTRATION FPMR 101-11.101-7	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check one)   1952     REPORT OF SEPARATION (DD form 214 or equivolent) ISSUED IN   1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)    DISCHARGE CERTIFICATE ISSUED IN   (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)    ALL HOW WAS SEPARATION DOCUMENT LOST? In moving   1
LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check of 1947) (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN(Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)  NEXT OF KIN (Show relationship)  SURVIVING SPOUSE  OTHER (Specify) Mortgagee  7. REQUESTER (Please type or print complete reform address. Include ZIP code)  No. 3 on reverse)  hereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity), complete 681  A. SIGNATURE OF VETERAN (If signed by other than velocity), complete 681  A. RELATIONSHIP TO VETERAN (If signed by other than velocity), complete 681  A. RELATIONSHIP TO VETERAN (If signed by other than velocity), complete 681  Attn: Nametsae Hogner Mary Tlexman  STANDARD FORM 180  OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check one)   1952     REPORT OF SEPARATION (DD form 214 or equivolent) ISSUED IN   1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)    DISCHARGE CERTIFICATE ISSUED IN   (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)    ALL HOW WAS SEPARATION DOCUMENT LOST? In moving   1
LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check of 1952)    REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN 1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)    DISCHARGE CERTIFICATE ISSUED IN	LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check one)   1952     REPORT OF SEPARATION (DD form 214 or equivolent) ISSUED IN   1947 (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)    DISCHARGE CERTIFICATE ISSUED IN   (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)    ALL HOW WAS SEPARATION DOCUMENT LOST? In moving   1
REPORT OF SEPARATION (DD form 21 der equivalent) ISSUED IN   SEPARATION (DEFENDANCE) IN   SEPARATION (DEFE	REPORT OF SEPARATION (DD form 21 der equivalent) ISSUED IN.  REPORT OF SEPARATION (DD form 21 der equivalent) ISSUED IN.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (The vertical properties) of the surviving spouse.  DISCHARGE CERTIFICATE IS (Th
DISCHARGE CERTIFICATE ISSUED IN(Yr.) (this shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  ALL HOW WAS SEPARATION DOCUMENT LOST? In moving  IN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  TO request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)   NEXT OF KIN   SA. SIGNATURE OF REQUESTER   PERSON IDENTIFIED IN PART I   (Show relationship)   SURVIVINO SPOUSE   OTHER (Specify)   Mortgagee    RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGNATURE OF VETERAN (If signap by other than veteral), complete 68    A. SIGN	benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)  DISCHARGE CERTIFICATE ISSUED IN(Yr.) (this shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)  ALL HOW WAS SEPARATION DOCUMENT LOST? In moving  IN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  TO request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box) NEXT OF KIN Shows relationship)  SURVIVING SPOUSE DOTHER (Specify) Mortgagee  DOTHER (Specify) Mortgagee  DOTHER (Specify) Mortgagee  TOTHER
DISCHARGE CERTIFICATE ISSUED IN	DISCHARGE CERTIFICATE ISSUED IN
A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)  PERSON IDENTIFIED IN PART I  SURVIVING SPOUSE  OTHER (Specify)  RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  In reductionship in reverse)  Requester release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  RELEASE AUTHORIZATION (If signed by other than velocity, complete 68)  Attn: Nanettee Hoener  Attn: Nanettee Hoener  STANDARD FORM 180 OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 1970 EDITION FPMR 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 1970 EDITION FPMR 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 1970 EDITION FPMR 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 1970 EDITION GEN	A. HOW WAS SEPARATION DOCUMENT LOST? In moving  In Purpose for which information or documents are needed (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)  PERSON IDENTIFIED IN PART I  SURVIVING SPOUSE  OTHER (Specify) Mortgagee  RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  In reduest of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  Attn: Nameters Hoener  Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7  FPMR 101-11.410-7
A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box) PERSON IDENTIFIED IN PART I SURVIVING SPOUSE OTHER (Specify) Mortgagee  7. REQUESTER (Please type or print complete return address. Include ZIP code)  7. REQUESTER (Please type or print complete return address. Include ZIP code)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 54)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 54)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 54)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 54)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 54)  A. SIGNA	A. HOW WAS SEPARATION DOCUMENT LOST? In moving  I. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)  To request Certificate of Eligibility for home loan.  I. REQUESTER IS (Check proper box)  PERSON IDENTIFIED IN PART I  SURVIVING SPOUSE  OTHER (Specify)  No. 3 on reverse)  I. hereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF REQUESTER (Please type or print complete return address. Include ZIP code)  A. SIGNATURE OF REQUESTER (Please type or print complete return address. Include ZIP code)  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 58)  A. SIGNATURE OF REQUESTER (Please type or print complete return address. Include ZIP code)  A. SIGNATURE OF REQUESTER (Please type or print complete return address. Include ZIP code)  A. SIGNATURE OF REQUESTER (Please type or print complete return address. Include ZIP code)  A. REQUESTER (Please type or print complete return address. Include ZIP code)  A. REQUESTER (Please type or print complete return address. Include ZIP code)  A. REQUESTER (Please type or print complete return address. Include ZIP code)  A. REQUESTER (Please type or print complete return address. Include ZIP code)  A. R
TO request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)  PERSON IDENTIFIED IN PART I  SURVIVING SPOUSE  OTHER (Specify)  RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  Release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than vetor), complete object.  RELEATIONSHIP TO VETERAL  Attn: Namettee Hoener  Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  FIRM 101-11, 410-7  FORM 101-11, 410-7  FORM 101-11, 410-7  FORM 101-11, 410-7	TO request Certificate of Eligibility for home loan.    REQUESTER IS (Check proper box)
TO request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)  PERSON IDENTIFIED IN PART I  SURVIVING SPOUSE  OTHER (Specify)  RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  Release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than vetor), complete object.  RELEATIONSHIP TO VETERAL  Attn: Namettee Hoener  Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  FIRM 101-11, 410-7  FORM 101-11, 410-7  FORM 101-11, 410-7  FORM 101-11, 410-7	TO request Certificate of Eligibility for home loan.    REQUESTER IS (Check proper box)
To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)  PERSON IDENTIFIED IN PART I  Standard Core Requester  (Show relationship)  SURVIVING SPOUSE  OTHER (Specify)  Mortgagee  7. REQUESTER (Please type or print complete return address. Include ZIP code)  Release Authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  Los Angeles, California 90010  Attn: Nanettse Hosner  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FFMR 101-11.410-7	To request Certificate of Eligibility for home loan.  REQUESTER IS (Check proper box)  PERSON IDENTIFIED IN PART I  SURVIVING SPOUSE  OTHER (Specify)  RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  Release authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 68)  Los Angeles, California 90010  Attn: Nanettae Hogner  Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
REQUESTER IS (Check proper box)	NEXT OF KIN   SA. SIGNATURE OF REQUESTER
REQUESTER IS (Check proper box)	NEXT OF KIN   SA. SIGNATURE OF REQUESTER
PERSON IDENTIFIED IN PART I  (Show relationship)  SURVIVING SPOUSE  OTHER (Specify)  Mortgagee  7. REQUESTER (Please type or print complete return address. Include ZIP code)  No. 3 on reverse)  Thereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than veteral), complete 6B  A SIGNATURE OF VETERAN (If signed by other than veteral).  A SIGNATURE OF VETERAN (If signed by other than veteral), complete 6B  Attn: Nanettas Hogner  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	PERSON IDENTIFIED IN PART I  SURVIVING SPOUSE  OTHER (Specify)  OTHER (Specify)  Mortgagee  7. REQUESTER (Please type or print complete return address. Include ZIP code)  No. 3 on reverse)  I hereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than veteral, complete 6B)  4900 Wilshire Boulevard  Los Angeles, California 90010  SERRELATIONSHIP TO VETERAL  Attn: Nanetees Hogner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
SURVIVING SPOUSE  RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  A REQUESTER (Please type or print complete return address. Include ZIP code)  Requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than veter), complete 68  B. RELATIONSHIP TO VETERAL  Attn: Nanettee Hogner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	SURVIVING SPOUSE  OTHER (Specify) Mortgagee  7. REQUESTER (Please type or print complete return address. Include ZIP code)  7. REQUESTER (Please type or print complete return address. Include ZIP code)  8. RELATIONSHIP TO VETERAN  Attn: Nametase Hogner  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7  FPMR 101
RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  Thereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than veteral, complete 68)  Los Angeles, California 90010  B. RELATIONSHIP TO VETERAL  Attn: Nanettse Hosner  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)  I hereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than veteral, complete 6B)  Los Angeles, California 90010  Attn: Nanettae Hogner  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
No. 3 on reverse)  Thereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than veteral), complete 6B)  A. SIGNATURE OF VETERAN (If signed by other than veteral), complete 6B.  Los Angeles, California 90010  Attn: Nanettee Hooner Mary Dierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	No. 3 on reverse)  It hereby authorize release of the requested information/documents to the addressee shown at right.  Ralph C. Sutro Co.  Ralph C. Sutro Co.  Ralph C. Sutro Co.  A. SIGNATURE OF VETERAN (if signed by other than veteral), complete 68!  Los Angeles, California 90010  BB. RELATIONSHIP TO VETERAL  Attn: Nanettee Hosner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
hereby authorize release of the requested information/documents to the addressee shown at right.  A. SIGNATURE OF VETERAN (If signed by other than veteral, complete 6B)  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettse Hosner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	A. SIGNATURE OF VETERAN (If signed by other than veteral), complete 68)  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettse Hosner Mary Dierman  STANDARD FORM 180  OCTOBER 1970 EDITION  FPMR 101-11.410-7
A. SIGNATURE OF VETERAN (if signed by other than vetor), complete 6B)  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettse Hosner Mary Distman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	A. SIGNATURE OF VETERAN (if signed by other than vetor), complete 6B)  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettas Hosner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
Ralph C. Sutro Co.  Ralph C. Sutro Co.  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettse Hogner Mary Dierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	Ralph C. Sutro Co.  Ralph C. Sutro Co.  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettse Hosner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
A. SIGNATURE OF VETERAN (If signed by other than velocity, complete 6B)  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettse Hooner Mary Dierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	A. SIGNATURE OF VETERAN (If signed by other than veteral), complete 68)  4900 Wilshire Boulevard  Los Angeles, California 90010  Attn: Nanettee Hosner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
Los Angeles, California 90010  Attn: Nanettae Hogner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	Los Angeles, California 90010  Attn: Nanettae Hogner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
Los Angeles, California 90010  Attn: Nanettee Hosner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7	Los Angeles, California 90010  Attn: Nanettee Hosner Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION  GENERAL SERVICES ADMINISTRATION  FPMR 101-11.410-7
Attn: Nanettse Hosner Mary Dierman  Attn: Nanettse Hosner Mary Dierman  STANDARD FORM 180  OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7	Attn: Nanettee Hosper Mary Tierman  Attn: Nanettee Hosper Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7
Attn: Nanettse Hosner Mary Dierman  Attn: Nanettse Hosner Mary Dierman  STANDARD FORM 180  OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7	Attn: Nanettee Hosper Mary Tierman  Attn: Nanettee Hosper Mary Tierman  STANDARD FORM 180  OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7
3-31 STANDARD FORM 180 OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7	STANDARD FORM 180 OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION
3-31 STANDARD FORM 180 OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION - FPMR 101-11.410-7	STANDARD FORM 180 OCTOBER 1970 EDITION GENERAL SERVICES ADMINISTRATION
GENERAL SERVICES ADMINISTRATION	GENERAL SERVICES ADMINISTRATION FPMR 101-11.410-7
- FPMR 101-11.410-7	- FPMR 101-11.410-7
V 180-102	V 180-102

COPY

June 29, 1976

The Honorable Alan Cranston United States Senator 11000 Wilchire Boulevard Los Angeles, California

Dear Senator,

As a registered Democrat that has supported you in the past, I find that I must now call on you for help. I am writing to you on behalf of my husband, Loran E. Hall, who has been having difficulty with several Federal governmental agencies.

First, he recently applied for his DD-214, GI Eligibility for a home loan, through a local mortgage company. He was subsequently informed that there had been a fire in the Records Center in St. Louis and that there was no record of his military service. Now what?

Secondly, he sent a request to the FAA Headquarters in Oklahoma City for a duplicate copy of his pilot's license and was told that they can find no record of that. I really find that hard to believe.

If you will have your office contact us, I will be happy to supply you with all the necessary details. Any assistance that you can provide will be sincerely appreciated.

Thanking you in advance for your consideration and prompt

attention to this matter.

Very truly yours,

Mrs. Judith E. Hall 131 West 36th Street Long Beach, Calif. 90897 424-0083



July 16, 1976

	1.	
REQUEST FOR MILITARY RECORDS/INFORMATIC	) ис	VA FILES) DATE 3-31-76
		VARPC. 4300 GOODFELLOW BLVD. ST. LOUIS, MO 63166  INSURANCE OPERATIONS DIV. (291) P. O. BOX 8079 PHILADELPHIA, PA 19101 VA CENTER  VARO LOS ANGELES CALIF
RECORDS OF THE VETERAN IDENTIFIED BELOW ARE	. NO	T AVAILABLE AT NPRC
HALL, LORAN E		VICE NUMBER/SSN DATE OF BIRTH
BRANCH OF SERVICE		ES OF SERVICE
va claim number 7394477	iei s	ER VA  DENTIFICATION (If applicable)
RECORDS OR DATA CHECKED BELOW ARE REQUIRED CENTER CONCERNING THE MILITARY SERVICE OF S  PEPORT OF SEPARATION OR STATEMENT OF SERVICE (If		
neither available send copies of all VA Forms 3101)	,	(Date of injury)
FACTS & CIRCUMSTANCES, OTHER THAN HONORABLE DISCHARGE (Include Court Martial information if applicable)		ALL AVAILABLE MILITARY MEDICAL/DENTAL RECORDS
LINE OF DUTY DETERMINATION REPORT		ADDRESS OF RECORD:
PHYSICAL EVALUATION PROCEEDINGS		OTHER:
REP	LY	
RECORDS ENCLOSED EXCEPT:		
CAUTION: FURNISH ONLY DOCUMENTS/INFORMATION MILITARY DEPARTMENT OR NPRC.	IV K.	ECEIVED FROM RELIABLE SOURCES, SUCH AS A
	<b>♦</b>	10 18 1 19 1 10 1 10 1 10 10 10 10 10 10 10 10 10
RECORDS RECONST	RU	
NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records) 9700 Page Boulevard St. Louis; MO 63132  NCPM R-/PB augh		Furnhahed by:
PLEASE RETURN THIS FORM WITH YOUR REPLY		Date: 4-23-7
GENERAL SERVICES ADMINISTRATION	3.5	GSA FORM 7161 (REV. 12/75)

### REQUEST FOR MORE INFORMATION PRIVACY ACT OF 1974 COMPLIANCE INFORMATION PRIVACE ACT OF 1974 COMPLIANCE HYDROATION INFORMATION IS 44 U.S.C. 2007 AND 3103, AND 4 ATION IS VOLUMETARY. THE PRINCIPAL PUMPOSE OF TCORDS CENTER IN LOCATING AND VERIFYING THE CR YOUR INCOLURY. ROUTING LUES OF THE INFORMATION, OF FOREST OF MAIN ENTIRE OF L. OR FORESON AGENCIES FOR MAY INC. CT. THE FAIR OF CR MAIN CONTRACT OF NATIONAL PERSONNEL RECORDS CENTER, MPR, GSA 9700 Page Boulevard St. Louis, MO 63132 BEFORE WE CAN ANSWER YOUR INQUIRY, WE NEED YOUR HELP FULL NAME WHILE IN SERVICE LORAL EUGENE HALL SERVICE NUMBER RA 1722 4450 DATES OF ACTIVE DUTY: SOCIAL SECURITY NUMBER 575-20 = 3802 \*From 1947 To 1952 BRANCH OF SERVICE LLS. HRMX A From \_\_\_\_\_ To \_\_\_\_ DATES OF RESERVE DUTY: OTHER RELEASE AUTHORIZATION, IF REQUIRED \*\*Read instruction at right.) RESTRICTIONS ON RELEASE OF INFORMATION Information from records of military personnel is released subject to restrictions imposed by the Military Departments consistent with the provisions of the Freedom of Information Act of 1967 (as amended 1974) and the Privacy Act of 1974. hereby authorize release of the requested information/documents to the addressee shown below. A service person has access to any information contained in his own record. The next of kin, if the veteran is deceased and Federal officers for official purposes, are authorized to receive information from a military service or medical record only as specified in the above cited Acts. Other requesters must have the Release Authorization at left signed by the veteran, or, if deceased, by the next of kin. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the Armed Forces at the time a service person is separated. REMARKS: NCPM OM 1 Ву J. E. HALL Date 131 W. 36 Th ST. NOTE: LONG BEACH, CAL. 9080> BE SURE TO RETURN ALL THE ATTACHED PAPERS GSA FORM 7133 (REV. 11/75) GENERAL SERVICES ADMINISTRATION

REQUEST FOR MILITARY RECORDS/INFORMATIO	N (VA FILES) DATE 3-3/-76
	VARPC 4300 GOODFELLOW BLVD. ST. LOUIS, MO 63166 INSURANCE OPERATIONS DIV. (291) P. O. BOX 8079 PHILADELPHIA, PA 19101 VA CENTER  VARO LOS ANGELES (CALIF
RECORDS OF THE VETERAN IDENTIFIED BELOW ARE	
LAST NAME, FIRST NAME, MIDDLE INITIAL  (ALL, LORAN E)	SERVICE NUMBER/SSN  224450  DATE OF BIRTH
BRANCH OF SERVICE	DATES OF SERVICE FROM. TO
7394477	OTHER VA IDENTIFICATION (If applicable)
RECORDS OR DATA CHECKED BELOW ARE REQUIRED  CENTER CONCERNING THE MILITARY SERVICE OF S  BEPORT OF SEPARATION OR STATEMENT OF SERVICE (If	
reither available send copies of all VA Forms 3101) FACTS & CIRCUMSTANCES, OTHER THAN HONORABLE DISCHARGE	(Date of injury)
(Include Court Martial information if applicable)	ALL AVAILABLE MILITARY MEDICAL/DENTAL RECORDS  ADDRESS OF RECORD:
PHYSICAL EVALUATION PROCEEDINGS	OTHER:
REPL	Y
Wo had of the	CEAT TRACER  TO DE SE
RECORDS RECONST	RUCTION CASE
Return to:  NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132  NCPM R-1PB augh	Furnished by:
PLEASE RETURN THIS FORM WITH YOUR REPLY	Date:
GENERAL SERVICES ADMINISTRATION	GSA FORM 7161 (REV. 12/75)

FINDING AID REPORT 16-984 (REV 5-74)	NATIONAL PEF	GENERAL SERVICES ADMINISTRA RSONNEL RECORDS CENTER (Mil	TION PAGE 03808 itary Personnel Records	BATCH 122N DATE05/05	PAGE 0025	. (
V 017 22 4450						
FILE IDENTIFICATION DENT. NUMBER	NAME	SERVICE CODE	REGISTER NUMBER	SERVICE R CODE	EGISTER NUMBER	
017 22 4450 H	ALL LORAN E	AR	S 0 016 015			
1:1	inguisel his the in the live to the things of the second s		· · · · · · · · · · · · · · · · · · ·		1	
SHOWS HALL, LORAN DATES ENL 6748 DIS	I, E VETERAN 8 8/52 TYPE O	725HALL, LORAN, E/SN172 BRANCH UNKNOWN SN172 OF DISCHARGE NOT VERIF LES RO(344) INACTIVE	24450 SERVICE TIED	ORD		(
RECORD CHARGED TO:  (ASE ROUTING CODE)  CASE ROUTING CODE)  COCUPANT AGENCIES  BUMED LN 0, 1500C  CIA, 1500E  CSC. INY, DIV, 1500W	180 ;00W OR LN O, 1500C 500E 500W (CC (UNIT 3), 4164 O, 1500C	OTHER ORGANIZATIONS  OFFICE/SYMBOL  ARPC, Denver  BUMED, Wash. D.C.  HQ MC, Wash. D.C.  HQUSCG, Wash. D.C.	USAFMPC, RAFB USARCPAC		DATE 5-7-7 G	

. .

Tationasian periodis	Vis Las Angele	Date called: 9-2-77 Time: 1110
Theoretian records: Corried Hedical Manner 7394477  Envice Comban: 17224450  Pare of Printment/Induction: 6-30-48 army  Theoret Records on Silver & Local Printment & Local Pr		Telephone number: 799-7886 (7857)
Fair of Discharge:  Pair of Discharge:  How Man E. Glaim Humber: 7394477  Sovier Humber: 17224450  Pair of Discharge: 6-30-48 away  From of Discharge: How You Fonding Content  Frank of Officion Management on File: No Yes Fonding Content  Frank of Officion Management on File: No Yes Studies  Court Fortial Onional Grant & Laccasion & Studies  Other (specify): Need all anadows Left		
Fair of Philotophers: 17224450  Pair of Philotophers: 6-30-48 away  Fair of Philotophers: 6-29-51  Fair of Discharge: However: How Yes Fonding Course  Fair of Official Macadiness on Files No Yes Fonding Course  Court Fairful Onlards: Government of Class of Courses  Other (specify): Need all anadows Lept	Tafarmation needed:	Service Wedical
Paro of Michaelands: 6-29-5/  For at Dischause: How yes fending Conics  Frank of Offician Michaelands on file: No yes fending Conics  Count Portial Onions: acros & Locassion & Stack &  Other (specify): need all anadowe left	Ipll, Lacan	E. Claim Hombers: 7394477
Ford at Mischeria: 6-29-5/  Ford at Mischeria: Ho You Conding Course  Frank of Officer Transmission Cites to You States  Court Fortial Orders: Gove to an anadoms States  Other (specify): need all anadoms States  Other (specify): need all anadoms States	Sovier Replan: 172244	150 anny
Fedical recording tile: No Yes Conding Conting		
Product recordance (ile: No You Condition Continue Contin	Porto at valachamaca	Hondo - Gpl
Count Kortial Oriona: Gara Lacaseian de Strais de Oriner (apocity): neel all anadalle left		No Yes Conding Conice
Other (specify): need are anadatuse logs		
Other (specify): heed all anadeure	Count Fortial Origins: GC-07	Locastion 4 Stroit
mul seed by	Other (specify): need	ail analulue Sty
	suil s	rend Cy.
	3, 30,0	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	