

RE-1

LEGEND: Insert N/A to the items below which are not applicable

|                                                                                                                                                                   |  |  |  |                                                                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------|--------------------------|-------------------------|
| PERSONAL DATA                                                                                                                                                     |  |  |  | 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>KONDZIELA KENNETH STANLEY</b>                                                                                                                                                                                         | 2. SERVICE NUMBER<br><b>US56 346 253</b>                                     | 3a. GRADE, RATE OR RANK<br><b>SP4 E4(T)</b> | 3b. DATE OF RANK (Day, Month, Year)<br><b>25 Apr 66</b> |                               |                                                                                               |                          |                         |
|                                                                                                                                                                   |  |  |  | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>ARMY AUS MPC</b>                                                                                                                                                                                                 | 5. PLACE OF BIRTH (City and State or Country)<br><b>Rock Springs Wyoming</b> | 6. DATE OF BIRTH<br><b>27 Aug 41</b>        | 7a. <input type="checkbox"/> b. SEX<br><b>NA Male</b>   | c. COLOR HAIR<br><b>Brown</b> | d. COLOR EYES<br><b>Blue</b>                                                                  | e. HEIGHT<br><b>5'11</b> | f. WEIGHT<br><b>160</b> |
| 10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED<br><b>12 years</b>                                                                                                 |  |  |  | b. MAJOR COURSE OR FIELD<br><b>General</b>                                                                                                                                                                                                                          |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 11a. TYPE OF TRANSFER OR DISCHARGE<br><b>Trans to USAR See #18</b>                                                                                                |  |  |  | b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>Fort Hamilton New York</b>                                                                                                                                                                                       |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| c. REASON AND AUTHORITY<br><b>Para 7 AR 635-205 SPN 411 PETS Early Release Overseas Returns</b>                                                                   |  |  |  | d. EFFECTIVE DATE<br><b>15 Jun 66</b>                                                                                                                                                                                                                               |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>3d MP Co 3d Inf Div USARSEVEN</b>                                                                                |  |  |  | 13a. CHARACTER OF SERVICE<br><b>HONORABLE</b>                                                                                                                                                                                                                       |                                                                              |                                             |                                                         |                               | b. TYPE OF CERTIFICATE ISSUED<br><b>None</b>                                                  |                          |                         |
| 14. SELECTIVE SERVICE NUMBER<br><b>48 18 41 17</b>                                                                                                                |  |  |  | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE<br><b>#18 Pinedale Wyoming</b>                                                                                                                                                                     |                                                                              |                                             |                                                         |                               | 16. DATE INDUCTED<br><b>24 Jun 64</b>                                                         |                          |                         |
| 17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED<br><b>Trans to USAR Control Gp(AnlTag) USAAC St Louis Missouri</b>                                    |  |  |  |                                                                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 18. TERMINAL DATE OR RESERVE OBLIGATION<br><b>DAY MONTH YEAR<br/>23 Jun 70</b>                                                                                    |  |  |  | 19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION<br>a. SOURCE OF ENTRY<br><input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED<br><input type="checkbox"/> OTHER: <b>NA</b> |                                                                              |                                             |                                                         |                               | b. TERM OF SERVICE (Years)<br><b>NA</b> c. DATE OF ENTRY<br><b>NA</b>                         |                          |                         |
| 20. PRIOR REGULAR ENLISTMENTS<br><b>None</b>                                                                                                                      |  |  |  | 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE<br><b>PVT E-1</b>                                                                                                                                                                              |                                                                              |                                             |                                                         |                               | 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>Salt Lake City Utah</b> |                          |                         |
| 23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)<br><b>Box 366 Big Piney Wyoming</b>                                 |  |  |  | 24. STATEMENT OF SERVICE<br>a. CREDITABLE FOR BASIC PAY PURPOSES<br><b>(1) NET SERVICE THIS PERIOD<br/>0<br/>(2) OTHER SERVICE<br/>0<br/>(3) TOTAL (Line (1)+line (2))<br/>1 11 22</b>                                                                              |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 25a. SPECIALTY NUMBER AND TITLE<br><b>95B10 Military Police</b>                                                                                                   |  |  |  | b. TOTAL ACTIVE SERVICE<br><b>1 11 22</b>                                                                                                                                                                                                                           |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 25b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>2-66.23 Military Policeman</b>                                                                           |  |  |  | c. FOREIGN AND/OR SEA SERVICE<br><b>USAREUR</b>                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>Sharpshooter(Rifle)</b>                                |  |  |  |                                                                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)<br><b>None</b>                                                             |  |  |  |                                                                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED<br>SCHOOL OR COURSE<br><b>None</b>                  |  |  |  | DATES (From - To)<br><b>NA</b>                                                                                                                                                                                                                                      |                                                                              |                                             |                                                         |                               | MAJOR COURSES<br><b>NA</b>                                                                    |                          |                         |
|                                                                                                                                                                   |  |  |  |                                                                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 30a. GOVERNMENT LIFE INSURANCE IN FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                    |  |  |  | b. AMOUNT OF ALLOTMENT<br><b>NA</b>                                                                                                                                                                                                                                 |                                                                              |                                             |                                                         |                               | c. MONTH ALLOTMENT DISCONTINUED<br><b>NA</b>                                                  |                          |                         |
| 31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)<br><b>None</b>                                                                                             |  |  |  |                                                                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               | b. VA CLAIM NUMBER<br><b>NA</b>                                                               |                          |                         |
| 32. REMARKS<br><b>Item #3a: PFC E3(P) Aptd 25Feb65<br/>Lump sum payment made for 21 days accrued leave<br/>Blood Group: A SSAN: 520 42 4592<br/>SGLI \$10,000</b> |  |  |  |                                                                                                                                                                                                                                                                     |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)<br><b>Same as 23</b>                                 |  |  |  | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br><b>Kenneth S. Kondziel</b>                                                                                                                                                                               |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |
| 35a. TITLED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>L. L. SYBERT 1st LT AGC ASST ADJ</b>                                                               |  |  |  | b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><b>L. L. SYBERT</b>                                                                                                                                                                                                   |                                                                              |                                             |                                                         |                               |                                                                                               |                          |                         |

DD FORM 1 NOV 55 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

94198

RECORDED *January 20 1966 11:00 A.M.*  
 IN BOOK 23 Miscellaneous PAGE 487  
 FEES \$ None *ppr* COUNTY CLERK  
 SUBLETTE COUNTY, PINEDALE, WYOMING