

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER		
1. LAST NAME - FIRST NAME - MIDDLE NAME KOWACH MICHAEL CHARLES		US 67 173 686		520 54 7587		
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-AUS- INF		5a. GRADE, RATE OR RANK SP4 (T)	b. PAY GRADE E-4	6. DATE OF RANK 2	MONTH Sep	YEAR 68
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) CRAIG COLORADO		9. DATE OF BIRTH 26	MONTH Mar	YEAR 47
10a. SELECTIVE SERVICE NUMBER 48 19 47 49		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board No. 19 Rock Springs Wyoming 82901		c. DATE INDUCTED 13 Dec 67		
11a. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See Item #16)		b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Lewis, Washington				
c. REASON AND AUTHORITY Sec VII Chap 5 AR 635-200 SPN 411 (Overseas Returnee)		d. EFFECTIVE DATE 24 Jul 69				
12a. DUTY ASSIGNMENT AND COMMAND 4th Inf Div		13a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NONE		
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MISSOURI				15. REENLISTMENT CODE RE- 3A		
16. TERMINAL DATE OF RESERVE/UNIT & S OBLIGATION 12 Dec 73		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER NA		b. TERM OF SERVICE (Years) NA		c. DATE OF ENTRY DAY MONTH YEAR NA NA
18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) FT DOUGLAS UTAH		
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Box 8 Granger Wyoming		22. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (LINE (1) plus Line (2)) b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE		YEARS MONTHS DAYS 1 7 12 None 1 7 12 1 7 12 1 1 28		
23a. SPECIALTY NUMBER & TITLE 11B20 LtWpnsInf		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM VSM CIB VCM 2 O/S BARS ARCOM						
25. EDUCATION AND TRAINING COMPLETED NONE						
26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NONE						
b. DAYS ACCRUED LEAVE PAID 28		27a. INSURANCE IN FORCE (INSURANCE OF U.S.G.I.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA
28. VA CLAIM NUMBER C. NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
30. REMARKS CIVILIAN EDUCATION: 8 Blood Group: O NEG Item 5a: PFC E-3 (P); Aptd 2 Jun 68						
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Box 730 Pinedale Wyoming		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Michael C Kowach				
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R C GRAVES 1LT INF ASST ADJUTANT		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN R.C. Graves				

DD

FORM 214
1 JUL 66

PREVIOUS EDITIONS OF THIS FORM
ARE OBSOLETE EFFECTIVE 1 JAN 67.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

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