

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA		1. LAST NAME - FIRST NAME - MIDDLE NAME KOWACH MICHAEL CHARLES			2. SERVICE NUMBER US 67 173 686			3. SOCIAL SECURITY NUMBER 520 54 7587		
		4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-AUS-		5. GRADE, RATE OR RANK SP4 (T)	6. PAY GRADE E-4	7. DATE OF RANK 2 Sep 68	8. PLACE OF BIRTH (City and State or Country) CRAIG COLORADO	9. DATE OF BIRTH 26 Mar 47	10. SELECTIVE SERVICE NUMBER 48 19 47 49	11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Local Board No. 19 Rock Springs Wyoming 82901
SELECTIVE SERVICE DATA		13. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See Item #16)			14. REASION AND AUTHORITY Sec VII Chap 5 AR 635-200 SPN 411 (Overseas Returnee)			15. STATION OR INSTALLATION AT WHICH EFFECTED Fort Lewis, Washington		
		16. AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MISSOURI		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 type="checkbox"/> OTHER NA	18. TERM OF SERVICE (Years) NA	19. DATE OF ENTRY NA	16. CHARACTER OF SERVICE HONORABLE			17. TYPE OF CERTIFICATE ISSUED NONE
TRANSFER OR DISCHARGE DATA		18. PRIOR REGULAR ENLISTMENTS NONE			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PTV E-1	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) FT DOUGLAS UTAH			21. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES 1 NET SERVICE THIS PERIOD	22. STATEMENT OF SERVICE b. TOTAL ACTIVE SERVICE 1 7 12
		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 c. FOREIGN AND/ OR SEA SERVICE 1 1 28	23. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 11B20 LtWpnsInf	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM VSM CIB VCM 2 O/S BARS ARCOM				
SERVICE DATA		25. EDUCATION AND TRAINING COMPLETED NONE			26. INSURANCE IN FORCE a. MONTH ALLOTMENT DISCONTINUED RECORDED			27. VA CLAIM NUMBER 28	28. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE XXX \$10,000 \$5,000 NONE	
		29. REMARKS CIVILIAN EDUCATION: 8 Blood Group: O NEG Item 5a: PFC E-3 (P); Aptd 2 Jun 68			30. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Box 730 Pinedale Wyoming			31. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Michael C Kowach		
VA AND EMP. SERVICE DATA		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED R.C. Graves			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		
		35. PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67.			36. ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE					