

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>Roosevelt</b>		2. SERVICE NUMBER [REDACTED]		3. social security NUMBER [REDACTED]														
	4. DEPARTMENT, COMP-INENT AND BRANCH OR CLASS <b>ARMY - RA - INF</b>		5a. GRADE, RATE OR RANK <b>PFC (P)</b>	6. PAY GRADE <b>E-3</b>	6. DATE OF RANK DAY: <b>27</b> MONTH: <b>May</b> YEAR: <b>67</b>														
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Waskom Texas</b>		9. DATE OF BIRTH DAY: <b>4</b> MONTH: <b>Mar</b> YEAR: <b>[REDACTED]</b>														
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER [REDACTED]		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>//50 Kansas City Missouri</b>			c. DATE INDUCTED DAY: <b>NA</b> MONTH: <b>[REDACTED]</b> YEAR: <b>[REDACTED]</b>													
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Retired</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Kansas City Missouri</b>														
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>Title 10 U.S.C. 1201 SPN 271-Retirement-Permanent Disability</b>				d. EFFECTIVE DATE <b>25 Jul 63</b>	DAY: <b>25</b> MONTH: <b>Jul</b> YEAR: <b>63</b>													
	12. LAST OUTY ASSIGNMENT AND MAJOR COMJ PQ <b>He 3d Bn 8th Inf 4th Inf Div</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>DD Form 363A</b>														
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>MA</b>				15. REENLISTMENT CODE <b>RE-4</b>														
	16. TERMINAL date of reserve/ UMT&S OBLIGATION DAY: <b>NA</b> MONTH: <b>J</b> YEAR: <b>[REDACTED]</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enl.tmm) <input type="checkbox"/> ENLISTED (Phot Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) <b>3</b>	c. DATE OF ENTRY DAY: <b>9</b> MONTH: <b>Dec</b> YEAR: <b>66</b>													
	18. PRIOR MCGULAM KNIGHTMENT 4 <b>None</b>		19. (IR) ANR. RATI* ON RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>Private E-1</b>		20. Place OF ENTRY into CURRENT ACTIVE SERVICE (City and State) <b>Kansas City Missouri</b>														
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, KI'D, City, County, State and ZIP Code) <b>211 Waverly Avenue Kansas City Wyandotte Kansas 66101</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS												
	23a. SPECIALTY NUMBER & TITLE <b>11010 Infantry Ind Fire Crewman</b>		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>None</b>		a. CREDITABLE FOR BASIC PAY PURPOSES														
					<table border="1"> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td><b>1</b></td> <td><b>7</b></td> <td><b>17</b></td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Lin. (2))</td> <td><b>1</b></td> <td><b>7</b></td> <td><b>17</b></td> </tr> </table>			(1) NET SERVICE THIS PERIOD	<b>1</b>	<b>7</b>	<b>17</b>	(2) OTHER SERVICE	<b>0</b>	<b>0</b>	<b>0</b>	(3) TOTAL (Line (1) plus Lin. (2))	<b>1</b>	<b>7</b>	<b>17</b>
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(3) TOTAL (Line (1) plus Lin. (2))	<b>1</b>	<b>7</b>	<b>17</b>																
				b. TOTAL ACTIVE SERVICE <b>1 7 17</b>															
				c. FOREIGN AND/OR SEA SERVICE <b>USARV 0 2 7</b>															
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>National Defense Service Medal Vietnam Service Medal Marksman Badge (Rifle M-14 &amp; Pistol *45)</b>																			
25. EDUCATION AND TRAINING COMPLETED <b>ATP 21-114 Cod© of Conduct Training Military Justice Training CBR Training</b>																			
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>None</b>		26. DAYS ACCRUED LEAVE PAID <b>None</b>		27a. INSURANCE IN FORCE (NSU or VSGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> QEN		b. AMOUNT OF ALLOTMENT <b>NA</b>												
	28. VA CLAIM NUMBER <b>C- [REDACTED]</b>		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> Q*J 16,000 <input type="checkbox"/> [NONE]																
AUTHENTICATION	30. REMARKS <b>2 11 years schooling Blood Group "B"* Separation papers prepared at Fitzsimons General Hospital Denver Colorado Par 10 AR-210 applies</b>				31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (ShRk HM*, **Rv. County, State and ZIP Code) <b>2510 Wabash Avenue Kansas City Jackson Missouri 64127</b>														
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>PHILLIP E TODD MAJOR MSC Assistant Adjutant</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>Roosevelt [REDACTED]</b>														
				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>Phillip E Todd</b>															

DD ,?X214

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

\* CPO : 1966 O - 233-125

AkMED forces of the united states  
REPORT OF TRANSFER OR DISCHARGE