

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>WEISS, PHILLIP WARREN</b>			2. SERVICE NUMBER <b>NA</b>			3. SOCIAL SECURITY NUMBER <b>[REDACTED] 9009</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY USAR AMEDS</b>			5a. GRADE, RATE OR RANK <b>PFC</b>	b. PAY GRADE <b>E-3</b>	6. DATE OF RANK DAY: <b>28</b> MONTH: <b>Apr</b> YEAR: <b>71</b>				
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>New York, New York</b>			9. DATE OF BIRTH DAY: [REDACTED] MONTH: [REDACTED] YEAR: <b>49</b>				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>50 39 49 845</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#39 New York (Kings) New York</b>			c. DATE INDUCTED DAY: [REDACTED] MONTH: <b>NA</b> YEAR: [REDACTED]			
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Released to USAR (See 30)</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Monmouth, New Jersey 07703</b>						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AR 635-200 SPN 201 (REPRAD)</b>			d. EFFECTIVE DATE DAY: <b>6</b> MONTH: <b>Aug</b> YEAR: <b>71</b>						
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Med Co, USPAH MEDDAC First USA</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>None</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>Revert to Hqs, First USA</b>						15. REENLISTMENT CODE <b>NA</b>			
SERVICE DATA	16. TERMINAL DATE OF RESERVE/ UMT&S OBLIGATION DAY: <b>9</b> MONTH: <b>Nov</b> YEAR: <b>75</b>		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 <b>Ordered to ADT</b>			b. TERM OF SERVICE (Years) <b>NA</b>		c. DATE OF ENTRY DAY: <b>26</b> MONTH: <b>Dec</b> YEAR: <b>70</b>		
	18. PRIOR REGULAR ENLISTMENTS <b>None</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PVT (E-2)</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>New York, New York</b>					
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>2258 Batchelder Street New York, New York 11229</b>			22. STATEMENT OF SERVICE			YEARS MONTHS DAYS			
	23a. SPECIALTY NUMBER & TITLE <b>91D20 Operating Rm Sp</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>			a. CREDITABLE FOR BASIC PAY PURPOSES				
						(1) NET SERVICE THIS PERIOD		<b>0 7 11</b>		
					(2) OTHER SERVICE		<b>1 1 16</b>			
					(3) TOTAL (Line (1) plus Line (2))		<b>1 8 27</b>			
					b. TOTAL ACTIVE SERVICE		<b>0 7 11</b>			
					c. FOREIGN AND/OR SEA SERVICE		<b>0 0 0</b>			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>Marksman Edge (Rifle M-14) Sharpshooter Edge (Rifle M-16)</b>										
25. EDUCATION AND TRAINING COMPLETED <b>Medical Corpsman - MTC FSHTex - 1971 Operating Rm Proc - MFSS FSHTex - 1971</b>										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>None</b>			b. DAYS ACCRUED LEAVE PAID <b>15</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
				28. VA CLAIM NUMBER <b>C- None</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE <b>OTHER: \$15,000</b>				
REMARKS	30. REMARKS <b>College - BA - History Blood Group: O ITEM 11a: Released from active duty and returned as a member of the USAR to complete remaining service obligation of 4 years and 3 months.</b>									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same as item #21.</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Phillip Warren Weiss</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>ROBERT J. NOLAN, CW4 USA Chief, Sep Act, C.P.P.C., HISA</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Robert J. Nolan</i>				