James Boyd Reay papers

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Version 3
August 20, 2018

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

DD FORM 214 — ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3. SOCIAL SECURITY NUMBER
REAY JAMES BOYD	US 56 509 805	[redacted]

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5a. GRADE, RATE OR RANK	b. PAY GRADE	6. DATE OF RANK	DAY	MONTH	YEAR
ARMY-AUS INF	SP4	E-4		7	NOV	69

7. U.S. CITIZEN	8. PLACE OF BIRTH (City and State or Country)	9. DATE OF BIRTH	DAY	MONTH	YEAR
[XXX] YES [ ] NO	MINNEAPOLIS MN		20	OCT	48

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE	c. DATE INDUCTED	DAY	MONTH	YEAR
21 50 48 473	Local Board No: #50 WAYZATA MN		13	JAN	69

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Transferred to USAR (See Item #16)	FORT LEWIS WASHINGTON

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
Sec VII Chap 5 AR 635-200 SPN 411 (Overseas Returnee)		15	AUG	70

12a. GRADE, RATE OR RANK AT TIME OF DISCHARGE	12b. CURRENT ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
CoD 51st Inf	APO 96312 USARV	HONORABLE	NONE

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED	15. REENLISTMENT CODE
USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MISSOURI	RE- 1

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMT & S OBLIGATION			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY		
DAY	MONTH	YEAR	a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER		DAY	MONTH	YEAR
12	JAN	75	NA	NA		NA	

18. PRIOR REGULAR ENLISTMENTS	19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
NONE	PVT E-1	MINNEAPOLIS MN

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)	22. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS
RT #3 BOX 65 WAYZATA MN 55391	a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD	1	7	3
	(2) OTHER SERVICE		None	
	(3) TOTAL (LINE (1) plus line (2))	1	7	3
	b. TOTAL ACTIVE SERVICE	1	7	3
	c. FOREIGN AND/OR SEA SERVICE USARPAC	1	2	5

23a. SPECIALTY NUMBER & TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER
11B20 LT WPNS INF	NA

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NDSM M-14 M-16 M-60 VSM PH ARCOM
RVCM 2 O/S Bars

25. EDUCATION AND TRAINING COMPLETED

NONE

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS TIME LOST (Preceding Two Years)	b. DAYS ACCRUED LEAVE PAID	27a. INSURANCE IN FORCE (NSLI or USGI)	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
NONE	22	[ ] YES [X] NO	$ NA	NA

28. VA CLAIM NUMBER	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE
C- NA	[XXX] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS

CIVILIAN EDUCATION: 13 Yrs
BLOOD GROUP: O Pos
VN SERVICE 10 JUN 69 - 15 AUG 70

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)	32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
Same as #21	James B. Reay
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
N. H. CARTER CPT ADA ASST ADJUTANT	

DD FORM 1 JUL 66 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67.

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