

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME			2. SERVICE NUMBER		3. a. GRADE, RATE OR RANK		b. DATE OF RANK (Day, Month, Year)				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS			5. PLACE OF BIRTH (City and State or Country)			6. DATE OF BIRTH		DAY	MONTH	YEAR	
	7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN		9. MARITAL STATUS			
							<input type="checkbox"/> YES <input type="checkbox"/> NO					
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE				b. STATION OR INSTALLATION AT WHICH EFFECTED							
	c. REASON AND AUTHORITY						d. EFFECTIVE DATE	DAY	MONTH	YEAR		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND				13a. CHARACTER OF SERVICE			b. TYPE OF CERTIFICATE ISSUED				
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE						16. DATE INDUCTED			
								DAY	MONTH	YEAR		
SERVICE DATA	17. DISTRICT OR AREA COMMAND TO WHICH RESERVE TRANSFERRED											
	18. TERMINAL DATE OF RESERVE OBLIGATION			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION				b. TERM OF SERVICE (Years)		c. DATE OF ENTRY		
	DAY	MONTH	YEAR	a. SOURCE OF ENTRY				DAY	MONTH	YEAR		
				<input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED								
				<input type="checkbox"/> OTHER:								
	20. PRIOR REGULAR ENLISTMENTS			21. GRADE, RATE, OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)					
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)						24. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
							a. CREDITABLE FOR BASIC PAY PURPOSES					
							(1) NET SERVICE THIS PERIOD					
							(2) OTHER SERVICE					
						(3) TOTAL (Line (1) + Line (2))						
25 a. SPECIALTY NUMBER AND TITLE						b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER						
						b. TOTAL ACTIVE SERVICE						
						c. FOREIGN AND/OR SEA SERVICE						
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED												
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)												
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED												
SCHOOL OR COURSE			DATES (From - To)			MAJOR COURSES			29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
a.			b.			c.						
VA DATA	30. a. GOVERNMENT LIFE INSURANCE IN FORCE				b. AMOUNT OF ALLOTMENT			c. MONTH ALLOTMENT DISCONTINUED				
	<input type="checkbox"/> YES <input type="checkbox"/> NO											
31. a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)								d. A CLAIM NUMBER				
AUTHENTICATION	32. REMARKS											
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)						34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED					
	35. a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER						35. b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN					

DD

FORM
1 NOV 55

214 (8 Part) REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

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