

STATEMENT OF SERVICE

RE: Orient, William L | SERVICE NUMBER / SOCIAL SECURITY NUMBER 13111662

THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S).

The military service information provided on this form has been extracted from records on file at this Center and may be used for any official purpose, including application for and adjudication of veteran's benefits.

This method of reply is the routine procedure used to respond to requests such as yours. If additional information is required, return your request with a detailed statement outlining the specific data needed and the purpose for which it is to be used.

Subject person served in the _____
from _____ to _____.

Type and character of separation _____
Active service: from _____ to _____, from _____ to _____.

_____ was honorably retired _____
by reason of permanent physical disability incurred in line of duty, but not as a result of armed conflict or an instrumentality of war.
The percentage of disability is _____.

Report of separation physical is attached.

The medical records/information pertaining to discharge you requested:
 Are enclosed. Are not in file.
 Have been lent to the Department of Veterans Affairs (VA). Please phone the VA at 1-800-827-1000 for help in obtaining these records, and provide your VA Claim Number, C-_____.

A statement of service is shown on the reverse side. _____

The military record needed to answer this inquiry is not in our files. If the record were here on July 12, 1973, it would have been in the area that suffered the most damage in the fire here on that date and may have been destroyed. ~~There are alternate records sources available.~~

which can be used to verify two week periods of active duty for training (ADT) for Army and Air Force personnel; it is also possible to verify reserve service other than ADT for Army personnel only. In order to assist us, please provide dates of reserve service or ADT or both (month, day, and year) and complete organizational assignments (company, battalion, regiment or squadron, group, wing). After receipt of the requested data, we will search all available records sources.

but these sources do not contain the particular type of information requested. We regret that we cannot be of assistance in this matter. *Flight records*

William L. Orient
517 E. Peach Street
Tucson, AZ. 85712

Date: 3/3/97

- For the Chief,
- Army Reference Branch
 - Air Force Reference Branch
 - Navy Reference Branch
 - Records Reconstruction Branch

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Avenue
St. Louis, MO 63132-5100

REQUEST PERTAINING TO MILITARY RECORDS

Please read instructions on the reverse. If more space is needed, use plain paper.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION. The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C.a(e)(4)(D)

include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

1. NAME USED DURING SERVICE (Last, first, and middle) <u>ORIENT, WILLIAM LOUIS</u>		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH <u>4/29/21</u>	4. PLACE OF BIRTH <u>BRIDGEVILLE, PA.</u>
5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)				
BRANCH OF SERVICE (Also, show last organization, if known) <u>ARMY AIR CORP.</u>		DATES OF ACTIVE SERVICE		Check one
		DATE ENTERED <u>17 JULY 42</u>	DATE RELEASED <u>17 SEPT 45</u>	OFF-CER <input type="checkbox"/> EN-LISTED <input checked="" type="checkbox"/>
				SERVICE NUMBER DURING THIS PERIOD <u>13111662</u>
6. RESERVE SERVICE, PAST OR PRESENT If "none," check here <input type="checkbox"/>				
a. BRANCH OF SERVICE		b. DATES OF MEMBERSHIP		c. Check one
		FROM	TO	OFF-CER <input type="checkbox"/> EN-LISTED <input type="checkbox"/>
7. NATIONAL GUARD MEMBERSHIP (Check one): <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. AIR FORCE <input type="checkbox"/> c. NONE				
d. STATE	e. ORGANIZATION	f. DATES OF MEMBERSHIP		g. Check one
		FROM	TO	OFF-CER <input type="checkbox"/> EN-LISTED <input type="checkbox"/>
8. IS SERVICE PERSON DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes," enter date of death.				
9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST <input type="checkbox"/> YES <input type="checkbox"/> NO				

SECTION II - REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE ITEM 3 <u>FLIGHT RECORDS DURING WWII WHILE ON A B-24 CREW - 93BG 328 SQDN.</u>			2. IF YOU ONLY NEED A STATEMENT OF SERVICE check here <input type="checkbox"/>
3. LOST SEPARATION DOCUMENT REPLACEMENT REQUEST (Complete a or b, and c.)	<input type="checkbox"/> a. REPORT OF SEPARATION (DD Form 214 or equivalent)	YEAR ISSUED	This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (item 5 of this form).
	<input type="checkbox"/> b. DISCHARGE CERTIFICATE	YEAR ISSUED	This shows only the date and character at discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.
	c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST		

4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED <u>COMPARE SERVICE RECORDS TO PUBLISHED HISTORY OF 93BG</u>	6. REQUESTER <u>WILLIAM LOUIS ORIENT</u>	
	a. IDENTIFICATION (check appropriate box) <input checked="" type="checkbox"/> Same person identified in Section I <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Next of kin (relationship) _____ <input type="checkbox"/> Other (specify) _____	
	b. SIGNATURE (see instruction 3 on reverse side)	DATE OF REQUEST

5. RELEASE AUTHORIZATION, IF REQUIRED (Read instruction 3 on reverse side) I hereby authorize release of the requested information/documents to the person indicated at right (item 7).	7. Please type or print clearly - COMPLETE RETURN ADDRESS Name, number and street, city, State and ZIP code <u>W.L. ORIENT</u> <u>5171 E PEACH STREET</u> <u>TULSON, AZ. 85712</u> TELEPHONE NO. (include area code) <u>520-326-8551</u>
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VETERAN SIGN HERE William Louis Orient
(If signed by other than veteran show relationship to veteran.)

QUESTIONNAIRE ABOUT MILITARY SERVICE

THIS FORM IS USED WHEN MORE INFORMATION IS NEEDED TO LOCATE A RECORD. PLEASE SUPPLY AS MUCH INFORMATION AS POSSIBLE. PLEASE BE SURE TO INCLUDE YOUR ORIGINAL INQUIRY WHEN YOU RETURN THIS FORM. WE DID NOT KEEP A COPY.

NAME(S) USED DURING SERVICE (and nicknames, if any) last first middle ORIENT WILLIAM LOUIS	BRANCH OF SERVICE <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD	WAS SERVICE SIX MONTHS ACTIVE DUTY FOR TRAINING ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF BIRTH 4/29/21 BIRTH PLACE BRIDGEVILLE PA		
SERVED AS: (INCLUDE SERIAL/SERVICE NUMBER(S)) <input checked="" type="checkbox"/> ENLISTED: 13111662 <input type="checkbox"/> OFFICER: _____ VETERAN'S SOCIAL SECURITY NUMBER: _____	HOME ADDRESS: 1202 BRIDGEVILLE PA AT TIME OF ENTRY INTO SERVICE: STREET CITY COUNTY STATE AT TIME OF RELEASE FROM ACTIVE DUTY: SAME STREET CITY COUNTY STATE	

SELECTIVE SERVICE: _____
 LOCAL BOARD NUMBER, CITY, & STATE _____ VETERAN'S SELECTIVE SERVICE NO. _____

MONTH/DAY/YEAR ENTERED ACTIVE DUTY: _____ PLACE ENTERED: _____
 CAMP OR STATION (RECEPTION CENTER) SENT TO AFTER ENLISTMENT OR INDUCTION: _____
 PLACE OF BASIC TRAINING (SHOW "OUTFIT" AND CAMP OR STATION): **NASHVILLE, TENNESSEE**

PLEASE LIST ALL UNITS OR "OUTFITS" SERVED WITH DURING MILITARY SERVICE, AFTER BASIC TRAINING. SHOW COMPLETE ORGANIZATIONAL DESIGNATION (COMPANY OR BATTERY, BATTALION, AND REGIMENT; SQUADRON GROUP, AND WING, ETC.). ALSO SHOW GEOGRAPHICAL LOCATION (CAMP, BASE, AND COUNTRY). (USE BACK SIDE IF NEEDED.)	INCLUSIVE DATES (MONTH/DAY/YEAR)	
	FROM	TO
SANTA ANNA PREFLIGHT SCHOOL, CA		
SANTA MARIA PRIMARY FLIGHT CA.		
SIOUX FALLS RADIO SCHOOL SD.		
YUMA GUNNERY SCHOOL AZ		
DAVIS MONTGOMERY BASE AZ		XXXXXXXXXX

(BE SURE THAT LAST LINE SHOWS UNIT AND LOCATION ON DATE OF RELEASE FROM ACTIVE DUTY. EVEN IF ALREADY DETACHED FROM REGULAR UNIT, AND RELEASE OCCURRED AT A SEPARATION STATION, BE SURE TO SHOW NAME AND LOCATION OF THAT SEPARATION STATION ON LAST LINE.)

DATE RELEASED FROM ACTIVE DUTY: _____

MO/DAY/YR OF ANY REENLISTMENT(S), INCLUDING "OUTFIT": _____

IF YOU HAVE PAPERS THAT PERTAIN TO THE PERIOD(S) OF SERVICE LISTED ABOVE, PLEASE SEND US COPIES. FOR EXAMPLE: SEPARATION DOCUMENT(S), ORDERS, AWARD CITATIONS, OR ENVELOPES WITH A MILITARY RETURN ADDRESS. YOU MAY BE ABLE TO OBTAIN A COPY OF THE REPORT OF SEPARATION FROM A FORMER EMPLOYER OR THE RECORDER'S OFFICE OF THE CITY OR COUNTY WHERE THE VETERAN LIVED JUST AFTER SEPARATION/DISCHARGE.

DID THE VETERAN EVER:

a. FILE A CLAIM FOR DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, SHOW CLAIM NUMBER: _____ AND CITY AND STATE WHERE CLAIM WAS FILED: _____
b. SERVE IN THE RESERVES AFTER RELEASE FROM THE PERIOD OF ACTIVE DUTY SHOWN ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, SHOW MONTH AND YEAR FROM: _____ TO: _____ AND BRANCH OF SERVICE IF DIFFERENT FROM ABOVE: _____
c. RECEIVE A STATE BONUS FOR MILITARY SERVICE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF YES, SHOW STATE: PA AND MONTH AND YEAR PAID: _____
d. SERVE IN THE NATIONAL GUARD? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, SHOW STATE: _____ AND MONTH/YEAR SERVED. FROM: _____ TO: _____
e. RETIRE FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, SHOW MONTH/YEAR RETIRED: _____
f. HAVE ACTIVE DUTY IN ANY OTHER MILITARY SERVICE BRANCH IN LATER YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, SHOW BRANCH: _____ AND MONTH/YEAR FROM: _____ TO: _____
g. WORK FOR THE FEDERAL GOVERNMENT AS A CIVILIAN? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, SHOW AGENCY: _____ AND MONTH/YEAR EMPLOYED FROM: _____ TO: _____

PHONE NUMBER (Including Area Code) WHERE YOU MAY BE REACHED DURING THE DAY: **520-326-8554** DATE: **12/28/96**

PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED: **FLIGHT COMBAT RECORDS**

SIGNATURE OF VETERAN (or next of kin if veteran is deceased, such as unmarried widow(er), daughter, son, mother, father, sister, brother):
William Louis Orient

RELATIONSHIP TO DECEASED VETERAN: **SAME** *** PLEASE REMEMBER TO RETURN YOUR ORIGINAL INQUIRY ***

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93 BG 328 SQDN.

APO 258

SIOUX FALLS S.D.

PIYOTE TRAINING BASE TX

FT BLISS TX (DISCHARGE)