

IKE SOLDIERS

Documentation



**REGISTERED RECORD AND REPORT OF SEPARATION  
HONORABLE DISCHARGE**

1275

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>Tennace Anthony E</b>		2. ARMY SERIAL NO. <b>32 914 008</b>	3. GRADE <b>PCo</b>	4. ARM OR SERVICE <b>ASR</b>	5. COMPONENT <b>ASR</b>
6. ORGANIZATION <b>2nd Para Combat Bn</b>		7. DATE OF SEPARATION <b>23 Oct 45</b>	8. PLACE OF SEPARATION <b>Separation Center Ft Dix NJ</b>		
9. PERMANENT ADDRESS FOR MAILING PURPOSES <b>11A Somers St Hllyn NY</b>		10. DATE OF BIRTH <b>12 Dec 19</b>	11. PLACE OF BIRTH <b>Hllyn NY</b>		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT <b>See 9</b>		13. COLOR EYES <b>Known</b>	14. COLOR HAIR <b>Black</b>	15. HEIGHT <b>5 9 1/2</b>	16. WEIGHT <b>165 lbs.</b>
17. RACE <b>White</b>	18. MARITAL STATUS <b>Single</b>	19. U.S. CITIZEN <b>Yes</b>		20. CIVILIAN OCCUPATION AND NO. <b>Sales Clerk 1-70-10</b>	


22. DATE OF INDUCTION <b>24 Feb 42</b>		23. DATE OF ENLISTMENT <b>24 Feb 42</b>	24. DATE OF ENTRY INTO ACTIVE SERVICE <b>24 Feb 42</b>	25. PLACE OF ENTRY INTO SERVICE <b>Hllyn NY</b>
26. REGISTERED <b>Yes</b>	27. LOCAL S.S. BOARD NO. <b>233</b>	28. COUNTY AND STATE <b>Kings NY</b>		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE <b>See 9</b>
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>Demolition Specialist 533</b>		31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) <b>Rifle M1 Marksmanship score 150 15 May 45</b>		
32. BATTLES AND CAMPAIGNS <b>Rhine-land</b>		33. DECORATIONS AND CITATIONS <b>(66 33 WD 45 as amended) American Service Medal; Distinguished Unit Badge; European-African-Middle Eastern Service Medal; Good Conduct Medal; Purple Heart</b>		

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX <b>25 Feb 44</b>	TYPHOID <b>12 Feb 45</b>	TETANUS <b>12 Feb 45</b>	OTHER (specify) <b>None</b>	DATE OF DEPARTURE <b>8 Oct 43</b>	DESTINATION <b>ETO USA</b>	DATE OF ARRIVAL <b>18 Oct 43</b>
37. TOTAL LENGTH OF SERVICE			38. HIGHEST GRADE HELD <b>PCo</b>	39. PRIOR SERVICE <b>None</b>		
CONTINENTAL SERVICE		FOREIGN SERVICE				
YEARS <b>1</b>	MONTHS <b>7</b>	DAYS <b>29</b>	YEARS <b>2</b>	MONTHS <b>0</b>	DAYS <b>16</b>	

40. REASON AND AUTHORITY FOR SEPARATION <b>15 Dec 44 and HR 1-1 (Demobilization)</b>		41. SERVICE SCHOOLS ATTENDED <b>None</b>		42. EDUCATION (Years) Grammar <b>8</b> High School <b>0</b> College <b>0</b>	
---	--	---	--	---	--

43. LONGEVITY FOR PAY PURPOSES						44. MUSTERING OUT PAY			45. SOLDIER DEPOSITS		46. TRAVEL PAY		47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS <b>3</b>	MONTHS <b>8</b>	DAYS <b>5</b>	TOTAL <b>\$ 300</b>	THIS PAYMENT <b>\$ 300</b>		<b>\$ 1.05</b>		<b>\$ 75.43</b>		<b>J HARRIS COL FD</b>				

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.											
48. KIND OF INSURANCE <b>U.S. Govt.</b>		49. HOW PAID <b>Allotment</b>		50. Effective Date of Allotment Discontinuance <b>31 Oct 45</b>		51. Date of Next Premium Due (One month after 50) <b>30 Nov 45</b>		52. PREMIUM DUE EACH MONTH <b>\$ 1.07</b>		53. INTENTION OF VETERAN TO <b>Continue</b>	

	54. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) <b>Lapel Button issued ASR score (2 Sep 45) 88</b>	
---	--	--

56. SIGNATURE OF VETERAN BEING SEPARATED <i>Anthony E Tennace</i>		57. PERSONNEL OFFICER (Type name, grade and organization - signature) <i>[Signature]</i>	
--	--	---	--

WD AGO Form 53-55  
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

2. FINAL INDORSEMENT COPY (Affixed to final indorsement page of Service Record)



THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>JANACH ANTHONY HANBEST</b>			2. SERVICE NUMBE. <b>NA</b>		3. SOCIAL SECURITY NUMBER <b>101 04 4845</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>NA</b>			5a. GRADE, RATE OR RANK <b>SFC</b>	b. PAY GRADE <b>17</b>	6. DATE OF RANK DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</b>		
	7. U. S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>NA</b>			9. DATE OF BIRTH DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</b>		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>NA</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NA</b>			c. DATE INDUCTED DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</b>		
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASED TO USAR</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>USARCHER FT HAMILTON NY</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>GO 100 HQ 1ST USARMY</b>			d. EFFECTIVE DATE <b>20 MAR 70</b>		e. DATE OF ENTRY DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</b>		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>NA</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>NA</b>	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>			15. REENLISTMENT CODE <b>NA</b>				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION DAY <b>NA</b> MONTH <b>NA</b> YEAR <b>NA</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 AD FROM USAR</b>			b. TERM OF SERVICE (Years) <b>NA</b>		c. DATE OF ENTRY DAY <b>24</b> MONTH <b>MAR</b> YEAR <b>70</b>
	18. PRIOR REGULAR ENLISTMENTS <b>NA</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>NA</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>SAME AS ITEM 11b</b>			
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>NA</b>			22. STATEMENT OF SERVICE				
	23a. SPECIALTY NUMBER & TITLE <b>NA</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>			c. CREDITABLE FOR BASIC PAY PURPOSES		d. TOTAL ACTIVE SERVICE
						(1) NET SERVICE THIS PERIOD		YEARS MONTHS DAYS
						(2) OTHER SERVICE		0 0 3
						(3) TOTAL (Line (1) plus Line (2))		NA NA NA
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NA</b>								
25. EDUCATION AND TRAINING COMPLETED <b>NA</b>								
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NONE</b>		b. DAYS ACCRUED LEAVE PAID <b>NA</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input type="checkbox"/> NO <b>NA</b>		b. AMOUNT OF ALLOTMENT <b>NA</b>	
			28. VA CLAIM NUMBER C- <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE			c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
REMARKS	30. REMARKS <b>THIS ABBREVIATED FORM ISSUED USAR UNIT MEMBERS MOBILIZED UNDER 10 USC 673A</b>							
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>1755 WEST 6TH ST BRIEN, NY 11923</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Anthony J. Janach</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>PETER A. NEILL 1LT COMMANDING</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Peter A. Neill</i>			