

# STATEMENT OF PERSONAL HISTORY

**INSTRUCTIONS:** Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (If any)—LAST NAME <input checked="" type="checkbox"/> MR. <b>STEPHEN KAUTZ</b> <input type="checkbox"/> MRS. <b>ROBERT</b> <input type="checkbox"/> MISS		2. STATUS <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY ON ACTIVE DUTY	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) <b>NONE</b>		4. PERMANENT MAILING ADDRESS <b>ROUTE 2, SMYRNA, TENNESSEE</b>	
5. DATE OF BIRTH (Day, month, year) <b>12 JUNE 1942</b>	PLACE OF BIRTH (City, County, State, and Country) <b>BRONX, NEW YORK, N.Y.</b>	PLACE CERTIFICATE RECORDED <b>BRONX, NEW YORK, NY</b>	
HEIGHT <b>6'</b>	WEIGHT <b>200</b>	COLOR OF EYES <b>BROWN</b>	COLOR OF HAIR <b>BROWN</b>
SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <b>NONE</b>			
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20			
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO. <b>N/A</b>	IF DERIVED, PARENTS' CERTIFICATE NO(S). <b>N/A</b>
ALIEN <input type="checkbox"/>		REGISTRATION NO.	DATE AND PORT OF ENTRY
		NATIVE COUNTRY	DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

8. MILITARY SERVICE			
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    IF "YES," COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO. <b>E2 AF11432967</b>	SERVICE AND COMPONENT <b>AIR FORCE TACTICAL AIR COMM.</b>	ORGANIZATION AND STATION <b>Hq. 58. 314 C.S.G.P.</b>	DATE CURRENT ACTIVE SERVICE STARTED <b>4 FEB 64</b>
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF "YES," COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO. <b>N/A</b>	SERVICE AND COMPONENT <b>N/A</b>	ORGANIZATION AND STATION OR UNIT AND LOCATION <b>N/A</b>	
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF "YES," COMPLETE THE FOLLOWING:			
COUNTRY	SERVICE	COMPONENT	FROM (Date)    TO (Date)    TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO.

9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)					
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	GRADUATE		DEGREE
FROM—	TO—		YES	NO	
<b>SEPT 1949</b>	<b>JAN 1950</b>	<b>P.S. #66 BRONX, NEW YORK, N.Y.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>FEB 1950</b>	<b>JUNE 1960</b>	<b>MASSAPEQUA PUBLIC SCHOOL MASSAPEQUA, N.Y.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>SEPT 1960</b>	<b>JUNE 1961</b>	<b>PRATT INSTITUTE, BROOKLYN, NEW YORK, N.Y.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FEB 1962</b>	<b>DEC 1962</b>	<b>BRIDGEPORT UNIVERSITY, BRIDGEPORT, CONN.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)				
RELATION AND NAME	DATE AND PLACE OF BIRTH	PRESENT ADDRESS, IF LIVING	U. S. CITIZEN	
			YES	NO
FATHER <b>STEPHEN KAUTZ</b>	<b>26 NOV 1912 BRONX, NEW YORK, N.Y.</b>	<b>104 LONGMEADOW ROAD HUNTINGTON, CONNECTICUT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTHER (Maiden name) <b>FRANCES BYRD</b>	<b>4 MAR 1917 ST. LOUIS, MISSOURI</b>	<b>104 LONGMEADOW ROAD HUNTINGTON, CONNECTICUT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPOUSE (Maiden name) <b>TRUEDICHA SMITH</b>	<b>8 MAR 1942 DUCKTOWN, TENNESSEE</b>	<b>ROUTE 2, SMYRNA, TENN.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify) SISTER <b>SUSAN KAUTZ</b>	<b>15 MAR 1945 BRONX, NEW YORK, N.Y.</b>	<b>110 1/2 OAK STREET SHELTON, CONNECTICUT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FATHER-IN-LAW <b>STOBERT ALLEN SMITH</b>	<b>13 SEPT. 1905 LANCING, TENN.</b>	<b>LANCING, TENNESSEE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTHER-IN-LAW <b>VIRGIE LEAH DODSON</b>	<b>10 JAN. 1911 LANCING, TENN.</b>	<b>LANCING, TENNESSEE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Department of the Air Force



## CERTIFICATE OF TRAINING

*This is to certify that*

AIRMAN THIRD CLASS STEPHEN R KAUTZ AF11432967

*has satisfactorily completed the*

DATA PROCESSING MACHINE OPERATOR COURSE ABR68530

*Given by*

HEADQUARTERS 3750 TECHNICAL SCHOOL, SHEPPARD AIR FORCE BASE, TEXAS

11 AUGUST 1964

*G S Maxwell*

G S MAXWELL  
COL, USAF  
DIR, DEPT COMPTROLLER TNG

# ARMED SERVICE DISCHARGE RECEIPT

PUBLIC ACT NO. 285 (1945)

I have on this day, July 9 19 76, Received of  
Name

Stephen Robert Kautz

Address

246 Forest Lane

His  
Her Honorable Discharge, or a Certified copy thereof, for record in the

Records of the Town of Cheshire Vol. 11 Page 48

Branch of Service Air Force

Date of Enlistment 2-4-64 Date of Discharge 2-2-68

Warren E. Hall

Town Clerk.