

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. GEORGE MILTON BENNETT <input type="checkbox"/> MRS. <input type="checkbox"/> MISS						2. STATUS CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY <input checked="" type="checkbox"/>	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) None				4. PERMANENT MAILING ADDRESS c/o George Grover Bennett Vaiden, Mississippi 39176			
5. DATE OF BIRTH (Day, month, year) 8 September 1947		PLACE OF BIRTH (City, County, State, and Country) Spokane, Spokane Co. Washington, USA		PLACE CERTIFICATE RECORDED Spokane, Washington			
HEIGHT 72 in	WEIGHT 175	COLOR OF EYES Green	COLOR OF HAIR Blond	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS None			
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		IF NATURALIZED, CERTIFICATE NO.		IF DERIVED, PARENTS' CERTIFICATE NO(S)		DATE, PLACE, AND COURT	
<input checked="" type="checkbox"/> NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NA		NA		NA	
ALIEN <input type="checkbox"/>	REGISTRATION NO NA	NATIVE COUNTRY NA	DATE AND PORT OF ENTRY NA		DO YOU INTEND TO BECOME A U. S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		
8. MILITARY SERVICE							
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO. 2d Lt 524-68-7446FR		SERVICE AND COMPONENT USAF REG		ORGANIZATION AND STATION 1005 Sp Inv Gp (IG) OSI Det 102, IG Hanscom Fld, Mass.		DATE CURRENT ACTIVE SERVICE STARTED 4 Jun 69	
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION OR UNIT AND LOCATION			
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 type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
COUNTRY U. S. A.	SERVICE USAF	COMPONENT Reg	FROM (Date) Jun 65	TO (Date) Jun 69	TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO. Honorable, Cadet, 696352K		
9. EDUCATION (Account for all civilian schools and military academies. Do not include service school(s))							
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL			GRADUATE		
FROM—	TO—				YES	NO	
Sep 53	Mar 54	Dependent School, Clark AFB, P. I.			X		
Apr 54	Dec 54	Dependent School, Selfridge AFB, Mich. 48045			X		
Jan 55	Jun 57	Ypsilanti Public Schools, Ypsilanti, Mich. 48197			X		
Sep 57	Jun 59	American Dependent Elementary Schl, Ankara, Turkey			X		
Sep 59	May 60	Cloverdale Jr. High School, Montgomery, Ala.			X		
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 Colonel GEORGE WILTON BENNETT		30 June 1921 Vaiden, Mississippi		2724 Northcrest Colorado Springs, Colo, 80907		X	
MOTHER (Maiden name) LEONA MAE BEOUGHNER		31 August 1921 Grinnell, Kansas		2724 Northcrest Colorado Springs, Colo. 80907		X	
SPOUSE (Maiden name) None							
OTHER (Specify) Sister DONNA LEE BENNETT		16 August 1950 Jackson, Mississippi		2724 Northcrest Colorado Springs, Colo. 80907		X	
No Brothers							

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15. LIST ALL RESIDENCES FROM 1 JANUARY 1937				
MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM—	TO—			
Sep 47	Dec 47	Trailer Park (Address Unknown)	Spokane	Washington
Dec 47	May 48	108 Patton Street	Bangor	Maine 04401
May 48	Oct 51	439 Londonderry Drive	Jackson	Miss. 39206
Oct 51	Feb 52	Ben's Lake Village	Eglin AFB	Fla. 32542
Feb 52	Mar 53	Number Unknown, Appleton Street	Parsons	Kan. 67357
Mar 53	Apr 54	Base Housing	Clark AFB	P. I.
Apr 54	Jan 55	278 Spaatz Court	Selfridge AFB	Mich. 48045
Jan 55	Aug 56	504 Cross Street	Ypsilanti	Mich. 48197
Aug 56	Jul 57	576 Redwood Avenue	Ypsilanti	Mich. 48197
Jul 57	Aug 57	Enroute to Ankara, Turkey		
Aug 57	Jul 59	46 Paris Cad.	Ankara	Turkey
Jul 59	Aug 59	Enroute to Montgomery, Alabama		
Aug 59	Jun 60	2345 Elmstead Drive	Montgomery	Ala 36111

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS				
NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM—	TO—
None				

17.	
YES	NO
<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
<input checked="" type="checkbox"/>	ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
<input checked="" type="checkbox"/>	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES NO IF "YES," GIVE DETAILS

²⁰ REMARKS
#9 CONT'D EDUCATION

Month & Year From To	Name and Location of School	Graduate		Degree
		Yes	No	
Sep 60 Jun 61	Mark Twain Jr. High School Fairfax County, Fairfax, Va. 22030	X		
Sep 61 Jun 65	Mt. Vernon High School Alexandria, Virginia	X		
Jun 65 Jun 69	USAF Academy, Colorado	X		B. S.

#12 CONT'D FOREIGN TRAVEL

Dates From To	Countries Visited	Purpose of Travel
Jun 68 Jul 68	Germany	Exchange Visit from USAF Academy To German Air Force Camp
Jun 69 Jul 69	Germany, France, Spain England Belgium	Graduation Leave - Vacation Tour

#15 CONT'D RESIDENCES

Month & Year From To	Street & Number	City	State
Jun 60 Jun 65	5216 Remington Drive	Alexandria	Virginia 22309
Jun 65 Jun 69	Vandenburg Hall	USAF Academy	Colorado 80840

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE
5 Sep 1969

SIGNATURE OF PERSON COMPLETING FORM

George Wiltz Bennett

TYPED NAME AND ADDRESS OF WITNESS
CURWOOD E. MASTERS
SA, OSI Det 102, IG Hanscom Field, Mass. 01730

SIGNATURE OF WITNESS

Curwood E. Masters

21 THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

STATEMENT OF PERSONAL HISTORY
DD FORM 398

GEORGE MILTON BENNETT
2d Lt, 524-68-7446 FR

ITEM 20 REMARKS

ITEM 12 FOREIGN TRAVEL CONT'D

<u>Dates</u> <u>From</u>	<u>To</u>	<u>Countries Visited</u>	<u>Purpose of Travel</u>
Mar 53	Apr 54	Philippine Islands	Military Dependent
Aug 57	Jul 59	Turkey	Military Dependent

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<u>Date</u>	<u>SIGNATURE OF PERSON COMPLETING FORM</u>	
5 Sep 69	<i>George Milton Bennett</i>	
	<u>TYPED NAME AND ADDRESS OF WITNESS</u>	<u>SIGNATURE OF WITNESS</u>
	CURWOOD E. MASTERS, Special Agent OSI Detachment 102 (IG) L. G. Hanscom Field, Mass. 01730	<i>Curwood S. Masters</i>