

40997

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141 S. Jacksonville Ave. E. P.

PERSONAL DATA	1. LAST NAME - FIRST NAME SCHAEFER, Hal		2. SOCIAL SECURITY NUMBER 312 12 6119	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC		3. GRADE, RATE OR RANK Pvt	5. PAY GRADE E-1
	6. DATE OF RANK 29 07 69	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Glasgow, Ky
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER N/A		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE N/A	
	12. TRANSFER OR DISCHARGE Discharged		13. STATION OR INSTALLATION AT WHICH EFFECTED CasCo, 11 SBn, MCRD SDiego Calif	
TRANSFER OR DISCHARGE DATA	14. REASON AND AUTHORITY 219-Convenience of the Government Par 6012.1e Marine Corps separation & Retirement Manual & MEDINST 1910.2E		15. EFFECTIVE DATE 03 12 69	16. TYPE OF CERTIFICATE ISSUED DD-256-MC
	17. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 2nd Bn, 11th Sig Bn, MCRD SDiego		18. CHARACTER OF SERVICE HONORABLE	
	19. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED N/A		20. REENLISTMENT CODE RE-3P	
	21. TERMINAL DATE OF RESERVE/UMTS OBLIGATION N/A		22. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> OTHER	
SERVICE DATA	23. PRIOR REGULAR ENLISTMENTS None		24. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Private E-1	
	25. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Crown Point Lake Ind		26. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago, Ill	
	27. SPECIALTY NUMBER & TITLE 9900 Basic Marine		28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None	
	29. STATEMENT OF SERVICE		30. DATE OF ENTRY	
	31. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal		32. EDUCATION AND TRAINING COMPLETED High School-4	
VA AND AMP SERVICE DATA	33. NON-PAY PERIODS/TIME LOST (Preceding Two Years) None		34. DAYS ACCRUED LEAVE PAID 03 days due	
	35. VA CLAIM NUMBER N/A		36. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REMARKS	37. REMARKS Good Conduct Medal Period Commences: 3Nov69		38. AMOUNT OF ALLOTMENT N/A	
	39. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 5010 Katoyn A Crown Point, Ind		40. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Hal Schaefer	
AUTHENTICATION	41. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER K. J. WILKERSON CAPT SEPO USMC		42. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [Signature]	