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CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 21000720 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **CHURILLA, JOHN CARL** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/PA** 3. SOCIAL SECURITY NO. **303 74 5384**

4a. GRADE, RATE OR RANK **SF4** 4b. PAY GRADE **E-4** 5. DATE OF BIRTH **580410** 6. PLACE OF ENTRY INTO ACTIVE DUTY **Chicago, IL**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **DSC 1/2nd Inf FORSCOM FC** 8. STATION WHERE SEPARATED **Ft Lewis, WA**

9. COMMAND TO WHICH TRANSFERRED **USAR Control Group (Reinforcement) RCPAC St Louis MO 63132** 10. SGI COVERAGE AMOUNT \$ **20 000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles including periods of one or more years)	12. RECORD OF SERVICE			
	YEAR (s)	MON (s)	DAY (s)	
11B10 Infantryman, 3 yrs & 7 mos	a. Date Entered AD This Period	75	05	14
	b. Separation Date This Period	80	05	13
	c. Not Active Service This Period	84	05	00
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	03	03
	f. Foreign Service	01	01	07
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	80	02	29
i. Reserve Cdtg. Term. Date	82	06	13	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN COINS AWARDED OR AUTHORIZED (All periods of service) **Expert Qualification Badge (M-16), Expert Infantryman Badge, Air Assault Badge**

14. MILITARY EDUCATION (Course title, number weeks, and month and year completed) **None**

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO

17. DAYS ACCRUED LEAVE PAID **None**

18. REMARKS **Enlistment Bonus, amount paid: \$2,000.00, date 761104. NOTHING FOLLOWS.**

19. MAILING ADDRESS AFTER SEPARATION **3104 79th Court (Lake) Merrillville, IN 46410** 20. MEMBER REQUESTS COPY & BE SENT TO DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *[Signature]* 22. TYPE NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN *[Signature]*

STATE OF INDIANA
JULY COUNTY
JUL 29 11 50 AM '80
WILLIAM WELLS
RECORDER