

36 Woodhollow
 School 4637

622033

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME DALTON, MARIE ANN			2. SEX F	3. SOCIAL SECURITY NUMBER 380 54 0671			4. DATE OF BIRTH YEAR: 50 MONTH: 03 DAY: 19																												
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY USAR			6. GRADE, RATE OR RANK SSG		7. PAY GRADE E-6		8. DATE OF RANK YEAR: 78 MONTH: 06 DAY: 05																												
9. SELECTIVE SERVICE NUMBER NA		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NA			11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Specify APO, City, State and ZIP Code) 7136 Tapper Avenue Hammond, IN 46324																														
12. TYPE OF SEPARATION RELIEF FROM ACTIVE DUTY				13. STATION OR INSTALLATION AT WHICH EFFECTED Fort Sheridan, Illinois																															
14. AUTHORITY AND REASON				15. EFFECTIVE DATE YEAR: 79 MONTH: 08 DAY: 10																															
16. CHARACTER OF SERVICE HONORABLE				17. TYPE OF CERTIFICATE ISSUED None		18. REENLISTMENT CODE NA																													
19. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Gary, IN Fifth US Army				20. COMMAND TO WHICH TRANSFERRED 395th Combat Support Hosp. (WSA5 AA A) Gary, IN 46404																															
21. TERMINAL DATE OF RESERVE/USO OBLIGATION YEAR: 83 MONTH: 07 DAY: 31			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Hammond, IN 46324			23. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 78 MONTH: 09 DAY: 05																													
24. PRIMARY SPECIALTY NUMBER AND TITLE 76J30 Medical Supply Specialist 780108		25. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER 184.168 Manager, Warehouse		26. RECORD OF SERVICE																															
27. SECONDARY SPECIALTY NUMBER AND TITLE 91B30 Medical Specialist 770912		28. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER 354.667-010 First-Aid Attendant		<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>(a) NET ACTIVE SERVICE THIS PERIOD</td> <td>0</td> <td>11</td> <td>6</td> </tr> <tr> <td>(b) PRIOR ACTIVE SERVICE</td> <td>0</td> <td>1</td> <td>14</td> </tr> <tr> <td>(c) TOTAL ACTIVE SERVICE (a+b)</td> <td>1</td> <td>0</td> <td>20</td> </tr> <tr> <td>(d) PRIOR INACTIVE SERVICE</td> <td>2</td> <td>5</td> <td>27</td> </tr> <tr> <td>(e) TOTAL SERVICE FOR PAY (c+d)</td> <td>3</td> <td>6</td> <td>7</td> </tr> <tr> <td>(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>					YEARS	MONTHS	DAYS	(a) NET ACTIVE SERVICE THIS PERIOD	0	11	6	(b) PRIOR ACTIVE SERVICE	0	1	14	(c) TOTAL ACTIVE SERVICE (a+b)	1	0	20	(d) PRIOR INACTIVE SERVICE	2	5	27	(e) TOTAL SERVICE FOR PAY (c+d)	3	6	7	(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	0	0	0
	YEARS	MONTHS	DAYS																																
(a) NET ACTIVE SERVICE THIS PERIOD	0	11	6																																
(b) PRIOR ACTIVE SERVICE	0	1	14																																
(c) TOTAL ACTIVE SERVICE (a+b)	1	0	20																																
(d) PRIOR INACTIVE SERVICE	2	5	27																																
(e) TOTAL SERVICE FOR PAY (c+d)	3	6	7																																
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	0	0	0																																
29. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (in Years) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SECONDARY (HIGH SCHOOL) 12 YES (11-12 grades) COLLEGE 1 YES				30. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (in Years)																															
31. TIME LOST (Furlough, TDY, etc.) None		32. DAYS ACCRUED LEAVE PAID "28 1/2"		33. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		34. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT																													
35. FEDERAL SECURITY INVESTIGATION A. TYPE None		36. FEDERAL SECURITY INVESTIGATION B. DATE COMPLETED NA																																	
37. OPERATIONAL MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RECORDS AWARDED OR AUTHORIZED None																																			
38. REMARKS End Voc Tech College - Patient Care Specialist Course (LPN) Individual requests a copy of DD Form 214.																																			
39. MAILING ADDRESS AFTER SEPARATION (Include APO, City, County, State and ZIP Code) 917 South 14th Street Chesterton, Indiana -6304				40. SIGNATURE OF PERSON BEING SEPARATED <i>Marie Ann Dalton</i>																															
41. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J. L. MULLINS, GS-7, Chief STP				42. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J. L. Mullins</i>																															

DD FORM 214

WITHOUT EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY

STATE OF INDIANA
 DEPARTMENT OF REVENUE
 WILLIAM GILLESPIE JR
 RECORDER
 MAR 29 1 25 PM '81