

792519

*Used for file*

CHARACTER OF SEPARATION <b>HONORABLE</b>		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES			DEPARTMENT <b>U.S. NAVY</b>		
1. LAST NAME - FIRST NAME - MIDDLE NAME <b>HALL Giles Wilson</b>		2. SERVICE NUMBER <b>430 95 27</b>		3. GRADE - RATE - RANK AND DATE OF APPOINTMENT <b>BUL3, 16May55</b>		4. COMPONENT AND BRANCH OR CLASS <b>USNR R</b>	
5. QUALIFICATIONS SPECIALTY NUMBER OR SYMBOL <b>BU -5934-79</b>		RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER <b>CARPENTER HOUSE</b>		6. EFFECTIVE DATE OF SEPARATION DAY MONTH YEAR <b>16 Nov 55</b>		7. TYPE OF SEPARATION <b>READ.</b>	
8. REASON AND AUTHORITY FOR SEPARATION <b>BP INST 1910.5B &amp; ART C-10201 BPM</b>				9. PLACE OF SEPARATION <b>RS NS NORVA</b>			
10. DATE OF BIRTH DAY MONTH YEAR <b>11 Apr 32</b>		11. PLACE OF BIRTH (City and State) <b>Crown Point Ind.</b>		12. DESCRIPTION SEX RACE COLOR HMR COLOR EYES HEIGHT WEIGHT <b>m cau Brown Blue 68" 170</b>			
13. REGISTERED YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) <b>CROWN POINT IND.</b>		15. INDUCTED DAY MONTH YEAR			
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COMPONENT AND BRANCH OR CLASS <b>USNR R</b>		COGNIZANT DISTRICT OR AREA COMMAND <b>COMBINE USNIG GLAKES ILL.</b>			
17. MEANS OF ENTRY OTHER THAN BY INDOCTION <input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input checked="" type="checkbox"/> CALLED FROM INACTIVE DUTY				18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE <b>FA</b>			
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE DAY MONTH YEAR PLACE (City and State) <b>1 Nov 53 CROWN POINT IND.</b>		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State) <b>302 E. North, Crown Point Ind.</b>					
STATEMENT OF SERVICE FOR PAY PURPOSES				A. YEARS	B. MONTHS	C. DAYS	
21. NET ( <b>NAVAL</b> ) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD				<b>02</b>	<b>05</b>	<b>20</b>	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD				<b>02</b>	<b>00</b>	<b>16</b>	
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES				<b>00</b>	<b>00</b>	<b>00</b>	
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES				<b>04</b>	<b>06</b>	<b>06</b>	
25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY DAY MONTH YEAR AMOUNT							
26. FOREIGN AND/OR SEA SERVICE YEARS MONTHS DAYS <b>02 00 00</b>							
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE RIBBON</b>							
28. MOST SIGNIFICANT DUTY ASSIGNMENT <b>USN MCB SIX DET JIG</b>				29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place, date, if known)			
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED <b>MOP #300 PD \$100 MOP 11/16/55 JG HARPER LT SCUSN 890 BY BU SCOL COMP 6-25-54</b>				DATES (From-To)		MAJOR COURSES	
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED <b>RECORDED FEB 20 10 10 AM '85 STATE OF INDIANA FILED IN COUNTY BOND BJM CN P03</b>							
GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver - premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.							
32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM		32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		33. MONTH ALLOTMENT DISCONTINUED		34. MONTH NEXT PREMIUM DUE	
35. TOTAL PAYMENT UPON SEPARATION <b>91.11</b>		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT <b>55.26</b>		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER <b>J.G. HARPER B52542</b>			
38. REMARKS (Continue on reverse) <b>RECOMMENDED FOR REENLISTMENT Surrendered this date 2 blankets 1 pillow gov't. property.</b>				39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>FA Kramer</b> NAME, GRADE AND TITLE (Typed) <b>F.A. KRAMER ENS USN ASST SEPERATIONS OFFICER</b>			
40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.						CLAIM NUMBER	
41. DATES OF LAST CIVILIAN EMPLOYMENT FROM TO		42. MAIN CIVILIAN OCCUPATION <b>CARPENTER</b>		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER			
44. UNITED STATES CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		45. MARITAL STATUS <b>MARRIED</b>		46. NON-SERVICE EDUCATION (Years successfully completed) GRAM-MAR HIGH SCHOOL COL-LEGE DEGREE(S) <b>8 4 - - H.S.</b>		MAJOR COURSE OR FIELD <b>GENERAL</b>	
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State) <b>302 E. North St. Crown Point (Lake) Ind.</b>				48. SIGNATURE OF PERSON BEING SEPARATED <b>GILES WILSON HALL</b> <i>Giles Wilson Hall</i>			

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

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