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 79 214 902565 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

001149

1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
EVANATZ, ANTHONY JAY	NAVY - USNR	307 | 94 | 3875

4a. GRADE, RATE OR RANK	4b. PAY GRADE	5. DATE OF BIRTH	6. PLACE OF ENTRY INTO ACTIVE DUTY
DN	E3	20JUN67	CHICAGO, IL

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8. STATION WHERE SEPARATED
FLDMEDSERVSCOL, CAMP LEJEUNE, NC	PERSUPPDET, CAMP LEJEUNE, NC

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
N/A	AMOUNT $ 50,000 ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)

DN - 0000

12. RECORD OF SERVICE	YEAR(s)	MON(s)	DAY(s)
a. Date Entered AD This Period	85	AUG	01
b. Separation Date This Period	87	JAN	05
c. Net Active Service This Period	01	05	05
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	07
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	86	SEP	
i. Reserve Oblig. Term. Date	N/A		

RICHARD J. BLASTICK RECORDER LAKE COUNTY CROWN POINT, INDIANA 46307 FILED FOR RECORD FEB 18 1 14 PM '87

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

N/A

X X X X X X

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)

BASIC DENTAL ASSISTANCE "A" SCHOOL, 12 WKS, OCT 85

X X X X X X

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	16. HIGH SCHOOL GRADUATE OR EQUIVALENT	17. DAYS ACCRUED LEAVE PAID
[X] YES ☐ NO	[X] YES ☐ NO	1

18. REMARKS

THE RIGHT TO FILE A CLAIM WITH THE VETERAN'S ADMINISTRATION FOR COMPENSATION, PENSION, OR HOSPITALIZATION HAS BEEN EXPLAINED TO ANTHONY JAY EVANATZ AND HE HAS SIGNED A STATEMENT THAT HE DOES NOT DESIRE TO SUBMIT A CLAIM AT THIS TIME.

MEMBER WAS PROVIDED A COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS OF DISCHARGE/RELEASE FROM ACTIVE DUTY.

MEMBER ON HOME AWAITING ORDERS FROM 86DEC19

19. MAILING ADDRESS AFTER SEPARATION
243 WRIGHT STREET
GRIFFITH, LAKE, IN 46319

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS IN [X] YES ☐ NO

21. SIGNATURE OF MEMBER BEING SEPARATED
Anthony Jay Evanatz

22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
A. N. ABAD, DKCS(SW), USN, AOIC
BYDIROIC PSD

S/N 0102-LF-000-2140 MEMBER - 1

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Includes upgrades)	
TEMPORARY DISABILITY RETIRED LIST	HONORABLE	
25. SEPARATION AUTHORITY	**26. SEPARATION CODE**	**27. REENLISTMENT CODE**
SECNAVINST 1920.6A	SFK	RE-3P

28. NARRATIVE REASON FOR SEPARATION
DISABILITY; TEMPORARY

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
NONE	INITIALS

S/N 0102-LF-000-2140 MEMBER-4