

974786

69130 S. Ewing
Chgo. Ill. 60617

INFORMAL INFORMATION REPLY

DATE: 2/23/88

Re: 344 48 4752 WIGSMOEN, RICHARD, ALLEN, JR

THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S). IF YOU WRITE TO US AGAIN ON THIS SUBJECT, PLEASE RETURN YOUR ORIGINAL REQUEST, THIS FORM, AND ANY OTHER FORM YOU COMPLETE.

Copies of requested military personnel medical records are attached. We suggest you make an extra copy and guard against loss or damage. We regret if any photocopies may be of poor quality, but they are the best copies obtainable.

The attached separation document may include the following information: authority for separation, reason for separation, Reenlistment Eligibility Code, and Separation (SPN/SPD) Code. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.

The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned. Therefore, personal identifying data relating to other persons have been deleted from the attached documents.

The Reenlistment Eligibility (RE) Code issued upon release from active duty on _____ is _____

The reason and authority for separation from active duty/discharge on _____ is _____

The record of service in the _____ indicates being in a POW status from _____ to _____

Military personnel, upon discharge from the Armed Forces, are issued discharge certificates. These certificates are prepared in the original only; therefore, copies cannot be furnished. The law does provide that upon presentation of satisfactory proof of loss (such as a signed statement), an honorably discharged veteran or the surviving spouse may be given a "certificate in lieu of lost or destroyed discharge." We are unable to issue a certificate in lieu to anyone other than as provided by law.

The document you have requested, DD Form 214, Report of Separation, was not used until Jan. 1, 1950. However, a similar form was used at the time the person named above was separated. A copy of it is attached.

When the person named above was separated, it was not the practice to issue a document which served as a report of separation.

The original Report of Separation was issued at the time of separation. Another original cannot be issued. The attached copy, however, will serve the same purpose as the original.

No Report of Separation was issued since the person named above had no active service, or less than 90 days of active duty.

The service record of the person named above does not contain a copy of a Report of Separation, or its equivalent. Therefore, we are instead furnishing the attached NA Form 13038, Certification of Military Service. This will serve as verification of military service and may be used for any official purpose.

The record needed to answer the inquiry is not in our files. If the record were here on July 12, 1973, it would have been in the file that suffered the most damage in the fire on that date and may have been destroyed. Fortunately, there are alternate records sources that often contain information which can be used to reconstruct service record data lost in the fire.

The information used to prepare the attached NA Form 13038, Certification of Military Service, was obtained from _____ alternate records source. This certificate will serve as verification of military service and may be used for any official purpose.

The enclosed copies of documents were obtained from an alternate records source.

However, complete records cannot be reconstructed.

However, these sources do not contain the particular type of information or document requested. We regret that we cannot be of assistance in this matter.

We will attempt to obtain the required information from these alternate records sources if you will assist us by completing the attached NA Form 13075, Questionnaire About Military Service, to the best of your ability.

In attempting to provide information from alternate records sources concerning illness or injury while in military service, we need additional information as to the approximate dates of illness or injury and the specific organization assignments (company, battalion, regiment, division, group, etc.) at that time. Please complete the attached NA Form 13055, Request For Information Needed To Reconstruct Medical Data, to the best of your ability.

When we receive the necessary data we shall promptly make every effort to reconstruct the requested information using the resources available.

That portion of your request seeking medals/awards has been referred to the office checked below. That office has jurisdiction over the issuance of medals/awards. Any further correspondence on this subject should be addressed to that office.

ARPERCEN, Attn: DARP-PAS-EAW, 9700 Page Blvd., St. Louis, MO 63132 Navy Liaison Office, Room 3475, N-314, 9700 Page Blvd. St. Louis, MO 63132

The medical records you request The documents you request pertaining to discharge have been lent to the Veterans Administration and may be obtained from the VA office shown below.

According to the provisions of DoD Directive 5400.11, we cannot release a portion of the medical records you have requested. They contain information that can be interpreted and explained properly only by a physician. If you wish us to send copies to a designated physician, please furnish us with the name and address of that physician. The request must include the service person's authorization for release of the records.

ILLINOIS A. BRASTICK
RECORDED & INDEXED
SERIALIZED
APR 26 1 18 PM '88
INDIANA 46302

MR. RICHARD A. WIGSMOEN JR.
STATE OF ILLINOIS
ILL. DEPT. OF VETERANS AFFAIRS
3650 EAST 112TH ST.
CHICAGO, ILL. 60617

NCPM WC
FOR RICHARD J. SCHRADER
Chief, Navy Reference Branch
NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, MO 63132

974786

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME WIGSMOEN RICHARD ALLEN JR			2. SEX M	3. SOCIAL SECURITY NUMBER 344 48 4752		6. DATE OF BIRTH 52 10 17	YEAR 52	MONTH 10	DAY 17
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC			6a. GRADE, RATE OR RANK EVT		7. DATE OF RANK E-1	YEAR 76	MONTH 07	DAY 21	
8a. SELECTIVE SERVICE NUMBER NONE		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NONE			c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 9901 SOUTH EXCHANGE AVE CHICAGO IL 60617				
9a. TYPE OF SEPARATION Discharged					9b. STATION OR INSTALLATION AT WHICH EFFECTED CASCO H&SBN MCRD SDIEGO CA 92140				
c. AUTHORITY AND REASON JFCL						10. REENLISTMENT CODE RE-3P	YEAR 76	MONTH 11	DAY 04
e. CHARACTER OF SERVICE HONORABLE					f. TYPE OF CERTIFICATE ISSUED DD 254 MC				
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3RDBN RTR MCRD SDIEGO CA 92140					12. COMMAND TO WHICH TRANSFERRED NONE				
13. TERMINAL DATE OF RESERVE/MSO OBLIGATION			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)			15. DATE ENTERED ACTIVE DUTY THIS PERIOD			
YEAR NONE	MONTH	DAY	CHICAGO IL			YEAR 76	MONTH 09	DAY 03	
16a. PRIMARY SPECIALTY NUMBER AND TITLE 9900 Basic Marine		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		18. RECORD OF SERVICE			YEARS	MONTHS	DAYS
				(a) NET ACTIVE SERVICE THIS PERIOD			00	02	02
				(b) PRIOR ACTIVE SERVICE			00	00	00
17a. SECONDARY SPECIALTY NUMBER AND TITLE NONE		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		(c) TOTAL ACTIVE SERVICE (a + b)			00	02	02
				(d) PRIOR INACTIVE SERVICE			00	01	17
				(e) TOTAL SERVICE FOR PAY (c + d)			00	03	19
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD			00	00	00
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE _____ YRS				
21. TIME LOST (Preceding Two Yrs) See Remarks	22. DAYS ACCRUED LEAVE PAID 04.5 days	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT None		25. PERSONNEL SECURITY INVESTIGATION a. TYPE None		b. DATE COMPLETED None	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE									
27. REMARKS Good Conduct Medal award period commences 760721 (1st award) #21 - None "Marine requests his copy of the DD Form 214 (MC)"									
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) See 8.c.					29. SIGNATURE OF PERSON BEING SEPARATED <i>Richard A. Wigsmoen Jr</i>				
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER P. W. BRADLEY SupvrMilPerTech, GS-8					31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>P. W. Bradley</i>				

WILLIAM A. BLASTON
 RECORDS & ADMINISTRATION
 POWM TO
 APR 28 1 08 PM '98

DD FORM 214 MC 1 NOV 72

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

S/N 0102-002-0001

REPORT OF SEPARATION FROM ACTIVE DUTY (1900)

SRB/OQR OR HQMC 2