

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADDED AREAS RENDER FORM VOID

Hold - J M Valles

DD FORM 1 JUL 79

214 082701

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

450301

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) VALLES, Joseph Mark		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NO. 305 88 6640		
4a. GRADE, RATE OR RANK LCpl	4b. PAY GRADE E-3	5. DATE OF BIRTH 691017	6. PLACE OF ENTRY INTO ACTIVE DUTY Chicago, IL 60018			
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3rdBn, 1stMar, 1stMarDiv, Campen, CA 92055			8. STATION WHERE SEPARATED RUC 11130 3rdBn, 1stMar, 1stMarDiv			
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE AMOUNT \$ 50,000 <input type="checkbox"/> NONE			
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 0341-Mortarman (01 year)		12. RECORD OF SERVICE		YEAR (s)	MON (s)	DAY (s)
		a. Date Entered AD This Period		88	07	27
		b. Separation Date This Period		90	01	31
		c. Net Active Service This Period		01	06	05
		d. Total Prior Active Service		00	00	00
		e. Total Prior Inactive Service		00	11	07
		f. Foreign Service		00	00	00
		g. Sea Service		00	00	00
h. Effective Date of Pay Grade		89	06	02		
i. Reserve Oblig Term Date		00	00	00		

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
Rifle Expert Badge (2nd award)
Certificate of Appreciation



STATE OF INDIANA / S.S. NO. 1111111111
LAKE COUNTY
RECORDER
FEB 2 1 40 PM '90

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

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO
16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO
17. DATE ACCRUED LEAVE PAID
RE: 06.5 SLBO.0

18. REMARKS
Complete dental examination and all appropriate dental services and treatment complete within 90 days of separation from active duty.
Good Conduct Medal period commences: 880727
"A Type 2 dental examination was provided within 90 days of separation and all treatment was not completed prior to separation."

19. MAILING ADDRESS AFTER SEPARATION
7914 West 155th Avenue
Lowell, Lake, IN 46356

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

21. SIGNATURE OF MEMBER BEING SEPARATED
Joseph Mark Valles

22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
J. P. REINWISCH 1STLT BnPersO

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

SPECIAL ADDITIONAL INFORMATION (For use by authorized personnel only)

23. TYPE OF SEPARATION Discharged	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPTIAN par. 6404	26. SEPARATION CODE JPM1	27. REENLISTMENT CODE RE-3P
28. NARRATIVE REASON FOR SEPARATION Physical disability, existing prior to entry (determined by a medical board)		
29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4 <input type="checkbox"/> INITIALS	

S/N 0102-LF-000-2140

MEMBER-4