

084420 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **MOORE, CHARLIE BLAKE** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY, RA** 3. SOCIAL SECURITY NO. **241 80 3736**

4.a. GRADE, RATE OR RANK **SPC** 4.b. PAY GRADE **E-4** 5. DATE OF BIRTH (YYMMDD) **480617** 6. RESERVE OBLIG. TERM. DATE
Year **00** Month **00** Day **00**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **BECKLEY, WV** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **PO BOX 4572 CHARLESTON, WV 25304**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **HSC, 6TH S&T BN 6TH INF DIV (LIGHT) PACIFIC P1** 8.b. STATION WHERE SEPARATED **FT WAINWRIGHT, AK 99703**

9. COMMAND TO WHICH TRANSFERRED **NA** 10. SGLI COVERAGE None Amount: \$ **50,000**

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 31V10, UNIT LEVEL COMMUNICATIONS MAINTAINER 2YRS, 4MOS//NOTHING FOLLOWS	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	87	05	13
	b. Separation Date This Period	90	01	26
	c. Net Active Service This Period	02	08	14
	d. Total Prior Active Service	05	10	22
	e. Total Prior Inactive Service	01	01	10
	f. Foreign Service	02	02	26
	g. Sea Service	00	00	00
h. Effective Date of Pay Grade	87	06	03	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
NATIONAL DEFENSE SERVICE MEDAL-1//ARMY SERVICE RIBBON-1//REPUBLIC OF VIETNAM CAMPAIGN MEDAL W/60 DEVICE//OVERSEAS SERVICE BAR-2//VIET NAM SERVICE MEDAL W/I BRONZE SERVICE STAR//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
UNIT LEVEL COMMUNICATIONS MAINTAINER COURSE, 11 WEEKS, OCT 87//NOTHING FOLLOWS

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No 16. DAYS ACCRUED LEAVE PAID **24.0**

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
REFERENCE ITEM 12E: DELAYED ENTRY PROGRAM, 870428 - 870512//NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) **PO Box 194 Clothier, W VA 25047** 19.b. NEAREST RELATIVE (Name and address - Include Zip Code) **Terri Moore PO Box 194 Clothier, W VA 25047**

20. MEMBER REQUESTS COPY 6 BE SENT TO **W VA** DIR. OF VET AFFAIRS Yes No 21. MEMBER REQUESTS COPY 4 BE SENT TO Yes No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) **PAMELA S. SIMPSON SFC, USA, C. EXECUTION ACT**

DD Form 214, NOV 88 *Robert 10262* Previous editions are obsolete. *46401* MEMBER - 1

23. TYPE OF SEPARATION **DISCHARGE** 24. CHARACTER OF SERVICE (Include upgraded) **HONORABLE**

25. NARRATIVE REASON FOR SEPARATION **LOCALLY IMPOSED BAR TO REENLISTMENT** 26. PERIODS OF TIME LOST DURING THIS PERIOD **None** 27. MEMBER REQUESTS COPY 4 Yes No Initials **CR**