

097505 **CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** 000004

1. NAME (Last, First, Middle) FLICK, DONALD DEAN		2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NO. 303 82 07 9	
4.a GRADE, RATE OR RANK AK2	4.b PAY GRADE E5	5. DATE OF BIRTH (YYMMDD) 64SEP15		6. RESERVE OBLIG TERM. DATE Year NA Month NA Day NA	
7.a PLACE OF ENTRY INTO ACTIVE DUTY MERIDIAN, MS			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) HOBART, IN		
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAS, MERIDIAN, MS			8.b STATION WHERE SEPARATED PERSUPPDET, MERIDIAN, MS		

9. COMMAND TO WHICH TRANSFERRED NA		10. SGLI COVERAGE <input type="checkbox"/> 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) AK-0000 X X X X X X		12. RECORD OF SERVICE			
		a Date Entered AD This Period	88	APR	08
		b Separation Date This Period	90	APR	07
		c Net Active Service This Period	02	00	00
		d Total Prior Active Service	03	07	14
		e Total Prior Inactive Service	00	02	25
		f Foreign Service	00	00	00
		g Sea Service	00	00	00
		h Effective Date of Pay Grade	88	DEC	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
GOOD CONDUCT MEDAL (FIRST), NAVY PISTOL SHOT (MARKSMAN), NAVY/MARINE CORPS OVERSEAS SERVICE RIBBON, MERITORIOUS UNIT COMMENDATION, BATTLE 'E' AWARD,

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
NONE
X
X

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 NONE
		X		X		

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

18. REMARKS
DD FORM 214 ISSUED IAW NAVMILPERSCOMINST 1900.1C ON 90 APR 07.
X
X
X
X
X
X
X
X
X
X

RECORDED & INDEXED
OCT 7 11 53 AM '90
STATE OF INDIANA/S.S. NO. 11-11-90

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 4054 WILLOW ST HOBART, LAKE, IN 46342	19.b NEAREST RELATIVE (Name and address - include Zip Code) JAMES FLICK 4054 WILLOW ST HOBART IN 46342
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20. MEMBER REQUESTS COPY 6 BE SENT TO <u>IN</u> DIR OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) W. WEST, PNC, USN, MILPERSBRHD, BYDIROC
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Donald Dean Flick</i>	

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete MEMBER 1

23. TYPE OF SEPARATION DISCHARGED	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 3620150	26. SEPARATION CODE JBK	27. REENTRY CODE RE-R1
28. NARRATIVE REASON FOR SEPARATION FULFILLMENT OF SERVICE OBLIGATION		
29. DATES OF TIME LOST DURING THIS PERIOD TL: NONE		30. MEMBER REQUESTS COPY 4 DDZ Initials