

099147

LEGEND: Insert N/A to the items below which are not applicable

Sharon Moser 2530 New York St SE 46-415

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>BOGDAN, Carl</b>		2. SERVICE NUMBER <b>2022001</b>		3. GRADE, RATE OR RANK <b>Sergeant (E-5)</b>		4. DATE OF RANK (Day, Month, Year) <b>1 Sep 1966</b>	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>U. S. Marine Corps</b>			5. PLACE OF BIRTH (City and State or Country) <b>Gary, Indiana</b>			6. DATE OF BIRTH <b>1 May 43</b>	
	7. RACE	8. SEX	9. COLOR HAIR	10. COLOR EYES	11. HEIGHT	12. WEIGHT	13. U.S. CITIZEN	14. MARITAL STATUS
	<b>Male</b>	<b>Brown</b>	<b>Blue</b>	<b>72"</b>	<b>170</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Married</b>	
TRANSFER OR DISCHARGE DATA	10. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>High School - All</b>				11. MAJOR COURSE OR FIELD <b>Vocational</b>			
	11. TYPE OF TRANSFER OR DISCHARGE <b>Transfer to Marine Corps Reserve Marine Corps Schools, Quantico, Virginia 22134</b>							
	12. REASON AND AUTHORITY <b>"202 - Expiration of Enlistment. Auth par 13258 MCPM, &amp; MCO 1900.2E.</b>						13. EFFECTIVE DATE <b>24 Jan 67</b>	
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HqCo, HqBn, MCS, Quantico, Virginia 22134</b>				13. CHARACTER OF SERVICE <b>HONORABLE</b>		14. TYPE OF CERTIFICATE ISSUED <b>None</b>	
	14. SELECTIVE SERVICE NUMBER <b>12 65 43 166</b>		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>#65, Lincolnway, Valparaiso, Indiana</b>				16. DATE INDUCTED <b>Not Applicable</b>	
	17. DISTRICT OR AREA COMMAND TO WHICH REENLIST TRANSFERRED <b>9th Marine Corps District</b>							
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION <b>6 Nov 68</b>			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION & SOURCE OF ENTRY <input checked="" type="checkbox"/> OTHER: <b>This Document is the property of the Lake County Recorder!</b>			20. TERM OF SERVICE (Years) <b>4</b>	
	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>Private (E-1)</b>			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Chicago, Illinois</b>				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>11460 Clem Road Portage, Porter, Indiana</b>			24. STATEMENT OF SERVICE			25. DATE OF ENTRY	
	25. SPECIALTY NUMBER AND TITLE <b>0341 - Mortarman</b>			26. RELATED CIVILIAN OCCUPATION AND U.O.T. NUMBER <b>Proof Tech Helper (firearms) 8-93.77</b>			27. YEARS MONTHS DAYS	
				CREDITABLE FOR BASIC PAY PURPOSES			(1) NET SERVICE THIS PERIOD	
				b. TOTAL ACTIVE SERVICE			04 00 00	
				c. FOREIGN AND/OR SEA SERVICE			00 02 17	
VA DATA	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>Marksmanship Badge, Pistol; Marksmanship Badge, Rifle; Armed Forces Expeditionary Medal; Good Conduct Medal (1stAwd); National Defense Service Medal</b>			27. TOTAL ACTIVE SERVICE			04 02 17	
	27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>None</b>			28. TOTAL ACTIVE SERVICE			04 00 00	
	28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED			29. FOREIGN AND/OR SEA SERVICE			01 01 09	
SCHOOL OR COURSE			DATES (From - To)			MAJOR COURSES		
None						29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED <b>MCI * The Marine NCO MCI * 81mm Mortars MCI * Map &amp; Aerial Photograph Reading</b>		
30. GOVERNMENT LIFE INSURANCE IN FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			31. AMOUNT OF ALLOTMENT <b>Not Applicable</b>			32. MONTH ALLOTMENT DISCONTINUED <b>Not Applicable</b>		
31. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>None</b>			32. VA CLAIM NUMBER			33. VA CLAIM NUMBER <b>C- Not Applicable</b>		
AUTHENTICATION	32. REMARKS <b>Recommended for reenlistment No time lost current active duty No periods in an excess leave status Good Conduct Medal period commences 25Jan66 Lump sum leave settlement paid for 14 days Social Security No. 314-42-7864</b>							
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>Gary, Indiana 46409</b>				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Carl Bogdan</i>			
	35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>G. C. REYNA, Capt, USMC, Commanding Officer</b>				36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>G. C. Reyna</i>			

