IDENTIFICATION PURPOSES — THIS IS AN IMPORTANT RECORD — SAFEGUARD IT — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY ML07539

1. NAME (Last, first, middle)	WALKER, CHRISTOPHER JAMES
2. DEPARTMENT, COMPONENT AND BRANCH	NAVY/USN
3. SOCIAL SECURITY NO.	333 160 3240
4a. GRADE, RATE OR RANK	MMFN
4b. PAY GRADE	E3
5. DATE OF BIRTH	66NOV08
6. PLACE OF ENTRY INTO ACTIVE DUTY	WARRENVILLE, IL
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	USS DUBUQUE (LPD-8) 137167
8. STATION WHERE SEPARATED	TPU (BY PSD) TI, SFRAN, CA 94130
9. COMMAND TO WHICH TRANSFERRED	NA
10. SGLI COVERAGE	AMOUNT $ 50 000 ☐ NONE
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)	MM-0000

12. RECORD OF SERVICE	YEAR (s)	MON (s)	DAY (s)
a. Date Entered AD This Period	86	DEC	02
b. Separation Date This Period	89	AUG	04
c. Net Active Service This Period	02	08	03
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	01	10	29
g. Sea Service	01	10	11
h. Effective Date of Pay Grade	88	MAR	16
i. Reserve Oblig. Term. Date	NA	NA	NA

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NONE

14. MILITARY EDUCATION (Course, Title, number weeks, and month and year completed)

MACHINISTS MATE "A" SCOL, SELF-PACED, 87MAY20

15. MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☒ NO

16. HIGH SCHOOL GRADUATE OR EQUIVALENT ☒ YES ☐ NO

17. DAYS ACCRUED LEAVE PAID 10.5

18. REMARKS

DENTAL EXAMINATION AND TREATMENT NOT COMPLETED WITHIN 90 DAYS OF SEPARATION.

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD DEC 4 8 52 AM '90 ROBERT RECORDER

19. MAILING ADDRESS AFTER SEPARATION

30W071 MAPLEWOOD
WARRENVILLE, IL 60555

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

21. SIGNATURE OF MEMBER BEING SEPARATED

22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN

R. C. SANTOS, GS7, SEPBRSUPVR, BYDIROIC

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	DISCHARGED
24. CHARACTER OF SERVICE (Includes upgrades)	HONORABLE
25. SEPARATION AUTHORITY	MILPERSMAN 3620200
26. SEPARATION CODE	JFX
27. REENLISTMENT CODE	RE-4
28. NARRATIVE REASON FOR SEPARATION	OTHER PHYSICAL/MENTAL CONDITIONS - PERSONALITY DISORDERS
29. DATES OF TIME LOST DURING THIS PERIOD	NONE.
30. MEMBER REQUESTS COPY 4	INITIALS

S/N 0102-LF-000-2140

409 Kenwood
Hammond, Ind. 46324

SERVICE-2

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