CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

00-9 Hold-944-8308

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
91015748 JORDAN, MARGARITA NMN	NAVY - USN	547 | 39 | 2058

4.a. GRADE, RATE OR RANK	4.b PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE
HN	E3	70NOV23	Year 00 | Month 00 | Day 00

7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
LOS ANGELES, CA	2605 BLOOMDALE ST. DUARTE, CA 91010

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED
NAVAL HOSPITAL, 29 PALMS, CA 92278-5008	PSD CAMP PENDLETON, CSD MCAGCC, 29 PALMS, CA 92278-5008

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
N/A	☐ 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.)

HM - 0000

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	89	JAN	06
b. Separation Date This Period	91	MAR	15
c. Net Active Service This Period	02	02	10
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	90	JUL	16

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

NATIONAL DEFENSE SERVICE MEDAL

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

NAVAL HOSPITAL CORPS "A" SCHOOL, 14 WKS, JUN 89

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
		X		X		35.5

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

18. REMARKS

STATE OF INDIANA/S.S. NO
LAKE COUNTY
FILED
APR 4 3 05 PM 96
ROBERT W. BELL
RECORDER

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.b. NEAREST RELATIVE (Name and address - Include Zip Code)
4719 W. 25TH AVE. GARY, LAKE COUNTY, IN 46406	EARLY B. LAMAR / 4713 W 25TH AVE. GARY, IN 46406

20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR. OF VET AFFAIRS	Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
	X		E. O. ULEP, PNC, USN, CPOIC, BY DIRECTION

21. SIGNATURE OF MEMBER BEING SEPARATED Margarita Jordan

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23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include Upgrade)	
DISCHARGED	HONORABLE	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
MILPERSMAN 3620200	KDF	RE-3B

28. NARRATIVE REASON FOR SEPARATION
PREGNANCY/CHILDBIRTH

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
TL: NONE	Initials

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