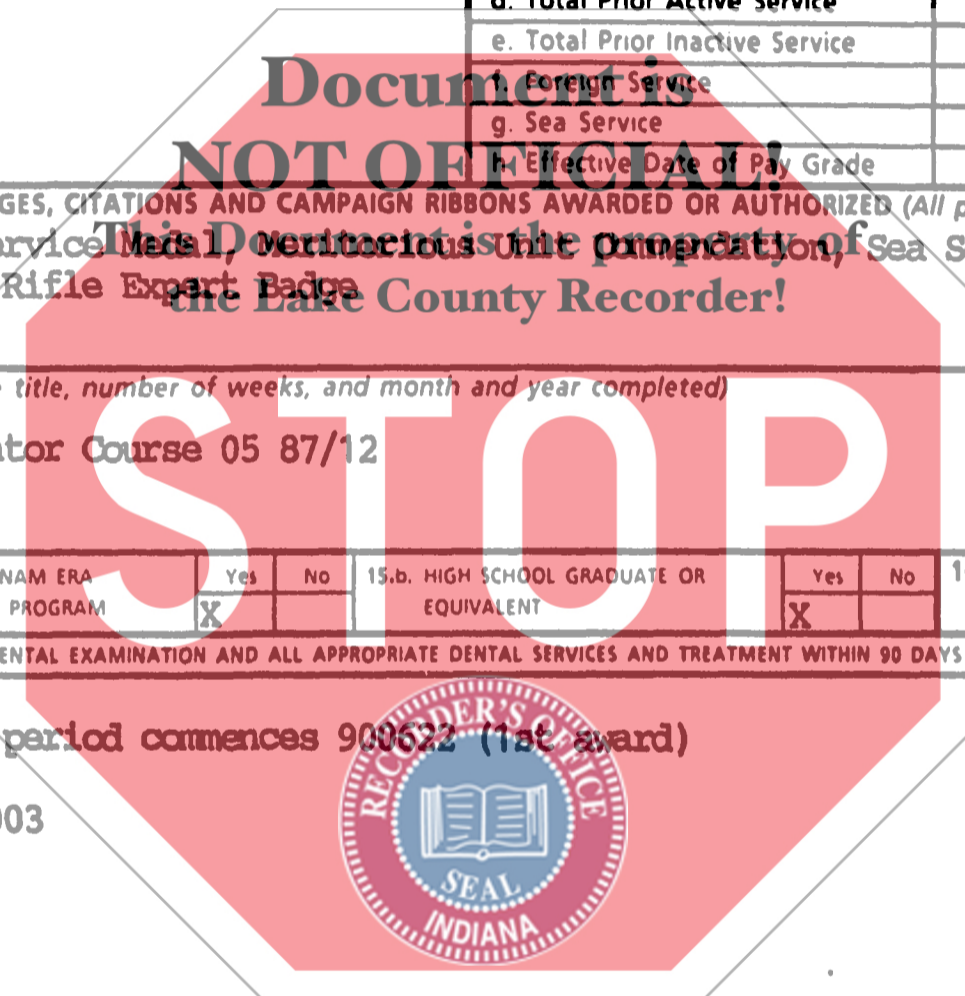


# 9101797 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>MARTINEZ Anthony</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>USMC-11</b>		3. SOCIAL SECURITY NO. <b>317 86 6988</b>	
4.a. GRADE, RATE OR RANK <b>PFC</b>	4.b. PAY GRADE <b>E-2</b>	5. DATE OF BIRTH (YYMMDD) <b>680817</b>		6. RESERVE OBLIG. TERM. DATE Year <b>00</b> Month <b>00</b> Day <b>00</b>	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>Chicago, IL</b>			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>4708 Massachusetts Gary, IN 46409</b>		
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HqSvcBn MCRDep SDiego CA</b>			8.b. STATION WHERE SEPARATED <b>HqSvcBn MCRDep SDiego CA RUC 34001</b>		
9. COMMAND TO WHICH TRANSFERRED <b>N/A</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>50,000</b>	
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.)  <b>3531: Motor Vehicle Operator 03 yrs 04 mos</b>		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	<b>87</b>	<b>07</b>	<b>14</b>
		b. Separation Date This Period	<b>91</b>	<b>04</b>	<b>09</b>
		c. Net Active Service This Period	<b>03</b>	<b>08</b>	<b>01</b>
		d. Total Prior Active Service	<b>00</b>	<b>00</b>	<b>00</b>
		e. Total Prior Inactive Service	<b>00</b>	<b>11</b>	<b>21</b>
		f. Foreign Service	<b>00</b>	<b>00</b>	<b>00</b>
g. Sea Service	<b>00</b>	<b>00</b>	<b>00</b>		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>National Defense Service Medal, Vietnam Service Medal, Sea Service Deployment Ribbon, Rifle Expert Badge</b>		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>Motor Vehicle Operator Course 05 87/12</b>			
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. DAYS ACCRUED LEAVE PAID <b>NONE</b>			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS <b>Good Conduct Medal period commences 900622 (1st award) VA Code(s) 5099, 5003</b>					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>4708 Massachusetts Gary, IN 46409</b>			19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>Richard M. Martinez (Father) 4708 Massachusetts Gary, IN 46409</b>		
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>TN</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) <b>W. MUSZEJNSKI, MSGT, PERSCH</b>		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Anthony R. Martinez</i>					



STATE OF INDIANA/S.S. NO  
 LAKE COUNTY  
 FILED  
**APR 16 2 59 PM '91**  
 ROBERT J. MUSZELAN  
 RECORDER

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

23. TYPE OF SEPARATION <b>Discharged</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>	
25. SEPARATION AUTHORITY <b>MARCORSEMAN PAR 8401/CVC msg NAVGRAM 910313</b>		26. SEPARATION CODE <b>JPL1</b>	27. REENTRY CODE <b>RE 3P</b>
28. NARRATIVE REASON FOR SEPARATION <b>Physical Disability with Severance Pay</b>			30. MEMBER REQUESTS COPY 4 <u>ARM</u> Initials
29. DATES OF TIME LOST DURING THIS PERIOD <b>(25) 900621 - 900714</b>			

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete. MEMBER 4