

91020394 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **MITCHELL Stephen Nikata** 2. DEPARTMENT, COMPONENT AND BRANCH **USMCR (C-7)** 3. SOCIAL SECURITY NO. **311 78 7196**

4.a. GRADE, RATE OR RANK **PF0** 4.b. PAY GRADE **E-2** 5. DATE OF BIRTH (YYMMDD) **680418** 6. RESERVE OBLIG. TERM. DATE **Year 94 Month 0 Day 20**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **Chicago IL** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **Road Gary IN**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **RTB MCB CAMLEJ NC 28542** 8.b. STATION WHERE SEPARATED **RPC, MCB CAMP LEJEUNE NC RUC 31053**

9. COMMAND TO WHICH TRANSFERRED **MCRSC 10950 El Monte Overland Park KS 66211-1408** 10. SGLI COVERAGE 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.) 3051 Warehouse Clerk	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	91	02	15
	b. Separation Date This Period	91	03	25
	c. Inactive Service This Period	00	00	00
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	10	05	

00 Years 01 Months

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)
NONE

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 **0**

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

18. REMARKS:
WHILE A MEMBER OF THE MARINE CORPS RESERVE, YOU WILL KEEP THE DIRECTOR, MGRSC (TOLL FREE 1-800-255-5082, OR IF WITHIN THE STATE OF KANSAS CALL COMMERCIAL (913) 236-3108; IF AUTOMON IS AVAILABLE, CALL 465-3110) INFORMED OF ANY CHANGE OF ADDRESS, MARITAL STATUS, NUMBER OF DEPENDENTS, CIVILIAN EMPLOYMENT, OR PHYSICAL STANDARDS.
PARTICIPATED IN OPERATION DESERT SHIELD/STORM FROM 910219 TO 910328

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) **436 West Ridge Rd Gary IN 46408** 19.b. NEAREST RELATIVE (Name and address - include Zip Code) **Lorene B Mitchell 436 West Ridge Rd Gary IN 46408**

20. MEMBER REQUESTS COPY 6 BE SENT TO: T.N. DIR. OF VET AFFAIRS Yes No 21. SIGNATURE OF MEMBER BEING SEPARATED *Stephen M. Mitchell* 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, and signature) *R. Warchawski*

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

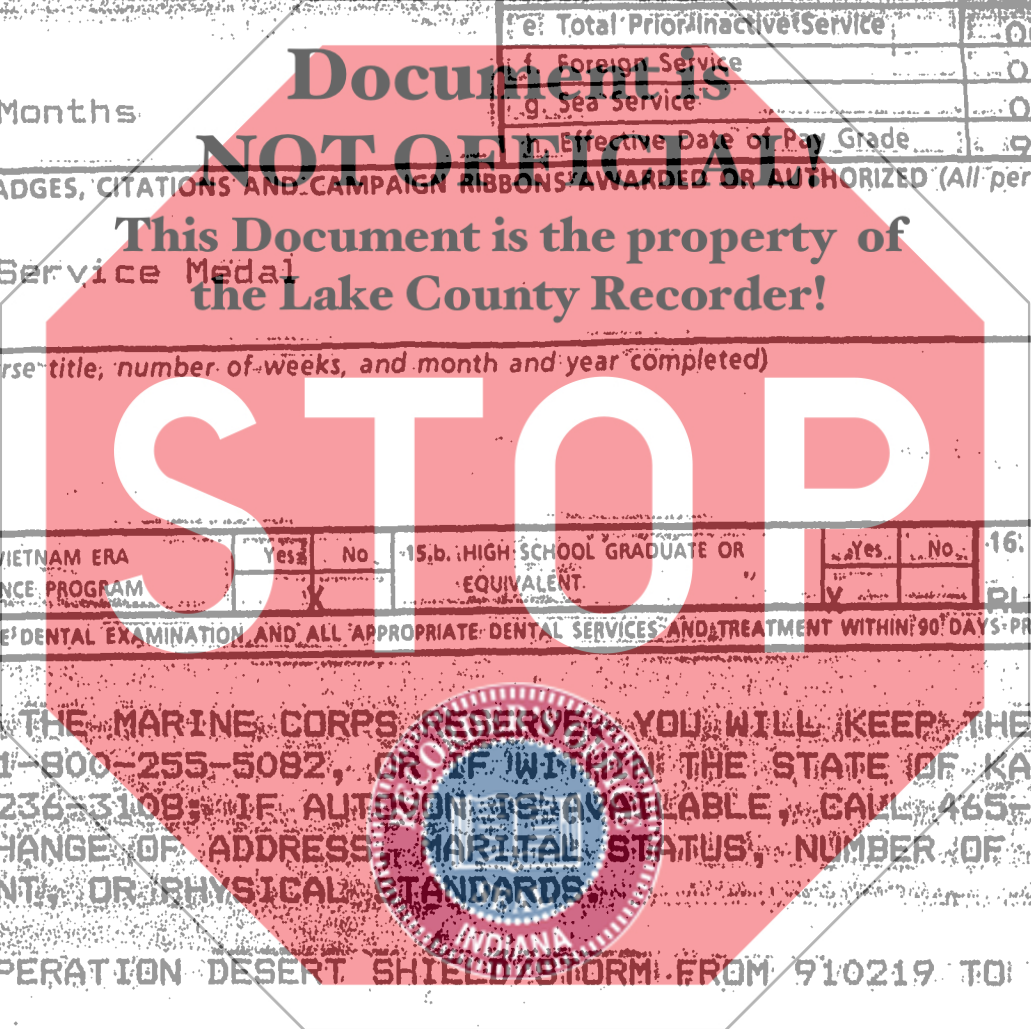
23. TYPE OF SEPARATION **RELEASED FROM ACTIVE DUTY** 24. CHARACTER OF SERVICE (Include upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **CMC 0818077 MAR 91/ALMAR 59491** 26. SEPARATION CODE **MRK5** 27. REENTRY CODE **RE-1A**

28. NARRATIVE REASON FOR SEPARATION **COMPLETION OF REQUIRED ACTIVE SERVICE (INVOLUNTARY SECA 1)**

29. DATES OF TIME LOST DURING THIS PERIOD **NONE** 30. MEMBER REQUESTS COPY 4? Yes No Initials

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STATE OF INDIANA
LAKE COUNTY
FILED FOR REC.
MAY 2 1 09
ROBERT W. COBURN
RECORDER