CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

Thomas K Parry Bx 819 CR Pt 46307

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

91021027 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (*Last, First, Middle*): RYAN, MARGARET ANNE	2. DEPARTMENT, COMPONENT AND BRANCH: NAVY USNR	3. SOCIAL SECURITY NO.: 338 42 4196
4.a GRADE, RATE OR RANK: LTJG	4.b. PAY GRADE: 02	5. DATE OF BIRTH (*YYMMDD*): 49FEB18
6. RESERVE OBLIG. TERM. DATE: Year 95 Month 06 Day 12		

7.a. PLACE OF ENTRY INTO ACTIVE DUTY: N&MCRC GARY, IN

7.b. HOME OF RECORD AT TIME OF ENTRY (*City and state, or complete address if known*): CROWN POINT, IN

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: NAVAL HOSPITAL, GREAT LAKES, IL

8.b. STATION WHERE SEPARATED: PERSUPPDET NAVHOSP GREAT LAKES, IL

9. COMMAND TO WHICH TRANSFERRED: N&MCRC GARY, IN

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.*)

X X X

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	91	FEB	26
b. Separation Date This Period	91	APR	19
c. Net Active Service This Period	00	01	24
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	03	07	23
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	89	JUN	13

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

NATIONAL DEFENSE SERVICE MEDAL, MARKSMAN (.38 CAL PISTOL)

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

X X X

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM: Yes [ ] No [X]

15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT: Yes [X] No [ ]

16. DAYS ACCRUED LEAVE PAID: 5.0

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

18. REMARKS

DD 214 ADMINISTRATIVELY ISSUED: 91APR19.
RECALLED TO ACTIVE DUTY UNDER 022-91 IN SUPPORT OF OPERATION DESERT SHIELD/STORM.

19.a. MAILING ADDRESS AFTER SEPARATION (*Include Zip Code*)

3110 SUNRISE DR
CROWN POINT, IN 46307

19.b. NEAREST RELATIVE (*Name and address - include Zip Code*)

MICHAEL F. RYAN-3110 SUNRISE DR
CROWN POINT, IN 46307

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS [ ] Yes [X] No

21. SIGNATURE OF MEMBER BEING SEPARATED: Margaret Anne Ryan

22. OFFICIAL AUTHORIZED TO SIGN (*Typed name, grade, title and signature*): J.W. HOOFMAN PNCS(SW), USN, AOIC BY DIR

SPECIAL ADDITIONAL INFORMATION (*For use by authorized agencies only*)

23. TYPE OF SEPARATION: RELEASED FROM ACTIVE DUTY

24. CHARACTER OF SERVICE (*Include upgrades*): HONORABLE

25. SEPARATION AUTHORITY: SECNAVINST 1920.6A ENCL(2) 5.a

26. SEPARATION CODE: MBK

27. REENTRY CODE: NA

28. NARRATIVE REASON FOR SEPARATION: COMPLETION OF REQUIRED ACTIVE SERVICE

29. DATES OF TIME LOST DURING THIS PERIOD: TL-NONE

30. MEMBER REQUESTS COPY 4: M.A.R. Initials

NC

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

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