

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

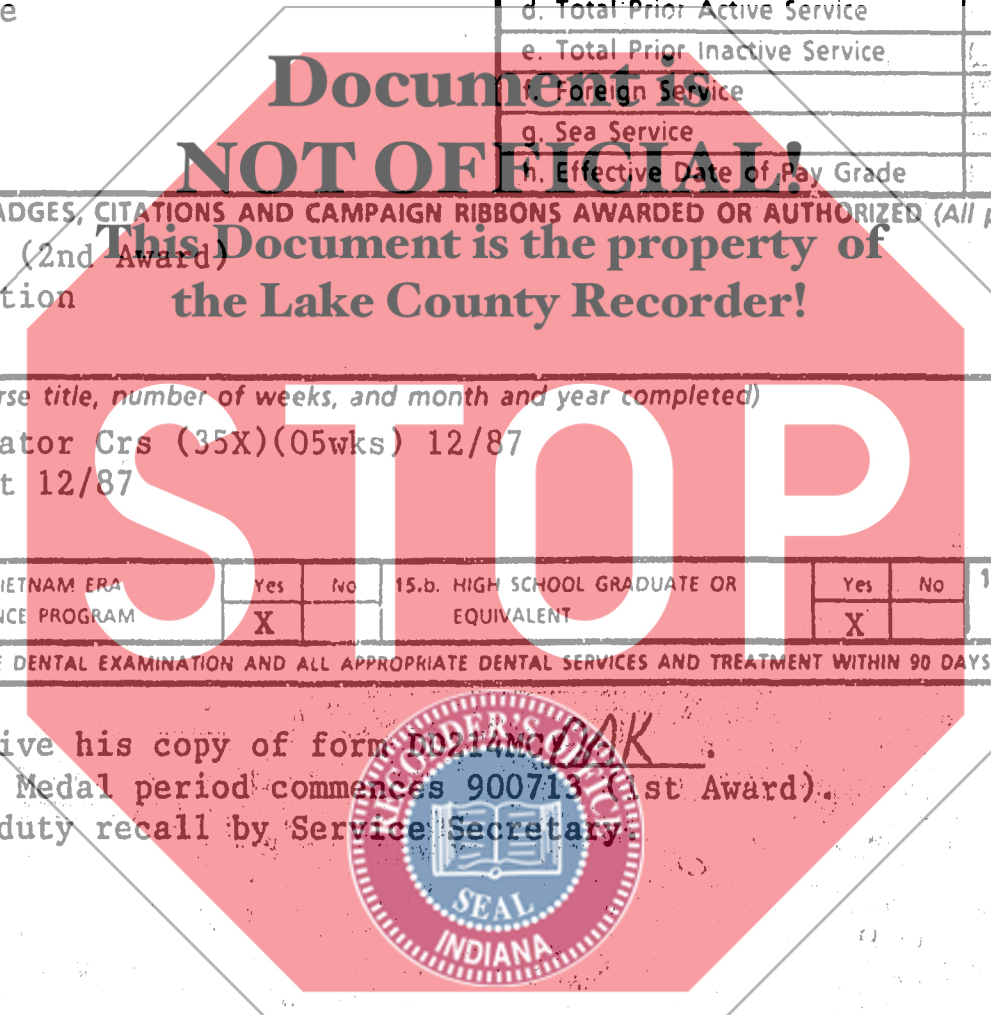
ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

91022558

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

4826 Coun. Hwy 46409

1. NAME (Last, First, Middle) KALLOK David Andrew Jr.		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NO. 304 90 8160	
4.a. GRADE, RATE OR RANK LCPL	4.b. PAY GRADE E-3	5. DATE OF BIRTH (YYMMDD) 680323		6. RESERVE OBLIG. TERM. DATE Year 95 Month 04 Day 13	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY MEPS Chicago, IL		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 3124 LaPorte Hobart, IN 46342			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 5thBn 11thMar 1stMARDIV		8.b. STATION WHERE SEPARATED MCAGCC 29 Palms, CA 92278 (RUC 11340)			
9. COMMAND TO WHICH TRANSFERRED MCRSC 10950 El Monte Overland Park, KS 66211-1408 (RUC 36005)			10. SGLI COVERAGE <input type="checkbox"/> 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.) 4600 Basic Training and Audiovisual Support Marine 00 Years 03 Months		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	87	07	13
		b. Separation Date This Period	90	07	12
		c. Net Active Service This Period	03	00	00
		d. Total Prior Active Service	00	00	00
		e. Total Prior Inactive Service	00	03	00
		f. Foreign Service	00	00	00
		g. Sea Service	00	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Rifle Expert Badge (2nd Award) Letter of Appreciation Meritorious Mast		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Motor Vehicle Operator Crs (35X)(05wks) 12/87 Drivers Improvement 12/87			
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 RLB 00.0 SLB 00.0	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS SNM elects to receive his copy of form DD214MCO/DAK SNM's Good Conduct Medal period commences 900713 (1st Award). Subject to active duty recall by Service Secretary.					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3124 LaPorte Hobart, IN 46342			19.b. NEAREST RELATIVE (Name and address - include Zip Code) David KALLOK (Father) 3124 LaPorte Hobart, IN 46342		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> IN <input type="checkbox"/> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) V. O. NGUYEN, and Lt. BnAdi USMC		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>David Andrew Jr. KALLOK</i>					



STATE OF INDIANA
LAKE COUNTY
FILED
MAY 13 2 20 PM '91
ROBERT RECORDED

23. TYPE OF SEPARATION Release from Active Duty		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPMAN par. 1005		26. SEPARATION CODE MBK1	
28. NARRATIVE REASON FOR SEPARATION Completion of Required Active Service (USMC) EAS		27. REENTRY CODE RE-1A	
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 <i>DAK</i> (Initials)	

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1. NAME (Last, first, middle) 91022558 KALLOK David Andrew Jr.	2. DEPARTMENT, COMPONENT AND BRANCH USMC-11	3. SOCIAL SECURITY NO. (Aka; Service Number if applicable)
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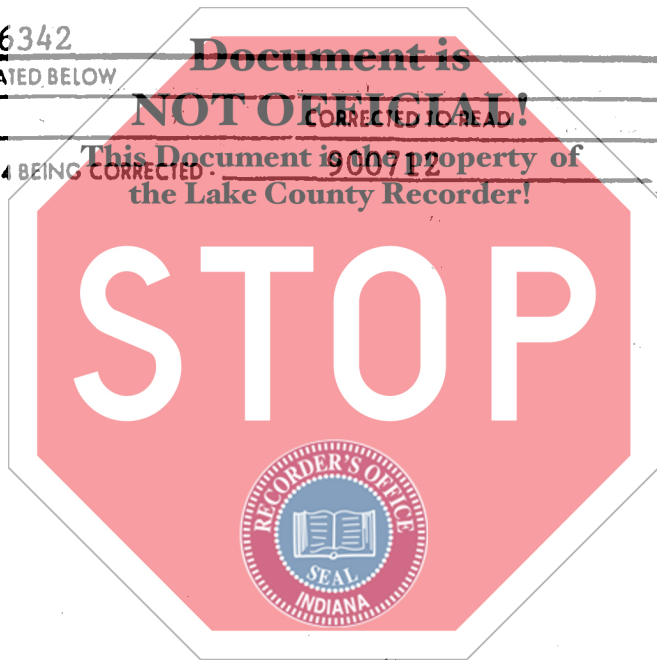
4. MAILING ADDRESS (Include ZIP Code) 3124 LaPorte Hobart, IN 46342	304 90 8160
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5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW

ITEM NO.

4a
4b
12h

SEPARATION DATE ON DD FORM 214 BEING CORRECTED
CPL
E-4
900601



STATE OF INDIANA / S.S. NO.
LAX COUNTY S. NO.
MAY 13 2 20 PM '91
ROBERT B. BELAND
RECORDER

6. DATE
900619

7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
[Signature]
V. Q. NGUYEN, 2ndLt, BnAdj, USMC

DD FORM 1 JUL 79 215
S/N 0102-LF-000-2150

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY MEMBER-1