

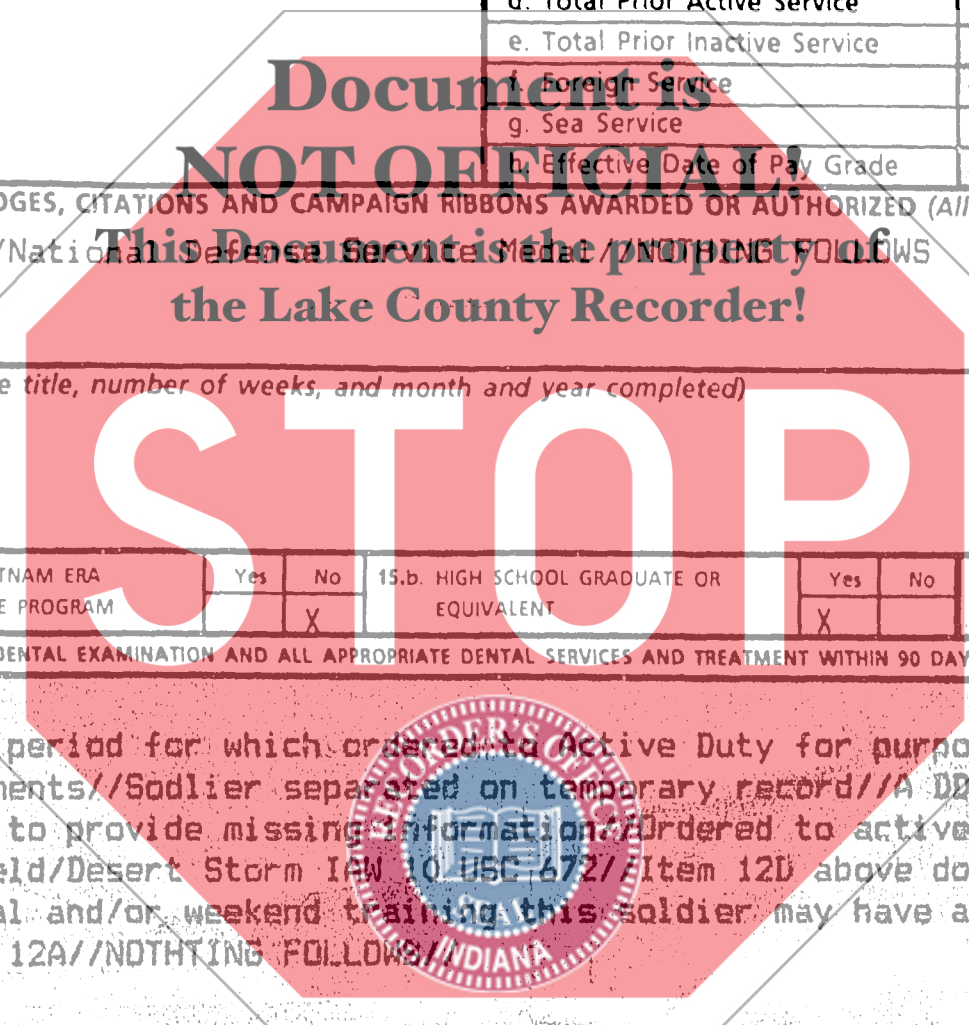
PO Box 1306

Madanah

46303

91026081 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) COKENOUR, DANIEL ALLEN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USNG		3. SOCIAL SECURITY NO. 311 178 7026	
4.a. GRADE, RATE OR RANK PV2	4.b. PAY GRADE E-2	5. DATE OF BIRTH (YYMMDD) 710705		6. RESERVE OBLIG. TERM. DATE Year NA Month NA Day NA	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY Rome, GA			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) Macon, GA		
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC 1/230TH FA FORSCOM FC			8.b. STATION WHERE SEPARATED Fort Stewart, GA 31314		
9. COMMAND TO WHICH TRANSFERRED Recruiting and Retention Office, lvd P.O. Box 17965, Atlanta, GA 30316-0965				10. SGLI COVERAGE 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.) 13F10, Fire Support Specialist, 4 months// NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	90	12	03
		b. Separation Date This Period	91	03	29
		c. Net Active Service This Period	00	03	27
		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		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Army Service Ribbon//National Defense Service Medal//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NA			
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No X		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X		16. DAYS ACCRUED LEAVE PAID	
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 Individual completed period for which ordered to Active Duty for purpose of Post-Service benefits and entitlements//Soldier separated on temporary record//A DD Form 215 will be issued by IL ARNG HQ to provide missing information//Ordered to active duty in support of Operation Desert Shield/Desert Storm IAW 10 USC 672//Item 12b above does not account for annual and/or weekend training this soldier may have accomplished prior to date entered in Item 12A//NOTHING FOLLOWS//INDIANA					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) Rt 22, Box 1070 Jones Anchor Macon, GA 31211			19.b. NEAREST RELATIVE (Name and address - Include Zip Code) Rt 22, Box 1070 Jones Anchor Macon, GA 31211		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS X Yes No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) CHARLES GILLISON, CSM, 214 PROCESS			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>					



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 12 22 PM '91
 RECORDER (BOB) FREELAND

DD Form 214, NOV 88

Previous editions are obsolete.

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23. TYPE OF SEPARATION Release From Active Duty		26. SEPARATION CODE L BK		27. REENTRY CODE NA	
25. SEPARATION AUTHORITY Chap 4, AR 635-200		20. NARRATIVE REASON FOR SEPARATION Completion of Period Ordered to Active Duty			
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 <i>[Signature]</i> Initials	

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