

-Hold- -Barron

# 91041128 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

|   |   |  |  |  |                  |
|---|---|--|--|--|------------------|
| 1. NAME (Last, First, Middle)<br><b>BARRON, MARIA CHRISTINA</b>   |   | 2. DEPARTMENT, COMPONENT AND BRANCH<br><b>NAVY-USN</b>   |  | 3. SOCIAL SECURITY NO.<br><b>312 76 9341</b> |                  |
| 4.a. GRADE, RATE OR RANK<br><b>SH3</b>  | 4.b. PAY GRADE<br><b>E4</b>   | 5. DATE OF BIRTH (YYMMDD)<br><b>66NOV16</b>  | 6. RESERVE OBLIG. TERM. DATE<br>Year <b>93</b> Month <b>05</b> Day <b>27</b>   |  |                  |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY<br><b>GARY, IN</b>   |   | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)<br><b>GARY, IN</b>                                     |  |  |                  |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>USS SANTA BARBARA AE 28</b>   |   | 8.b. STATION WHERE SEPARATED<br><b>USS SANTA BARBARA AE-28 AT CHARLESTON, SC</b>   |  |  |                  |
| 9. COMMAND TO WHICH TRANSFERRED<br><b>NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149</b>   |   |  | 10. SGLI COVERAGE<br>None <input type="checkbox"/><br>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.)<br><b>SH-3122 BARBER<br/>02 YRS 07 MOS</b>   |   | 12. RECORD OF SERVICE  |  |  |                  |
|   |   | a. Date Entered AD This Period   | Year(s) <b>86</b>  | Month(s) <b>MAY</b>                          | Day(s) <b>19</b> |
|   |   | b. Separation Date This Period   | <b>90</b>  | <b>MAY</b>                                   | <b>18</b>        |
|   |   | c. Net Active Service This Period  | <b>04</b>  | <b>00</b>                                    | <b>00</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>03</b>  | <b>05</b>                                    | <b>18</b>        |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)<br><b>SEA SERVICE DEPLOYMENT</b>   |   | 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)<br><b>SHIP'S SERVICEMAN "A" SCHOOL, 6 WKS, SEP 86</b> |  |  |                  |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 16. DAYS ACCRUED LEAVE PAID<br><b>13.5</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<br><p style="text-align: center;"><b>Document is NOT OFFICIAL</b></p> <p style="text-align: center;"><b>This Document is to be paid for by the Lake County Recorder!</b></p> <p style="text-align: center;"><b>STOP</b></p> <p style="text-align: center;"><b>RECORDER'S OFFICE</b><br/>SEAL<br/>INDIANA</p> <p style="text-align: right;">ROBERT (BOB) FREELAND<br/>RECORDER<br/>MAY 13 2 40 PM '91<br/>STATE OF INDIANA'S SIND<br/>LAKE COUNTY<br/>FILED FOR RECORD</p> |   |  |  |  |                  |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)<br><b>4583 C DURANT AVENUE<br/>NORTH CHARLESTON, SC 29406</b>   |   |  | 19.b. NEAREST RELATIVE (Name and address - include Zip Code)<br><b>LUIS RUIZ 220 CALHOUN STREET<br/>GARY, IN 46406</b> |  |                  |
| 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)<br><b>R. E. CHESTER PNC USN PERS OFF BY DIR</b>                   |  |  |                  |
| 21. SIGNATURE OF MEMBER BEING SEPARATED<br><b>MARIA CHRISTINA BARRON</b> <i>Maria Christina Barron</i>  |   |  |  |  |                  |

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| 23. TYPE OF SEPARATION: <b>RELEASED FROM ACTIVE DUTY AND TRANSFERRED TO NAVAL RESERVE</b>                |                                   | 24. CHARACTER OF SERVICE (include upgrades)<br><b>HONORABLE</b> |  |
| 25. SEPARATION AUTHORITY<br><b>MILPERMAN 3620150-1C</b>  | 26. SEPARATION CODE<br><b>LBK</b> | 27. REENTRY CODE<br><b>RE-1</b>                                 |  |
| 28. NARRATIVE REASON FOR SEPARATION<br><b>USN RELEASE FROM ACTIVE DUTY AND TRANSFER TO NAVAL RESERVE</b> |                                   |   |  |
| 29. DATES OF TIME LOST DURING THIS PERIOD<br><b>TL-NONE</b>  |                                   | 30. MEMBER REQUESTS COPY 4<br><b>MS</b> Initials                |  |