

DD FORM 1 JUL 79 211 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) BAILEY, WARREN TERRELL		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 312 78 5327	
4a. GRADE, RATE OR RANK PLC	4b. PAY GRADE E-3	5. DATE OF BIRTH 680419	6. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO, IL		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USA GARRISON VHF			8. STATION WHERE SEPARATED FORT MYER, VA		
9. COMMAND TO WHICH TRANSFERRED NA			10. SGLI COVERAGE AMOUNT \$ <u>50,000</u> <input type="checkbox"/> NONE		

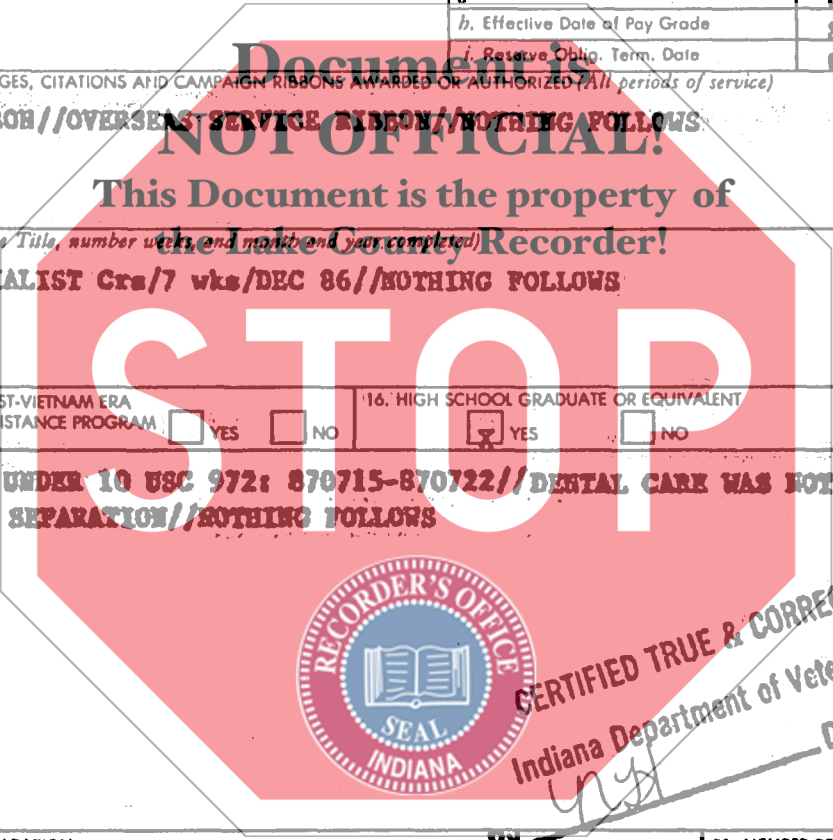
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 76Y10, UNIT SUPPLY SPECIALIST, 2 YEARS, 4 MONTHS//NOTHING FOLLOWS	12. RECORD OF SERVICE	YEAR (s)	MON (s)	DAY (s)
	a. Date Entered AD This Period	86	08	20
	b. Separation Date This Period	89	04	03
	c. Net Active Service This Period	02	07	06
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	00	00
	f. Foreign Service	00	11	16
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	89	03	01
	i. Reserve Oblig. Term. Date	00	00	00

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
UNIT SUPPLY SPECIALIST Crs/7 wks/DEC 86//NOTHING FOLLOWS

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17. DAYS ACCRUED LEAVE PAID NONE
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18. REMARKS
TIME LOST UNDER 10 USC 972: 870715-870722//DENTAL CARE WAS NOT PROVIDED WITHIN 90 DAYS PRIOR TO SEPARATION//NOTHING FOLLOWS



CERTIFIED TRUE & CORRECT COPY
Indiana Department of Veterans Affairs
Date 8-9-91

19. MAILING ADDRESS AFTER SEPARATION 337 173rd Place Hammond, IN 46324	20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21. SIGNATURE OF MEMBER BEING SEPARATED	22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN W. M. COOPER CPT AG CH USA TRANSITION POINT
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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE
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25. NARRATIVE REASON FOR SEPARATION

26. DATES OF TIME LOST DURING THIS PERIOD LOCALLY IMPOSED BAR TO REENLISTMENT	27. MEMBER REQUESTS COPY 4 INITIALS
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