THIS IS AN IMPORTANT RECORD. NY ALTERATIONS IN SHADEI IDENTIFICATION PURPOSES SAFEGUARD IT. AREAS RENDER FORM VOIC 3049100 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 1: NAME (Last, First, Middle) 2. DEPARTMENT, COMPONENT AND BRANCH 3. SOCIAL SECURITY NO. REYNA - ARMANDO NMN INZU - YVAN .Z .U 311 1:88:15565 4.a. GRADE, RATE OR RANK 4.6 PAY GRADE 5. DATE OF BIRTH (YYMMDD) 6. RESERVE OBLIG. TERM. DATE EM3 E4 1971 JANUARY 11 Yearlb Month U7 Day 11 7.a. PLACE OF ENTRY INTO ACTIVE DUTY 7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 4640: MILLER LN CHICAGO, IL GARY IN 46403 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 8.b. STATION WHERE SEPARATED USS SHREVEPORT (LPD 12) USS SHREVEPORT (LPD 12) 9. COMMAND TO WHICH TRANSFERRED 10. SGU COVERAGE None NAVRESPERSCEN: NEW ORLEANS LA 70149 Amount: \$ 100 , 000 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving 12. RECORD OF SERVICE Year(s) Month(s) Day(s) a Date Entered AD This Period PA 07 05 periods of one or more years.) b. Separation Date This Period 97 07 112 EM: - 0000 c. Net Active Service This Period D3° 11 28 d. Total Prior Active Service uu, 00 004 This Document is the corresponding Service nn 11 27 the Lake County Resubserse nn ימם חח g. Sea Service 03 03 14 h. Effective Date of Pay Grade 05 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIPBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL: KUWAIT LIBERATION MEDAL: SEA SERVICE DEPLOY-MENT RIBBON; NAVY UNIT COMMENDATION; SOUTHWEST ASIA SERVICE MEDAL X X X X 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) EN CLASS "A" SCHOL- SSC NTC, GREAT LAKES, IL 21 WEEKS, 9DMAR14 X X X X TENDAYS ACCRUED LEAVE, PAID 15.8. MEMBER CONTRIBUTED TO POST-VIETNAM ERA NO 15 D HIGH SCHOOL GRADUATE OR Yes & No ורון (EQUIVALENT VETERANS'EDUCATIONAL ASSISTANCE PROGRAM ---17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS CHORETO SEPARATION YES: X NO 18. REMARKS DISTRIBUTION OF DD214 MADE ZAWNWAYMILPERSCOMINST 190851 DENTAL WORK REQUIRED: X 19.b. NEAREST RELATIVE (Name and address - include Zip Code) 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 4640 MILLER MANE ALADBERTO REYNABLEATHERS 4640 MILLER

GARY IN 46403

TN

DIR. OF VET AFFAIRS

LN GARY IN 46403

X Yes No

OFFICIAL AUTHORIZED) TO SIGN (Typed name, grade, title and signature) | PD1 2/0 / 1/93 DE USN PERSOFFBYDIRCO

21. SIGNATURE OF MEMBER BEING SEPARATED

20. MEMBER REQUESTS COPY & BE SENT TO