

93087448 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle): **GUERRERO Jose Manuel E.** 2. DEPARTMENT, COMPONENT AND BRANCH: **USMCR (R-1)** 3. SOCIAL SECURITY NO.: **341 50 3599**

4.a. GRADE, RATE OR RANK: **Pvt** 4.b. PAY GRADE: **E-1** 5. DATE OF BIRTH (YYMMDD): **740215** 6. RESERVE OBLIG. TERM DATE: **9**
Year: **9** Month: **9** Day: **9**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY: **Chicago IL** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known): **455 Towle Court Hammond IN 46320**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: **Hq&SvcBn, SOI, MCB, CamPen, Ca 92055** 8.b. STATION WHERE SEPARATED: **Hq&SvcBn, SOI, MCB, CamPen, Ca 33353**

9. COMMAND TO WHICH TRANSFERRED: **HqSvcCo 2/24 4thMarDiv Chicago IL RUC 1417** 10. SGLI COVERAGE: **200,000**
Amount: \$ **200,000**

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.)	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
0311, Rifleman, 0 Years, 0 Months	a. Date Entered AD This Period	75	06	15
	b. Separation Date This Period	93	12	10
	c. Net Active Service This Period	00	00	00
	d. Total Active Service	00	05	26
	e. Total Prior Inactive Service	00	07	25
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	93	06	15

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service):
**Rifle Sharpshooter Badge
National Defense Service Medal**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed):
None

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM: Yes No 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT: Yes No

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION: Yes No

18. REMARKS:
**Reserve Special Enlistment Program;
Not a final discharge
Date detached separation activity: 931209 01 days travel time.**

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code): **455 Towle Court Hammond IN 46320** 19.b. NEAREST RELATIVE (Name and address - Include Zip Code): **Juan M Guerrero (F) Same as block 19a.**

20. MEMBER REQUESTS COPY 6 BE SENT TO: IN DIR. OF VET AFFAIRS; NO 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature): **J. M. Queislette, CWO-3, PERSO**

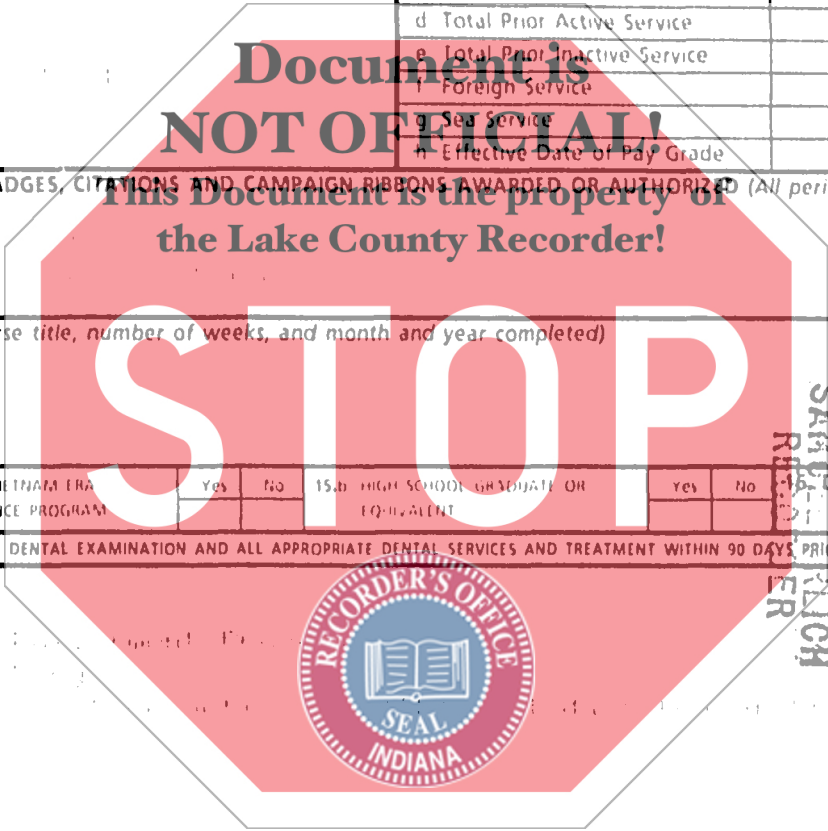
CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

3087943 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.		
4.a GRADE, RATE OR RANK	4.b PAY GRADE	5. DATE OF BIRTH (YYMMDD)		6. RESERVE OBLIG. TERM: DATE		
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)				
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8.b STATION WHERE SEPARATED				
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE		<input type="checkbox"/> None		
11. PRIMARY SPECIALTY (List specialty, List additional specialty numbers and titles involving one or more years.)		12. RECORD OF SERVICE			Year(s) Month(s) Day(s)	
		a Date Entered AD This Period				
		b Separation Date This Period				
		c Net Active Service This Period				
		d Total Prior Active Service				
		e Total Prior Inactive Service				
		f Foreign Service				
		g Sea Service				
		h Effective Date of Pay Grade				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)						
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes No		15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		
				Yes No		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
Yes No						
REMARKS						
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b NEAREST RELATIVE (Name and address - include Zip Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Jose M. Sanchez</i>						



SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION Released from ADP		24. CHARACTER OF SERVICE (Include upgrades)	
25. SEPARATION AUTHORITY MARCORSENAH		26. SEPARATION CODE MRE 2	27. REENTRY CODE N/A
28. NARRATIVE REASON FOR SEPARATION Comp. Discharge of Regular Active Service - UNEMP - IADP			
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4 <i>J. M. G.</i> Initials	