

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>CASTILLO EDGARDO</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY - RA</b>		3. SOCIAL SECURITY NO. <b>323 64 7567</b>	
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4. GRADE, RATE OR RANK <b>SFC</b>		4.b. PAY GRADE <b>E4</b>		5. DATE OF BIRTH (YYMMDD) <b>670216</b>		6. RESERVE OBLIG. TERM. DATE Year <b>00</b> Month <b>00</b> Day <b>00</b>	
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7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>SAN JUAN, PR</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>HC71 BOX 2553 NARANJITO, PR 00719</b>			
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8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>6/502 IN RGMT, APO NY 09742</b>		CO <b>A</b>		8.b. STATION WHERE SEPARATED <b>FORT MCPHERSON, GA 30330-5000</b>	
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9. COMMAND TO WHICH TRANSFERRED <b>A</b>			10. SGLI COVERAGE None <input type="checkbox"/> Amount: \$ <b>50,000</b>		
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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.) <b>11B10-INFANTRYMAN, 2 YEARS//NOTHING FOLLOWS</b>	12. RECORD OF SERVICE					
	a. Date Entered AD This Period	<b>88</b>	<b>03</b>	<b>29</b>		
	b. Separation Date This Period	<b>90</b>	<b>10</b>	<b>31</b>		
	c. Net Active Service This Period	<b>02</b>	<b>07</b>	<b>03</b>		
	d. Total Prior Active Service	<b>00</b>	<b>00</b>	<b>00</b>		
	e. Total Prior Inactive Service	<b>02</b>	<b>07</b>	<b>09</b>		
	f. Foreign Service	<b>02</b>	<b>03</b>	<b>21</b>		
	g. Sea Service	<b>00</b>	<b>00</b>	<b>00</b>		
			h. Effective Date of Pay Grade	<b>90</b>	<b>01</b>	<b>01</b>

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>ARMY ACHIEVEMENT MEDAL-1//ARMY SERVICE RIBBON-1//NOTHING FOLLOWS</b>		<b>2573</b>
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14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>NONE//NOTHING FOLLOWS</b>	
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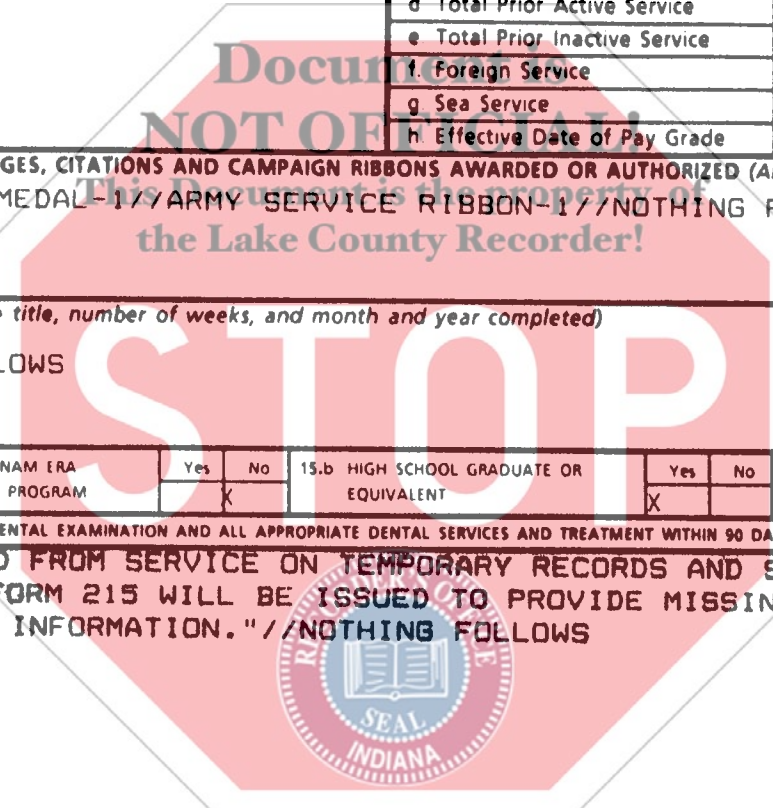
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		16. DAYS ACCRUED LEAVE PAID <b>00.0</b>	
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17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		18. MEMBER SEPARATED FROM SERVICE ON TEMPORARY RECORDS AND SOLDIER'S AFFIDAVIT. A DD FORM 215 WILL BE ISSUED TO PROVIDE MISSING INFORMATION TO CORRECT ANY INFORMATION.//NOTHING FOLLOWS	
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19.a. HOME ADDRESS AFTER SEPARATION (Include Zip Code) <b>HC71 BOX 2553 NARANJITO, PR 00719-9707</b>		19.b. NEAREST RELATIVE (Name and address - Include Zip Code) <b>JUANA M. RIOS ADDRESS SAME AS BLOCK 19A</b>	
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20. SIGNATURE OF MEMBER BEING SEPARATED <b>Not available to sign</b>		21. DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>RAFAEL G. CHAVEZ, MAJ, AG, ADJ GEN</b>	
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DISCHARGE HONORABLE  
 AR 635-200, PARA 6-3A KDH  
 DEPENDENCY 3  
 NONE



LAKE COUNTY  
 FILED FOR RECORD  
 7 PM 1:17  
 AMDEL ORLICH  
 RECORDER

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) CASTILLO EDGARDO		2. DEPARTMENT, COMPONENT AND BRANCH ARMY RA		3. SOCIAL SECURITY NO. 323   64   7567	
4.a. GRADE, RATE OR RANK SPC	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 670216		6. RESERVE OBLIG. TERM. DATE Year 00   Month 00   Day 00	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY SAN JUAN, PR			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) HC71 BOX 2553 NARANJITO, PR 00719		

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND (City and State) 67502 IN RGMT, APO NY 09742	8.b. STATION WHERE SEPARATED FORT McPHERSON, GA 30330-5000
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9. COMMAND TO WHICH TRANSFERRED (If A)	10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50,000
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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.) 1. 1B10 - INFANTRYMAN, 2 YEARS//NOTHING FOLLOWS	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	88	03	29
	b. Separation Date This Period	90	10	31
	c. Net Active Service This Period	02	07	03
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	02	07	09
	f. Foreign Service	02	03	21
	g. Sea Service	00	00	00
h. Effective Date of Pay Grade	90	01	01	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL - 1//ARMY SERVICE RIBBON - 1//NOTHING FOLLOWS
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14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS
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15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID 00.0
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17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	Yes	No
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18. REMARKS: SEPARATED FROM SERVICE ON TEMPORARY RECORDS AND SOLDIER'S AFFIDAVIT. A DD FORM 215 WILL BE ISSUED TO PROVIDE MISSING INFORMATION OR TO CORRECT ANY INFORMATION.//NOTHING FOLLOWS	STATE OF INDIANA LAKE COUNTY FILED FOR RECORD SAMUEL ORLICH RECORDER DEC - 7 PM 1:17
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19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) NARANJITO, PR 00719-9707	19.b. NEAREST RELATIVE (Name and address - include Zip Code) JUAN RIOS ADDRESS SAME AS BLOCK 19A
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20. MEMBER REQUESTS COPY 6 BE SENT TO: PR DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	21. SIGNATURE OF MEMBER BEING SEPARATED Soldier not available to sign	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) RAFAEL G. CHAVEZ, MAJ, AG, ADJ GEN
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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, PARA 6-3A	26. SEPARATION CODE KDH	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION DEPENDENCY		
29. DATES OF TIME LOST DURING THIS PERIOD NONE	30. MEMBER REQUESTS COPY 4 Initials	