

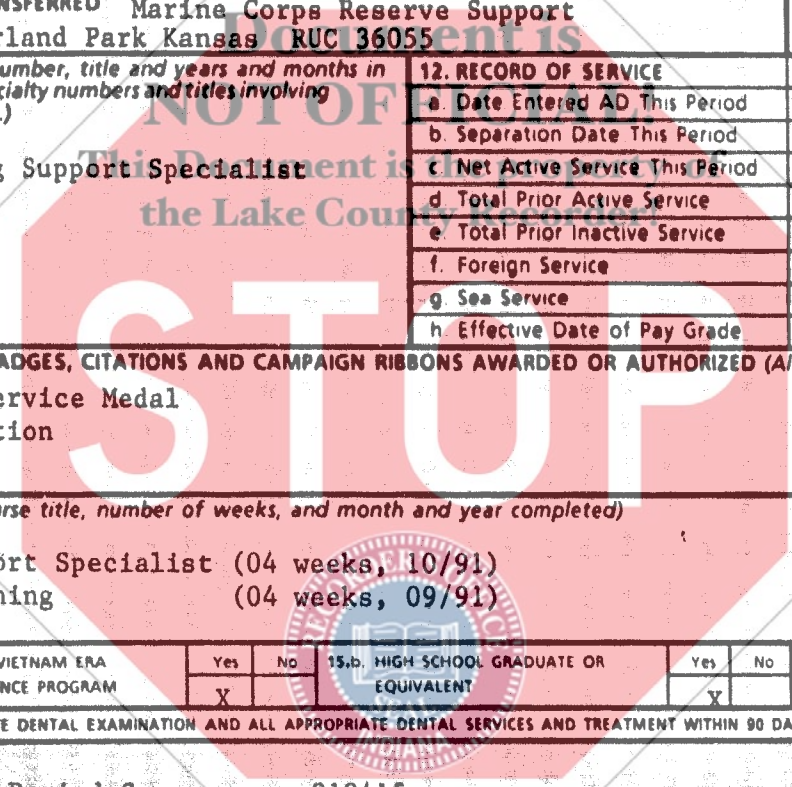
CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 00119

1. NAME (Last, First, Middle) DOPPLER Carl Wauren		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NO. 304 94 9405			
4.a. GRADE, RATE OR RANK Lcpl	4.b. PAY GRADE E-3	5. DATE OF BIRTH (YYMMDD) 701028	6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00				
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) 213 North Wood St Griffith IN 46319					
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1stLdgSptBn 1stFSSG CamPen CA 92055-5705		8.b. STATION WHERE SEPARATED 1stLdgSptBn 1stFSSG RUC 28370					
9. COMMAND TO WHICH TRANSFERRED Marine Corps Reserve Support Center (MCRSC) Overland Park Kansas RUC 36055			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 100,000				
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.) 0481- Basic Landing Support Specialist		12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)
		a. Date Entered AD This Period			91	04	15
		b. Separation Date This Period			92	12	15
		c. Net Active Service This Period			01	08	00
		d. Total Prior Active Service			00	00	00
		e. Total Prior Inactive Service			00	00	21
		f. Foreign Service			00	00	00
		g. Sea Service			00	00	00
h. Effective Date of Pay Grade			91	10	01		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) National Defense Service Medal Letter of Appreciation Rifle Expert Badge							
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Basic Landing Support Specialist (04 weeks, 10/91) Marine Combat Training (04 weeks, 09/91)							
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No
		X				X	
16. DAYS ACCRUED LEAVE PAID							
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION							
18. REMARKS Good Conduct Medal Period Commences: 910415 SNM IS HOME AWAITING ORDERS PENDING CMC MESSAGE PHYSICAL DISABILITY DISCHARGE WITHOUT SEVERANCE PAY PHYSICAL DISABILITY DISCHARGE AUTHORIZED CMC MESSAGE RECEIVED 08 DEC 92 CMC MESSAGE 050608Z DEC 92							
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 213 N. Wood Griffith IN 46319			19.b. NEAREST RELATIVE (Name and address - include Zip Code) DOPPLER, Meiba 213 N Wood Griffith IN 46319				
20. MEMBER REQUESTS COPY BE SENT TO			21. SIGNATURE OF MEMBER BEING SEPARATED SEE REMARKS MEMBER NOT AVAILABLE FOR SIGNATURE				
22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) M. E. FOX WO PERSO			[Signature]				



FILED FOR RECORD
91 DEC 9 14 8:57
SARIEL CRUCH
RECORDER

2068 West Lincoln Hwy Suite 150 Searcy AR 72170

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 00119

1. NAME (Last, First, Middle) DOPLER Carl Wauren		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NO. 304 94 9405	
4.a. GRADE, RATE OR RANK Lcpl	4.b. PAY GRADE E-3	5. DATE OF BIRTH (YYMMDD) 701028		6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00	
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) 213 North Wood St Griffith IN 46319		

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1stLdgSptBn 1stFSSG CamPen CA 92055-5705		8.b. STATION WHERE SEPARATED 1stLdgSptBn 1stFSSG RUC 28370	
9. COMMAND TO WHICH TRANSFERRED Marine Corps Reserve Support Center (MCRSC) Overland Park Kansas RUC 36055			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 100,000

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.) 0481- Basic Landing Support Specialist	12. RECORD OF SERVICE			
	a. Date Entered AD This Period	91	04	15
	b. Separation Date This Period	92	12	15
	c. Net Active Service This Period	01	08	00
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	00	21
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	91	10	01

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

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
**Basic Landing Support Specialist (04 weeks, 10/91)
 Marine Combat Training (04 weeks, 09/91)**

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 checked="" type="checkbox"/> No <input type="checkbox"/>	16. DAYS ACCRUED LEAVE PAID
---	---	--	---	-----------------------------

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

18. REMARKS
Good Conduct Medal Period Commences: 910415
SNE IS HOME AWAITING ORDERS PENDING CMC MESSAGE PHYSICAL DISABILITY DISCHARGE SEVERANCE PAY
PHYSICAL DISABILITY DISCHARGE AUTHORIZED CMC MESSAGE RECEIVED 08 DEC 92
CMC MESSAGE 050608Z DEC 92

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 213 N. Wood Griffith IN 46319	19.b. NEAREST RELATIVE (Name and address - include Zip Code) DOPLER, Meiba 213 N Wood Griffith IN 46319
---	---

20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> IN <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) M. E. FOX WO PERSO
21. SIGNATURE OF MEMBER BEING SEPARATED SEE REMARKS MEMBER NOT AVAILABLE FOR SIGNATURE	<i>[Signature]</i>

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Discharge	24. CHARACTER OF SERVICE (Include Upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPMAN par 8404	26. SEPARATION CODE JFN1	27. REENTRY CODE RE-3P
28. NARRATIVE REASON FOR SEPARATION Physical disability, existing prior to entry (Determined by Physical Evaluation Board)		
29. DATES OF TIME LOST DURING THIS PERIOD None	30. MEMBER REQUESTS COPY 4 Initials	