CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 1. NAME (Last, First, Middle) 2. DEPARTMENT, COMPONENT AND BRANCH PORD, KEVIN EDMOND 3. SOCIAL SECURITY NO. NAVY-USN 303 1 82 | 6914 4.a. GRADE, RATE OR RANK 4.6 PAY GRADE 5. DATE OF BIRTH (YYMMDD) 6. RESERVE OBLIG. TERM. DATE SN E-3 720220 7.8. PLACE OF ENTRY INTO ACTIVE DUTY Year 98 Month 07 Day 16 7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete CHICAGO, IL address if known) 3619 WEST 15TH AVE GARY, IN 46404-0000 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 8.b STATION WHERE SEPARATED USS CORONADO (AGF 11) USS CORONADO (AGF 11), SAN DIEGO, CA 9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149 10. SGLI COVERAGE None 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving Amount: \$ 100.000 12. RECORD OF SERVICE Year(s) Month(s) Day(s) periods of one or more years.) a Date Entered AD This Period 90 SEP 13 DG - 9780 SERVICE AND SUPPLY HANDLERS b Separation Date This Period 94 SEP 12 C Net Active Service This Period O3YRS, 10MOS. 04 00 00 X d Total Prior Active Service X This Document 00 00 00 X e Total Prior Inactive Service the Lake Could Foreign Service UCL 00 00 00 X 00 00 **00** X g Sea Service 02 04 0 h Effective Date of Pay Grade 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) 92 NOV NATIONAL DEFENSE SERVICE MEDAL; JOINT MERITORIOUS UNIT AWARD; AND BATTLE "E" AWARD. X X X 14. MILITARY EDUCATION (Course title number of weeks and month and year completed) NONE. X X X X X 15.0 MEMBER CONTRIBUTED TO POST-VICTNAM FRA Yes No 15.6 HIGH SCHOOL GRADUATE OR 16. DAYS ACCRUED LEAVE PAID Yes VETERANS EDUCATIONAL ASSISTANCE PROGRAM EQUIVALENT 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION 18. REMARKS NONE. and the second s X X X X X X 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 19.b. NEAREST RELATIVE (Name and address - include 21p code) 3629 WEST 15TH AVE CORRE E. WILLIAMS (MOTHER) GARY, IN 46404-0000 TEL NO: (219) 949-1776 SAME AS BLK 19.a 30. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR. OF VET AFFAIRS X YES (NO OFFICIAL TUTHORIZED TO SIGN (Typed, name, grade, title and 22. MATURE OF MEMBER BEING SEPARATED G. L. MENDIOLA, PNC, USN, PERSOFF BYDIRGO

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	4.b. PAY GRADE		5. DATE OF BIRTH (YY 720220	MMDD)	6. RESERVE	OBLIG. TERM	I. DATE
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