

Gwen QC 6-16-92

Greg Smith 6-16-92

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) **William Arthur Lenoir** 2. DEPARTMENT, COMPONENT AND BRANCH **USMC-11** 3. SOCIAL SECURITY NO. **370 178 19725**

4. GRADE, RATE OR RANK **Lance Corporal** 5. DATE OF BIRTH (YYMMDD) **690314** 6. RESERVE OBLIG TERM DATE Year **00** Month **00** Day **00**

7. PLACE OF ENTRY INTO ACTIVE DUTY **Detroit MI** 7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address) **Detroit MI**

8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND **1ST PSSG FWD (HUC 28349)** 8.b STATION WHERE SEPARATED **MCAGC 29 Palmdale CA 92278**

9. COMMAND TO WHICH TRANSFERRED **N/A** 10. SGLI COVERAGE Amount **\$100,000** None

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.)
**3301-Food Service Specialist
01 YRS 04 MOS**

12. RECORD OF SERVICE

	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	80	02	07
b. Separation Date This Period	91	12	13
c. Net Active Service This Period	01	10	07
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Total Service	01	10	07
h. Effective Date of Pay Grade	80	02	07

13. DECORATIONS, MEDALS, BADGES, OR OTHER AWARDS OR AUTHORIZED (All periods of service)
**Rifle marksmen badge
SSDR
MDSM
BASF2
MDC**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
Food Service Specialist CBS (33e) 07mos 90 08

15.a MEMBER CONTRIBUTED TO POST-VETERAN ERA VETERAN EDUCATIONAL ASSISTANCE PROGRAM Yes No 15.b HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No 16. DAYS ACCRUED LEAVE PAID **RLR**

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



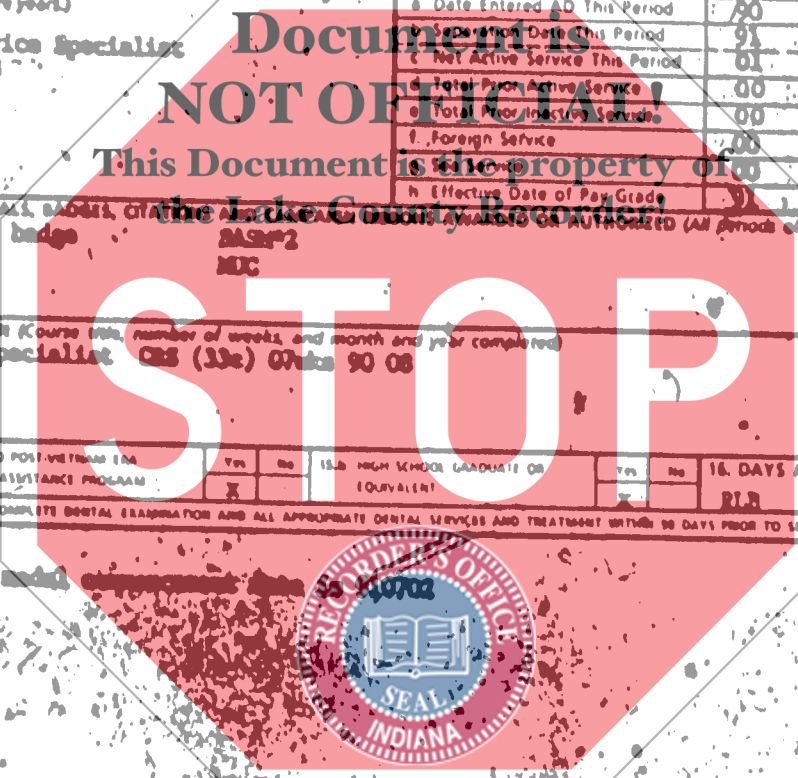
19. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
**PO Box 9, 100th Ave
Gary, Indiana 46407**

20. MEMBER REQUESTS COPY 4 BE SENT TO YES NO 21. SIGNATURE OF MEMBER BEING SEPARATED **William A. Lenoir** 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
L. J. MORGENTHAU, CWO4, BY dlr

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Discharge	24. CHARACTER OF SERVICE (include upgrades) Honorable
25. SEPARATION AUTHORITY MARCORSEPHAN Par 6408/CHCSO 701910	26. SEPARATION CODE ED01
27. NARRATIVE REASON FOR SEPARATION Pregnancy (Discharge)	28. SERVICE CODE RR-1A
29. DATES OF TIME LOST DURING THIS PERIOD NONE	30. MEMBER REQUESTS COPY 4 <input type="checkbox"/> <small>(initials)</small>

4310 W 21st
Apt 40408



AMASA & COLBY
CHIEF DEPT. RECORDER
LAKE COUNTY, INDIANA
FILED FOR
12-11-91 9:41:10:15