

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>PETKOVICH Vladica (NMN)</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>USMCR-C7</b>		3. SOCIAL SECURITY NO. <b>317   82   0840</b>	
4.a. GRADE, RATE OR RANK <b>Lance Corporal</b>		4.b. PAY GRADE <b>E-3</b>		5. DATE OF BIRTH (YYMMDD) <b>661125</b>	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>GARY, IN 46403</b>			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>HAMMOND, IN 46323</b>		
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>8TH ENGRSPTBN 2ND FSSG</b>			8.b. STATION WHERE SEPARATED <b>MPC, MCB CAMPEN, CA RIIC 33069</b>		

9. COMMAND TO WHICH TRANSFERRED  
**6TH ENGSPTBN 4TH FSSG GARY, IN**

10. SGLI COVERAGE  None  
Amount: \$ **50,000**

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)

**3521 ORGANIZATION AUTOMOTIVE MECHANIC  
06 mos**

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	90	12	04
b. Separation Date This Period	91	05	23
c. Next Active Service This Period	00	05	20
d. Total Prior Active Service	00	07	26
e. Total Prior Inactive Service	03	11	23
f. Foreign Service	00	03	
g. Sea Service	00	00	
h. Effective Date of Pay Grade	88	10	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

**National Defense Service Medal**      **South West Asia 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	16. DAYS ACCRUED LEAVE PAID
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION

18. REMARKS

"Participated in Operation Desert Shield/Storm from 901204 to 910523."

"While a member of the Marine Corps Reserve, you will keep the Director, MCRSC (Toll free 1-800-255-5082, or if within the State of Kansas call commercial (913) 491-7500 if AUTOVON is available, call 465-3101) informed of any changes of address, marital status, number of dependents, civilian employment, or physical standards."

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>6610 NEVEDA AVE HAMMOND, IN 46323</b>	19.b. MAILING ADDRESS AT TIME OF SEPARATION (Include Zip Code) <b>6610 NEVEDA AVE HAMMOND, IN 46323</b>
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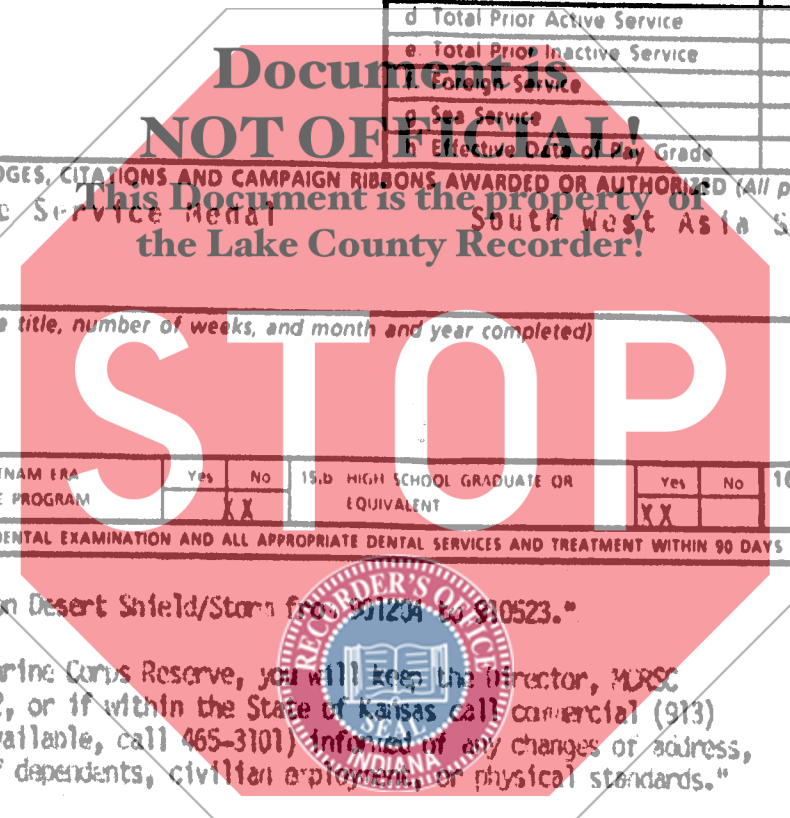
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> IN <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>D. C. ARCHIBALD, CAPT, USMCR</b>
21. SIGNATURE OF MEMBER BEING SEPARATED <i>V. Petkovich</i>	



AMASA G. COLBY  
 REDEP. RECORDER  
 LAKE COUNTY  
 INDIANA  
 FILED FOR RECORD  
 95003443  
 85 MAR 19 PM 1:47

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>PETKOVICH Vladick (NMN)</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>USMCR-C7</b>		3. SOCIAL SECURITY NO. <b>317 182 0840</b>		
4.a. GRADE, RATE OR RANK <b>Lance Corporal</b>	4.b. PAY GRADE <b>E-3</b>	5. DATE OF BIRTH (YYMMDD) <b>661125</b>		6. RESERVE OBLIG. TERM. DATE Year <b>94</b> Month <b>04</b> Day <b>15</b>		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>GARY, IN 46403</b>			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>HAMMOND, IN 46323</b>			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>8TH ENGRSPTBN 2ND FSSG</b>			8.b. STATION WHERE SEPARATED <b>MPC, MCB CAMPEN, CA RUC-33069</b>			
9. COMMAND TO WHICH TRANSFERRED <b>6TH ENGRSPTBN 4TH FSSG GARY, IN</b>			10. SGLI COVERAGE		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.)  <b>3521 ORGANIZATION AUTOMOTIVE MECHANICAL WORKS</b>			12. RECORD OF SERVICE			
			a. Date Entered AD This Period	Year(s)	Month(s)	Day(s)
			b. Separation Date This Period	90	12	04
			c. Net Active Service This Period	91	05	23
			d. Total Prior Active Service	00	05	20
			e. Total Prior Inactive Service	00	07	26
			f. Foreign Service	03	11	23
g. Sea Service	00	03	19			
h. Effective Date of Pay Grade	08	10	01	10. SGLI AMOUNT \$ <b>50,000</b>		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>National Defense Service Medal South West Asia Service Medal</b>						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>NONE</b>						
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		
		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				16. DAYS ACCRUED LEAVE		
				0.5		
18. REMARKS "Participated in Operation Desert Shield/Storm from 091204 to 010523."  "While a member of the Marine Corps Reserve, you will keep the Director, MCRS (Toll free 1-800-255-5022, or if within the State of Kansas call commercial (913) 491-7500 if AUTONAL is available, call 465-3101) informed of any changes of address, marital status, number of dependents, civilian employment, or physical standards."						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>6070 NEVADA AVE HAMMOND, IN 46323</b>			19.b. NEAREST RELATIVE (Name and address, include Zip Code) <b>6070 NEVADA AVE HAMMOND, IN 46323</b>			
20. MEMBER REQUESTS COPY BE SENT TO (M 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>D. C. ARCHIBALD, CAPT, USMCR</b>			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>						



AMASA G. COLBY  
 WIFE DEP. RECORDER  
 95003443  
 95 JAN 19 PM 1:57  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORDER

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION <b>RELACDU</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>			
25. SEPARATION AUTHORITY <b>CMC msg 081806Z Mar 91</b>		26. SEPARATION CODE <b>MRK-5</b>		27. REENTRY CODE <b>RE-1A</b>	
28. NARRATIVE REASON FOR SEPARATION <b>Reservist being released from active duty.</b>					
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>					30. MEMBER REQUESTS COPY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No