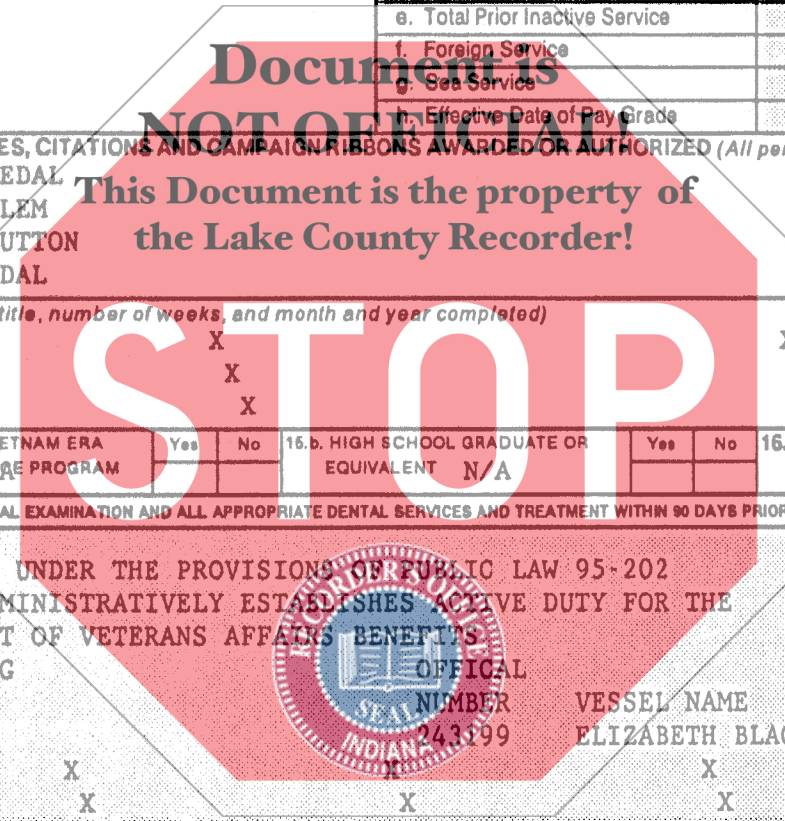


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) AMERSKI, STANLEY JOSEPH		2. DEPARTMENT, COMPONENT AND BRANCH USCG-MERCHANT MARINE		3. SOCIAL SECURITY NO. 360 14 10180					
4.a. GRADE, RATE OR RANK N/A	4.b. PAY GRADE N/A	5. DATE OF BIRTH (YYMMDD) 271203		6. RESERVE OBLIG. TERM. DATE Year N/A Month N/A Day N/A					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY N/A		7.b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) N/A							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND N/A		8.b. STATION WHERE SEPARATED N/A							
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE Amount: \$ N/A		<input type="checkbox"/> 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.) N/A		12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)		
		a. Date Entered AD This Period			45	03	19		
		b. Separation Date This Period			45	08	15		
		c. Net Active Service This Period			**	**	**		
		d. Total Prior Active Service			**	**	**		
		e. Total Prior Inactive Service			N/A	N/A	N/A		
f. Foreign Service			N/A	N/A	N/A				
g. Sea Service			**	**	**				
h. Effective Date of Pay Grade			N/A	N/A	N/A				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ATLANTIC WAR ZONE MEDAL MERCHANT MARINE EMBLEM HONORABLE SERVICE BUTTON PACIFIC WAR ZONE MEDAL									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A									
14.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	14.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID N/A	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						N/A	Yes	No	
18. REMARKS THIS DOCUMENT, ISSUED UNDER THE PROVISIONS OF PUBLIC LAW 95-202 (38 USC 106 NOTE), ADMINISTRATIVELY ESTABLISHES ACTIVE DUTY FOR THE PURPOSES OF DEPARTMENT OF VETERANS AFFAIRS BENEFITS. SHIP DISCH RATING DATE DATE 450319 450815 OILER									
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 17258 BURNHAM AVE LANSING, IL 60438			19.b. NEAREST RELATIVE (Name and address - include Zip Code) NA Walter Carr						
20. MEMBER REQUESTS COPY 8 BE SENT TO DIR. OF VET AFFAIRS		<input checked="" type="checkbox"/> Yes	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) WALTER CARR, Supervisory Applications Examiner, Merchant Marine Veterans Branch		No				
21. SIGNATURE OF MEMBER BEING SEPARATED NOT AVAILABLE FOR SIGNATURE									



95051776

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD
95 SEP -5 11 9:55
MARCO RECORDER

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION DISCHARGED		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY PUBLIC LAW 95-202		26. SEPARATION CODE SAT.	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION END OF HOSTILITIES			
29. DATES OF TIME LOST DURING THIS PERIOD NA			30. MEMBER REQUESTS COPY 4 SJA Initials

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) AMERSKI, STANLEY JOSEPH		2. DEPARTMENT, COMPONENT AND BRANCH USCG-MERCHANT MARINE		3. SOCIAL SECURITY NO. 360 14 0180					
4.a. GRADE, RATE OR RANK N/A	4.b. PAY GRADE N/A	5. DATE OF BIRTH (YYMMDD) 271203		6. RESERVE OBLIG. TERM. DATE Year N/A Month N/A Day N/A					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY N/A		7.b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) N/A							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND N/A		8.b. STATION WHERE SEPARATED N/A							
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ N/A					
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.) N/A		12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)		
		a. Date Entered AD This Period			45	03	19		
		b. Separation Date This Period			45	08	15		
		c. Net Active Service This Period			**	**	**		
		d. Total Prior Active Service			**	**	**		
		e. Total Prior Inactive Service			N/A	N/A	N/A		
		f. Foreign Service			N/A	N/A	N/A		
		g. Sea Service			**	**	**		
h. Effective Date of Pay Grade			N/A	N/A	N/A				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ATLANTIC WAR ZONE MEDAL MERCHANT MARINE EMBLEM HONORABLE SERVICE BUTTON PACIFIC WAR ZONE MEDAL									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A									
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	
				N/A				N/A	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						Yes	No		
18. REMARKS THIS DOCUMENT, ISSUED UNDER THE PROVISIONS OF PUBLIC LAW 95-202 (38 USC 106 NOTE), ADMINISTRATIVELY ESTABLISHES ACTIVE DUTY FOR THE PURPOSES OF DEPARTMENT OF VETERANS AFFAIRS BENEFITS SHIP DISCH RATING DATE DATE 450319 450815 OILER VESSEL NAME ELIZABETH BLACKWELL						95 SE 5 76		STATE OF INDIANA FILED FOR MAY 19 1995	
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 17258 BURNHAM AVE LANSING, IL 60438				19.b. NEAREST RELATIVE (Name and address - include Zip Code) NA White-Carr					
20. MEMBER REQUESTS COPY BE SENT TO _____ DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) WHITE-CARR, Supervisory Applications Examiner, Merchant Marine Veterans Branch					
21. SIGNATURE OF MEMBER BEING SEPARATED NOT AVAILABLE FOR SIGNATURE									

23. TYPE OF SEPARATION DISCHARGED		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
28. NARRATIVE REASON FOR SEPARATION END OF HOSTILITIES			
29. DATES OF TIME LOST DURING THIS PERIOD NA		30. MEMBER REQUESTS COPY 4 SJA Initials	