ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICA	TE OF KELEA		DISCHARGE FRO		LIVE DI	JTY 1	1G
1. NAME (Last, First, Middle) MUNIZ, SAMUEL "NMN"	JR /	2. DEPART NAVY	MENT, COMPONENT AND	BRANCH	3.	SOCIAL SEC	
4.a. GRADE, RATE OR RANK BM3	4.b. PAY GRADE E4		5. DATE OF BIRTH (YYA 64SEP21	AMDD)		OBLIG. TERI	
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)				
			HAMMOND, LAKE	, IN			
B.a. LAST DUTY ASSIGNMENT AND FISC, YOKOSUKA JA	8.b. STATION WHERE SEPARATED TRANSITPERSU BY PSD TI SFRAN CA 94130						
9. COMMAND TO WHICH TRANSI NRPC, NEW ORLEANS,					10. SGLI CO	VERAGE	None
11. PRIMARY SPECIALTY (List num		d months in	12. RECORD OF SERVICE		Amount		
specialty. List additional special periods of one or more years.)	ty numbers and titles in	volving	a. Date Entered AD Th		Year(s)	Month(s)	(Cay(s)
perious or one or more years.)			b. Separation Date This		95	DEC	6 03
BM-0000			c Net Active Service T		02	-00	= 18
			d. Total Prior Active Se	rvice	06	10	O 22
Х _{Х.,}	X.,		e. Total Prior Inactive !	Service	00	01	O1 19
**************************************	^х х _х		f. Foreign Service		01	OI .	100 04
XXV	^xx _x ,		g. Sea Service		00	02	02
X X 13. DECORATIONS, MEDALS, BAD	X		h Effective Date of Pa		90	NUC	16
CAL; ARMED FORCES I MENT RIBBON(3);2ND O X 14. MULTARY EDUCATION (Course	OOD CONDUCT A	WARD 23	DEC94 : COMBAT A	CTION RI	BBON 		X
		,	and year completedy			₽	FILED FO
×××		X	X		X,	ស្ថិ	E E
^x _x			^xx		^X _¥	Br.	82 TH
15.a MEMBER CONTRIBUTED TO POST-VIETI	NAM SBA	No 15.b. HIG	H SCHOOL GRADUATE OR	V 41-	16 DAVE A	CCESED LE	AVE PAID
VETERANS EDUCATIONAL ASSISTANC.			HVALENT	Yes No			
17. MEMBER WAS PROVIDED COMPLE.	ENTAL EXAMINATION AND AL	L APPROPRIATE D	DENTAL SERVICES AND TREATMEN	T WITHIN 90 DA			≥ x 2
18. REMARKS						3.	. 0-
THE INFORMATION COI OF DEFENSE OR WITH PURPOSES AND TO DE REQUIREMENTS OF A I	OTHER AFFECTEI TERMINE ELIGIB I	d federai LITY for,	L AND NON-FEDER AND/OR CONTI	AL AGENO	Y FOR V	/ERIFICA	TION
RAD EFF 3DEC95 RET	F EFF 4DEC95						
×x _x xx		Χ.,	×x		Χ.		
XXV		X	X., .)	x _x	
^x,			X			XX	
19.8 MAILING ADDRESS AFTER SI	EPARATION (Include Zig	code)	19.6 NEAREST RELA	TIVE (Name	and address	- include Zi	p Code)
4028 PARK AVE	·		IDA MARRER	0. 4028 F	PARK AVI	E .	,
LAKE STATION, LAKE,	IN 46405		LAKE STATIO				
O. MEMBER REQUESTS COPY 6 BE SENT TO	IN DIR OF VET AF	FAIRS Nes	No 22. OFFIGIAL AUTH			nary, grad	e, title and
1. SIGNATURE OF MEMBER BEIN			(sign&ture)	16	21	11	
Samuel Wh	nd.		C. M. DURH	HM, GS-7	SEPSBR	SUPV BY	DIROIC
D Form 214, NOV 88 s/s	102-LF-006 5-00	Previous edit	ions are obsolete			М	EMBER .
TYPE OF CEPARATION	SPECIALINA		24. CHARACTER OF 5 HONORABLE	ERVICE (Inco	de appresen		
23. TYPE OF SEPARATION TEMPORARY DESABILE	TY RETIRED LIST				27. REEN	TRY CODE	
25. SEPARATION AUTHORITY	WIERS WASH DO	Fers 21	26. SEPARATION COD	' 5	RE	-2	