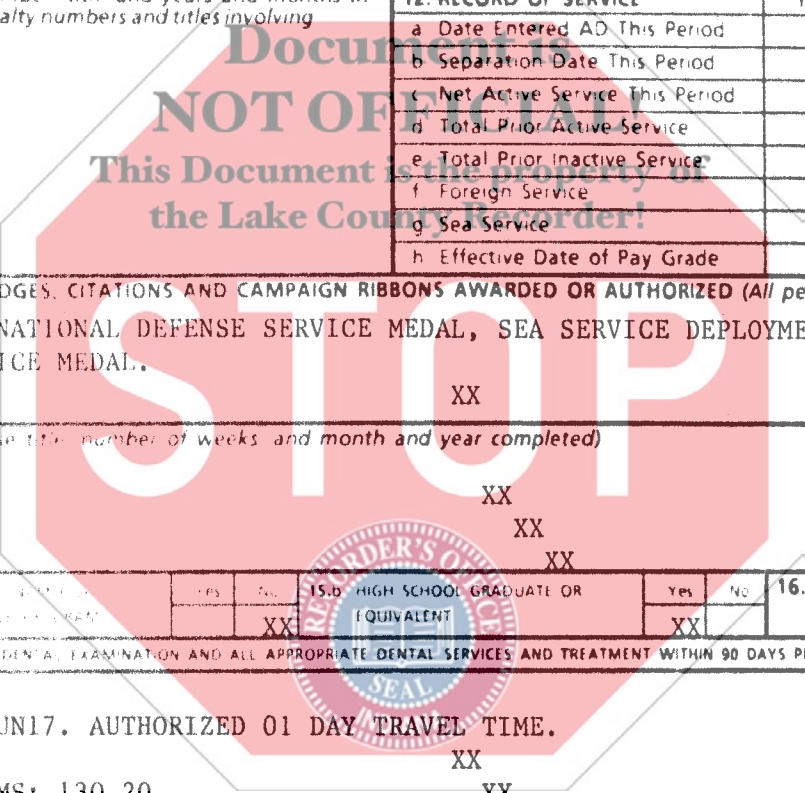


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 1119

1. NAME (Last, First, Middle) ALBIN, JOHN LEE		2. DEPARTMENT, COMPONENT AND BRANCH USNR-NAVY		3. SOCIAL SECURITY NO. 310 84 0030			
4.a GRADE, RATE OR RANK MLFN	4.b PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) 710810		6. RESERVE OBLIG. TERM. DATE Year 97 Month 03 Day 12			
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) DYER, IN 46311					
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS PRAIRIE (AD 15) HP LONG BEACH, CA		8.b STATION WHERE SEPARATED CBC PORT HUENEME, CA					
9. COMMAND TO WHICH TRANSFERRED NRPC NEW ORLEANS, LA				10. SGLI COVERAGE Amount: \$ 100,000			
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.) FN-0000 XX XX XX XX XX		12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)
		a Date Entered AD This Period			89	JUN	19
		b Separation Date This Period			92	JUN	18
		c Net Active Service This Period			03	00	00
		d Total Prior Active Service			00	00	00
		e Total Prior Inactive Service			00	03	05
		f Foreign Service			00	00	00
		g Sea Service			02	07	23
			h Effective Date of Pay Grade	91	JAN	16	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) BATTLE "E" RIBBON, NATIONAL DEFENSE SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON (2), SOUTHWEST ASIA SERVICE MEDAL. XX							
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) XX XX XX							
15.a MEMBER REQUESTS COPY 6 BE SENT TO (Check one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15.b HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DAYS ACCRUED LEAVE PAID - NONE -			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
18. REMARKS MEMBER DETACHED 92JUN17. AUTHORIZED 01 DAY TRAVEL TIME. XX SEP91 (CYCLE 132) FMS: 130.20 XX XX XX XX XX XX XX XX							
19.a MAILING ADDRESS AFTER SEPARATION (include Zip Code) 106 SOUTH ST. DYER, IN 46311			19.b NEAREST RELATIVE (Name and address - include Zip Code) KRISTINA ALBIN 106 SOUTH ST. DYER, IN 46311				
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) K. L. PATTERSON PNC USN MILPRCS SUPV				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>John Lee Albin</i>							



96019323
 96 MAR 25 PM 1:02
 FILED FOR RECORD
 LAKE COUNTY
 STATE OF INDIANA
 MARSHALL E. QUINN AND
 RECORDER

