

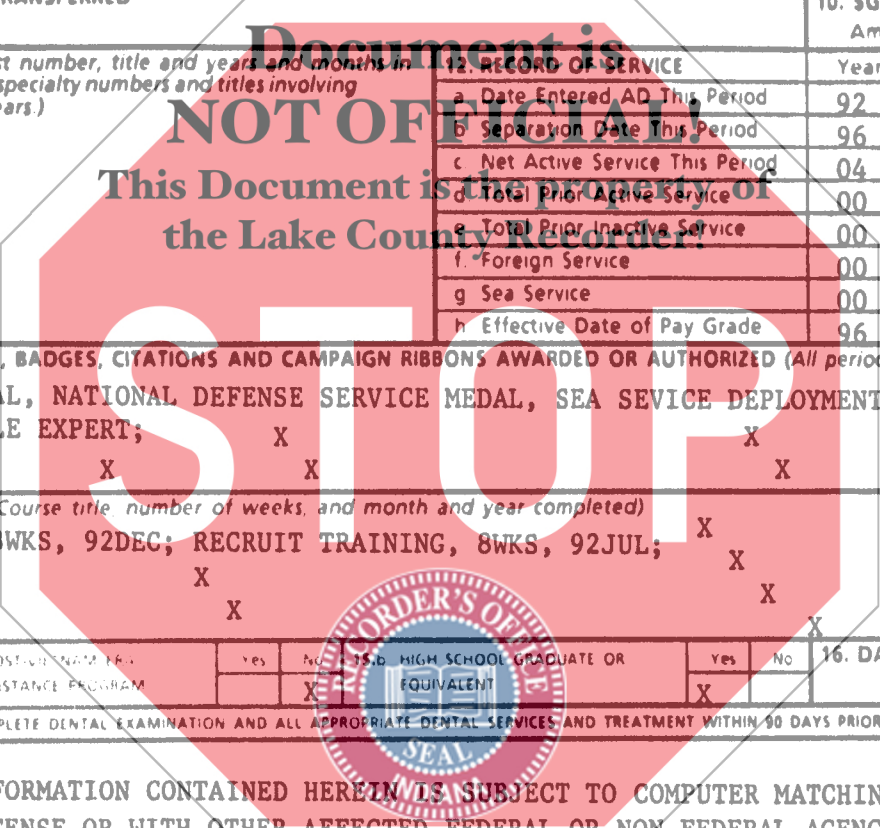
CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

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) JONES, DAVID ANTHONY		2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NO. 433 25 2914			
4.a GRADE, RATE OR RANK CECA	4.b PAY GRADE E-2	5. DATE OF BIRTH (YYMMDD) 72JUL12		6. RESERVE OBLIG. TERM. DATE Year NA Month NA Day NA			
7.a PLACE OF ENTRY INTO ACTIVE DUTY JACKSON, MS			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) NATCHEZ, MS				
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVAL MOBILE CONSTRUCTION BATTALION SEVEN			8.b STATION WHERE SEPARATED PERSUPPDET GULFPORT MS				
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000			
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.) CE - 0000		12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)
		a. Date Entered AD This Period			92	APR	23
		b. Separation Date This Period			96	SEP	19
		c. Net Active Service This Period			04	04	27
		d. Total Prior Active Service			00	00	00
		e. Total Prior Inactive Service			00	00	00
		f. Foreign Service			00	00	00
		g. Sea Service			00	00	00
		h. Effective Date of Pay Grade			96	MAY	23
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) GOOD CONDUCT MEDAL, NATIONAL DEFENSE SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON(2 BRONZE STARS), M-16 RIFLE EXPERT;							
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) CE 'A' SCHOOL, 13WKS, 92DEC; RECRUIT TRAINING, 8WKS, 92JUL;							
15.a MEMBER CONTRIBUTED TO POSTER NAME FOR VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No
			X			X	
16. DAYS ACCRUED LEAVE PAID 23.5						96065333	
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 THE FOLLOWING INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR AND/OR CONTINUED COMPLIANCE WITH THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. THE RIGHT TO FILE A CLAIM WITH THE DEPARTMENT OF VETERAN AFFAIRS FOR COMPENSATION, PENSION OR HOSPITALIZATION HAS BEEN EXPLAINED TO CECA JONES AND HE HAS SIGNED A STATEMENT THAT HE DOES NOT DESIRE TO SUBMIT A CLAIM AT THIS TIME. DISABILITY SEVERENCE PAY AUTHORIZED AND PAID IN THE AMOUNT OF \$ 7845.60 DSSN: 3194							
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1731 STANTON AVE WHITING IN 46394		19.b NEAREST RELATIVE (Name and address - include Zip Code) 16 SOUTH SUNFLOWER MARY JONES NATCHEZ, MS 39120					
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR OF VET AFFAIRS		Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) L. J. BARNES, GS-5, MILPERSDIRBYDIROIC			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>David A Jones</i>							



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 13194

