

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) RETTIG, DONIEL MARIE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 311 86 3486	
4. a GRADE, RATE, OR RANK SPC	4. b PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19760829		6. RESERVE OBLIG. TERM. DATE Year 2002 Month 02 Day 25	
7. a PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL		7. b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1045 NORTH LAFAYETTE GRIFFITH, IN 46319			
8. a LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0642 EN CO REAR DET FC		8. b STATION WHERE SEPARATED FORT DRUM, NY 13602-5000			
9. COMMAND TO WHICH TRANSFERRED USAR CRTLGP (REINF) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000.00		
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.) 63W10 00 WHEEL VEH REPAIRER--2 YRS-6 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date entered AD This Period	Year(s)	Month(s)	Day(s)
		b. Separation Date This Period	1994	09	15
		c. Net Active Service This Period	1997	09	14
		d. Total Prior Active Service	0003	00	00
		e. Total Prior Inactive Service	0000	00	00
		f. Foreign Service	0000	00	00
		g. Sea Service	0000	00	00
		h. Effective Date of Pay Grade	1996	11	15
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//EXPERT MARKSMANSHIP QUALIFICATION BADGE WITH RIFLE BAR//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) WHEEL VEHICLE REPAIRER CRS, 14 WEEKS, 1995//NOTHING FOLLOWS					
15. a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15. b HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	
				X	
16. DAYS ACCRUED LEAVE PAID				14.5	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input type="checkbox"/> No X					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19940226-19940914//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
19. a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1045 NORTH LAFAYETTE GRIFFITH, IN 46319			19. b NEAREST RELATIVE (Name and address - Include Zip Code) YVONNE DANIEL 1045 NORTH LAFAYETTE GRIFFITH, IN 46319		
20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) THERESA A. STINER, SFC, USA, NCOIC		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Doniel Marie Rettig</i>			<i>[Signature]</i>		

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COPIES OF CERTIFICATE
 FILED FOR RECORD
 STATE OF INDIANA
 LAKE COUNTY
 97 DEC -9 AM 11:51

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