

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 0002428

1. NAME (Last, First, Middle) **JONES, JASON LAMARR** 2. DEPARTMENT, COMPONENT AND BRANCH **NAVY-USN** 3. SOCIAL SECURITY NO. **311 | 78 | 0691**

4.a. GRADE, RATE OR RANK **SN** 4.b. PAY GRADE **E3** 5. DATE OF BIRTH (YYMMDD) **701222** 6. RESERVE OBLIG. TERM. DATE
 Year NA | Month NA | Day NA

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) **GARY, IN**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **PUGET SOUND NAVAL SHIPYARD, BREMERTON** 8.b. STATION WHERE SEPARATED **PERSUPP DET BREMERTON, WA**

9. COMMAND TO WHICH TRANSFERRED **NA** 10. SGLI COVERAGE 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.) SN-0000	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	90	JUL	12
	b. Separation Date This Period	94	APR	20
	c. Net Active Service This Period	03	09	09
	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	02	07	22
h. Effective Date of Pay Grade	92	APR	16	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
NATIONAL DEFENSE SERVICE MEDAL, SOUTHWEST ASIA SERVICE MEDAL WITH BRONZA STAR(2), SEA SERVICE DEPLOYMENT RIBBON(2), NAVY UNIT COMMENDATION
 DATE: 12/12/97 BOOK: PAGE: DOCUMENT NUMBER: 97085511

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) **NCNE**
 FILED IN THE STATE OF INDIANA, COUNTY OF LAKE BY RECORDER: **MORRIS W. CARTER**
 Time: 11:58:32 AM

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 Yes No

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
 THE RIGHT TO FILE A CLAIM WITH VETERANS ADMINISTRATION FOR COMPENSATION, PENSION, OR HOSPITALIZATION HAS BEEN EXPLAINED TO JASON L. JONES AND MBR HAS SIGNED A STATEMENT TO THAT EFFECT AND DOES NOT DESIRE TO SUBMIT A CLAIM AT THIS TIME.

 THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR ANY 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.

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) **4215 PENNSYLVANIA ST GARY, IN 46409** 19.b. NEAREST RELATIVE (Name and address - include Zip Code) **JANICE M. WILLIAMS (MOTHER) 4215 PENNSYLVANIA ST GARY, IN 46409**

20. MEMBER REQUESTS COPY 6 BE SENT TO: DA DIA DOD DIR. OF VET AFFAIRS, Yes No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) **D. B. DOMINAJEZ, PUS(AW), USN, BY DARCIE**

21. SIGNATURE OF MEMBER BEING SEPARATED *[Signature]*

1810 W 38TH ST Apt L GARY IN 46408

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 0002428

1. NAME (Last, First, Middle) JONES JASON L MARB		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO. 711 78 0691					
4.a. GRADE, RATE OR RANK SN	4.b. PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) 701222		6. RESERVE OBLIG. TERM. DATE Year NA Month NA Day NA					
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) GARY, IN							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND BUDET SOUND NAVAL SHIPYARD, INDEPENDENT		8.b. STATION WHERE SEPARATED PERSUPP DET BREMERTON, WA							
9. COMMAND TO WHICH TRANSFERRED None				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.) EN-0000		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date Entered AD This Period		90	JUL	12			
		b. Separation Date This Period		94	APR	20			
		c. Net Active Service This Period		03	09	09			
		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		02	07	22			
		h. Effective Date of Pay Grade		92	APR	14			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, SOUTHWEST ASIA SERVICE MEDAL WITH BRONZA STAR(2), SEA SERVICE DEPLOYMENT RIBBON(2), NAVY UNIT COMMENDATION DATE:12/12/97 BOOK: PAGE: DOCUMENT NUMBER: 97085511									
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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	
			Y			Y			
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 RIGHT TO FILE A CLAIM WITH VETERANS ADMINISTRATION FOR COMPENSATION, PENSION, OR HOSPITALIZATION HAS BEEN EXPLAINED TO JASON L. JONES AND MBR HAS SIGNED A STATEMENT TO THAT EFFECT AND DOES NOT DESIRE TO SUBMIT A CLAIM AT THIS TIME. THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR ANY 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.									
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 4215 PENNSYLVANIA ST EFLA, IN 46506					19.b. NEAREST RELATIVE (Name and address - include Zip Code) JANICE M. WILLIAMS (MOTHER) 1715 PENNSYLVANIA ST EFLA, IN 46506				
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) D. B. DOMINGUEZ, PMS1AM, USN, BYD/ROIC			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Jason L. Jones</i>									

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION DISCHARGED			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
25. SEPARATION AUTHORITY CHNAVPER5 WASH DC 060902		26. SEPARATION CODE JFC/005		27. REENTRY CODE RE 4	
28. NARRATIVE REASON FOR SEPARATION PHYSICAL DISABILITY RESULTING FROM INTENTIONAL MISCONDUCT AND/OR WILLFUL NEGLIGENCE, NOT ENTITLED TO RECEIVE SEVERANCE PAY					
29. DATES OF TIME LOST DURING THIS PERIOD None				30. MEMBER REQUESTS COPY 4 <i>[Signature]</i> Initials	