

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) FINCH PAUL A		2. DEPARTMENT, COMPONENT AND BRANCH USMCR (KG)		3. SOCIAL SECURITY NO. 321 72 0408		
4.a. GRADE, RATE OR RANK LCPL	4.b. PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) 660725	6. RESERVE OBLIG. TERM. DATE Year See Remarks Day			
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) GLENWOOD IL 60425				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND RepBn, MCB, CamPen 92055-5090		8.b. STATION WHERE SEPARATED RepBn (33050), MCB, CamPen CA 92055				
9. COMMAND TO WHICH TRANSFERRED (MCRSC), Overland Park, Kansas			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50,000			
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.) 3521 ORGANIZATIONAL AUTOMOTIVE MECH 00YRS/01MO		12. RECORD OF SERVICE				
		Years	Month(s)	Day(s)		
		a. Date Entered AD This Period	91	02	10	
		b. Separation Date This Period	91	03	26	
		c. Net Active Service This Period	00	01	17	
		d. Total Prior Active Service	See Remarks			
		e. Total Prior Inactive Service	See Remarks			
f. Foreign Service	00	00	00			
g. Sea Service	00	00	00			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) National Defense Service Medal		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A				
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	16. DAYS ACCRUED LEAVE PAID RLB 4.5		
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 While a member of the Marine Corps Reserve, you will keep the Director, MCRSC (1-800-255-5082 or if within the state of Kansas call 913-491-7500; if AUTOVON is available, call 465-3101) informed of any change of address, marital status, number of dependents, civilian employment, or physical standards. Subject to active duty recall and or annual screening. Date detached separation activity: 03/25/91 1 day travel time. Information for items 6, 12d, 12e not available at time of completion. A DD Form 215 will be issued when missing information becomes available.						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 25 N ELM LANE GLENWOOD IL 60425			19.b. NEAREST RELATIVE (Name and address - include Zip Code) JANICE FINCH (MOTHER) 25 N ELM LANE GLENWOOD IL 60425			
20. MEMBER REQUESTS COPY 6 BE SENT TO IL DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) R. W. WHITE, CAPT., PERSO.			
21. SIGNATURE OF MEMBER BEING SEPARATED						

STOP

NOT OFFICIAL!

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NOT FOR RECORDING

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
OCT -4 PM 3:28
RECORDER

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION Release from active duty		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY ALMAR 59/91		26. SEPARATION CODE MBK5		27. REENTRY CODE RE-1A	
28. NARRATIVE REASON FOR SEPARATION Reservist being released from ACDU					
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PAF	

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		d. Total Prior Active Service	00	01	17
		e. Total Prior Inactive Service	See Remarks		
		f. Foreign Service	00	00	00
		g. Sea Service	00	00	00
		h. Effective Date of Pay Grade	91	02	10
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) National Defense Service Medal					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	No
			X	16. DAYS ACCRUED LEAVE PAID RLB 4.5	
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					
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21. SIGNATURE OF MEMBER BEING SEPARATED Paul A. Finch					