

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>BRUMFIELD, JERRY LADELL</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/RA</b>		3. SOCIAL SECURITY NO. <b>313 96 1288</b>				
4.a GRADE, RATE, OR RANK <b>PV1</b>		4.b PAY GRADE <b>E1</b>		5. DATE OF BIRTH (YYYYMMDD) <b>19751005</b>				
7.a PLACE OF ENTRY INTO ACTIVE DUTY <b>CHICAGO, IL</b>			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>365 SOUTH HOWARD ST GARY, IL 46405</b>					
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>010010FAHNB 155MM FC</b>			8.b STATION WHERE SEPARATED <b>FORT BENNING, GA 31905</b>					
9. COMMAND TO WHICH TRANSFERRED <b>NA</b>			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.) <b>13C10 00 AFSS SPECIALIST--4 YRS-8 MOS //NOTHING FOLLOWS</b>			12. RECORD OF SERVICE					
			a. Date entered AD This Period			Year(s)	Month(s)	Day(s)
			b. Separation Date This Period			1994	10	03
			c. Net Active Service This Period			0004	11	26
			d. Total Prior Active Service			0000	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					
			1999	05	07			

2009 08509

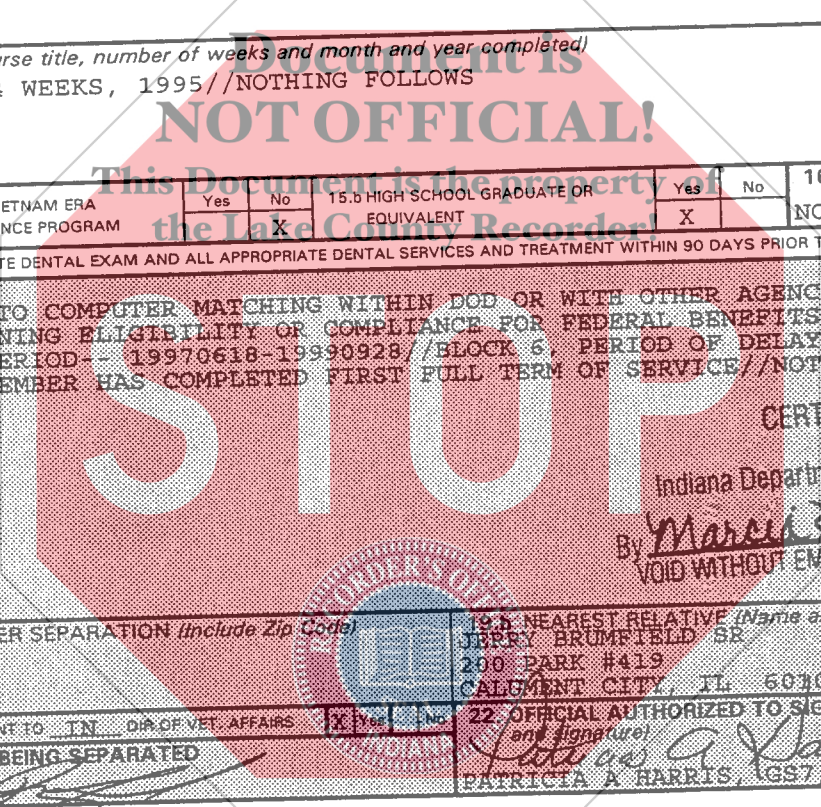
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
**NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS**

14. MILITARY EDUCATION (Course title, number of weeks and month and year completed)  
**FSAUTOSYSOPNS SPEC, 4 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		Yes	No	16. DAYS ACCRUED LEAVE PAID	
						X		NONE	

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

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//IMMEDIATE REENLISTMENTS THIS PERIOD-- 19970618-19990928//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19940706-19940930//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS



CERTIFIED COPY  
Indiana Department of Veterans Affairs  
By Marcel Hines Date 11-20-02  
VOID WITHOUT EMBOSSED RAISE IN IQVA SEAL

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>365 SOUTH HOWARD ST GARY, IN 46403</b>		19.b NEAREST RELATIVE (Name and address - include Zip Code) <b>JERRY BRUMFIELD SR 200 PARK #419 CALUMET CITY, IL 60707</b>	
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20. MEMBER REQUESTS COPY 8 BE SENT TO <input checked="" type="checkbox"/> IN DIR. OF VET. AFFAIRS <input type="checkbox"/> NO		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>PATRICIA A HARRIS, GS7, ASST RET SVC OFFICER</b>	
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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)	
23. TYPE OF SEPARATION <b>DISCHARGE</b> <small>For DOD use only.</small>	24. CHARACTER OF SERVICE (Include upgrades) <b>UNDER HONORABLE CONDITIONS (GENERAL)</b>
28. NARRATIVE REASON FOR SEPARATION <b>MISCONDUCT</b>	
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>	30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> <input type="checkbox"/> <small>Initials</small>



**Morris W. Carter**  
 Recorder of Deeds  
 Lake County Indiana  
 2293 North Main Street  
 Crown Point, In 46307  
 219-755-3730  
 fax: 219-648-6028

# Certification Letter

State of Indiana )  
 ) SS  
 County of Lake )

This is to certify that I, Morris W. Carter, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and complete copy of a

**UNITED STATES DISCHARGE - BRUMFIELD, JERRY LAELL-ARMY**

as recorded as **2002-108509**

as this said document was present for the recordation when **Morris W. Carter**  
 was Recorder at the time of filing of said document

Dated this **25** day of **November**, 2002

*Lottie S. Piesyk*  
 Deputy Recorder

*Morris W. Carter*

Morris W. Carter, Recorder of Deeds  
 Lake County Indiana

Form # 0023 Revised 5/2002

