

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) GODSOE Christopher Lynn		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER 224 49 5805		
4a. GRADE, RATE OR RANK LCpl	b. PAY GRADE E-3	5. DATE OF BIRTH (YYYYMMDD) 19810914	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20080215			
7a. PLACE OF ENTRY INTO ACTIVE DUTY Des Plaines, IL 60018-1960		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 6939 West 84th Place Schereville, IN 46307				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HML/A-269, MAG-29, MCAS, NR, JAXNC 28545			b. STATION WHERE SEPARATED MCAS, NR, IPAC JAXNC (RUC 45144)			
9. COMMAND TO WHICH TRANSFERRED CG, MCRSC, KANSAS CITY, MO 64147-5000 (RUC 36005)			10. SGLI COVERAGE AMOUNT: \$ 250,000.00			
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.)  6531, Aircraft Ordnance Technician 3 years 4 months		12. RECORD OF SERVICE				
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)	
		b. SEPARATION DATE THIS PERIOD	2004	04	09	
		c. NET ACTIVE SERVICE THIS PERIOD	04	00	00	
		d. TOTAL PRIOR ACTIVE SERVICE	00	00	00	
		e. TOTAL PRIOR INACTIVE SERVICE	00	01	26	
		f. FOREIGN SERVICE	00	00	00	
		g. SEA SERVICE	00	04	16	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  Sea Service Deployment Ribbon National Defense Service Medal Presidential Unit Citation Rifle Qualification Badge (Sharpshooter)		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)				
		Aircraft Ordnance Technician Crs, 5 Wks, 2005				
		Aviation Ordnanceman Common Core C1 (AO) Crs, 5 Wks, 10/00				
		Rotary Wing Ordnanceman Class (C) Crs, 6 Wks, 12/00				
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	NO	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT				YES	NO	
16. DAYS ACCRUED LEAVE PAID RLB 00.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES	NO
18. REMARKS SER: 45144-2004-0167. Good Conduct Medal period commences 20020821. Subject to active duty recall and or annual screening. While a member of the Marine Corps Reserve, you will keep the Commanding General, MCRSC, (Toll Free 1-800-255-5082) informed of any change of address, marital status, number of dependents, civilian employment, or physical standards. Contributed \$1,200.00 to MGIB.						
The information contained herein is subject to computer matching within the Department of Defense or with any 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.						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 245 Mary Street Dyer, IN 46311-1826			b. NEAREST RELATIVE (Name and address (include ZIP Code)) Courtney L. Godsoe (Father) 6939 West 84th Place Crown Point, IN 46307			
20. MEMBER REQUESTS COPY 6 BE SENT TO IN			DIRECTOR OF VETERANS AFFAIRS			
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) H. L. BLUE, CWO2, USMC, SEPARATIONS OFFICER			

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION Released from Active Duty		24. CHARACTER OF SERVICE (include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPMAN, par. 1005		26. SEPARATION CODE MBK1	27. REENTRY CODE RE-1A
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) None			30. MEMBER REQUESTS COPY 4 (Initials) - C/L



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 MICHAEL A. JONES  
 CLERK

NC 11

**CORRECTION TO DD FORM 214,  
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) GODSOE Christopher Lynn		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER (Also, Service Number if applicable)	
4. MAILING ADDRESS (Include ZIP Code) 245 Mary Street, Dyer, IN 46311-1826				224	49
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:					
ITEM NO.	CORRECTED TO READ				
13	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: 20040409 45144-2004-0019				
	Meritorious Unit Commendation				
6. DATE (YYYYMMDD) 20040310		7. OFFICIAL AUTHORIZED TO SIGN			
		a. TYPED NAME (Last, First, Middle Initial)	b. GRADE	c. TITLE	d. SIGNATURE
		H. L. BLUE	CWO2	SEPARATIONS OIC	<i>H. L. Blue</i>

2005 0516 11

DD FORM 215, FEB 2000  
(PP/FF-WHS/DIOR)

PREVIOUS EDITION IS OBSOLETE.

SERVICE - 2



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2005 JUN 22 PM 2:16  
MICHAEL A. BROWN  
RECORDER

**CORRECTION TO DD FORM 214,  
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

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5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:					
ITEM NO.	CORRECTED TO READ				
12f	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: 20040410 SER: 45144-2004-0025. 00 years 03 months 29 days				
18	SNM participated in Operation Enduring Freedom/Iraqi Freedom from 20030109 to 20030308 (Iraq)				
6. DATE (YYYYMMDD) 20040323		7. OFFICIAL AUTHORIZED TO SIGN			
		a. TYPED NAME (Last, First, Middle Initial) GARCIA, SHERYL L.	b. GRADE WO	c. TITLE SEPARATIONS OIC	d. SIGNATURE <i>Sheryl L. Garcia</i>

2005 0516 11

DD FORM 215, FEB 2000  
(PFI/FF-WHS/DIOR)

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MICHAEL A. BROWN  
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