

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) CRIST, PHILIP PETER		2. DEPARTMENT, COMPONENT AND BRANCH NAVY (USN) FOR RECOR		3. SOCIAL SECURITY NO. 312 96 7191		
4.a. GRADE, RATE OR RANK AE3	4.b. PAY GRADE E-4	5. DATE OF BIRTH (YYMMDD) 1980 07 13 PM	6. RESERVE OBLIG. TERM. DATE Year 09 Month 12 Day 18			
7.a. PLACE OF ENTRY INTO ACTIVE DUTY 2006 011546 CHICAGO, IL		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) HIGHLAND, IN MICHAEL BROWN				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND VAQ-209, ANDREWS AIR FORCE BASE, WASH, D.C.		8.b. STATION WHERE SEPARATED ANACOSTIA ANNEX, WASHINGTON, D.C. 20373				
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 400,000.00			
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.) AE-0000 <i>X Naval - Feb 13, 2005</i> <i>State of In</i> <i>County of Lake X</i> <i>Esther M. Hoshaw</i>		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)
		a. Date Entered AD This Period		2001	DEC	18
		b. Separation Date This Period		2005	DEC	17
		c. Net Active Service This Period		04	00	00
		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		00	00	04
		h. Effective Date of Pay Grade		2005	MAY	06
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)						
ENLISTED AIR WARFARE SPECIALIST; MATTHEW "E" AWARD; NATIONAL DEFENSE SERVICE MEDAL; GOOD CONDUCT MEDAL; GLOBAL WAR ON TERRORISM SERVICE MEDAL						
X	X	X	X	X	X	
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)						
RECRUIT TRAINING 8WKS FEB02; AE-A1 COMMON CORE "A" SCHOOL 8WKS AUG02; AE-A1 STRAND TRAINING 15WKS NOV02						
X	X	X	X	X	X	
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
16. DAYS ACCRUED LEAVE PAID				00.0		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
18. REMARKS						
The information contained herein is subject to computer matching within the Department of Defense or with other affected Federal and Non-Federal agencies for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of the Federal Benefit Program. SERIAL NUMBER: 42557-06-1123SLM EFFECTIVE DATE OF SEPARATION: 2005 DEC 17						
X	X	X	X	X	X	
X	X	X	X	X	X	
X	X	X	X	X	X	
X	X	X	X	X	X	
X	X	X	X	X	X	
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)			
906 175TH STREET HAMMOND, IN 46324			PEGGY PHILLIPS 2848 38TH ST, HIGHLAND, IN 46322			
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)		
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	S. M. HUGHES, PS1(SW), BY DIRECTION		
21. SIGNATURE OF MEMBER BEING SEPARATED						
<i>Philip Peter Crist</i>						

23. TYPE OF SEPARATION Released From Active Duty and Transferred To Naval Reserve			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
25. SEPARATION AUTHORITY MILPERMAN 1910-104		26. SEPARATION CODE MBK		27. REENTRY CODE RE-R1	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD TL: NONE					30. MEMBER REQUESTS COPY 4 Initials N/C

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.





Signature of Declarant

Philip Cost
Printed Name of Declarant