

DD FORM 214 1 JUL 79		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY		
1. NAME (Last, first, middle) DAVIS, WILLIS VONZELL III		2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NO. 303 72 9043		
4a. GRADE, RATE OR RANK MM3	4b. PAY GRADE E4	5. DATE OF BIRTH 61OCT04	6. PLACE OF ENTRY INTO ACTIVE DUTY MEPS CHICAGO, IL			
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS PONCE (LPD-15)			8. STATION WHERE SEPARATED USS PONCE LPD-15 AT NAVSTA NORVA			
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149				10. SGLI COVERAGE AMOUNT \$ 50 000 <input type="checkbox"/> NONE		
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) MM - 0000/0000		12. RECORD OF SERVICE		YEAR(s)	MON (s)	DAY (s)
		a. Date Entered AD This Period		84	JAN	17
		b. Separation Date This Period		88	JAN	16
		c. Net Active Service This Period		04	00	00
		d. Total Prior Active Service		00	00	00
		e. Total Prior Inactive Service		00	00	19
		f. Foreign Service		00	00	00
		g. Sea Service		03	07	17
		h. Effective Date of Pay Grade		87	DEC	16
		i. Reserve Oblig. Term. Date		89	DEC	27
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) BATTLE "E" 83OCT01-85MAR31; SEA SERVICE DEPLOYMENT AWARD 85NOV21-86FEB21; MERITORIOUS UNIT COMMENDATION 84APR07-84AUG10; ARMED FORCES EXPEDITIONARY MEDAL MARG 2-84						
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) CINCLANTFLT ENGINEERING TRAINING SCHOOLSHIP (ETSS) (BASIC MM/PT CLASS) 3 WEEKS MAY87						
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DAYS ACCRUED LEAVE PAID 03.5	
18. REMARKS DENTAL AND MEDICAL EXAMINATION COMPLETED DISTRIBUTION OF FORM DD 214 IAW NAVMILPERSCOMINST 1900.1						
19. MAILING ADDRESS AFTER SEPARATION 2206 WISCONSIN STREET, GARY, IN 46407				20. MEMBER REQUESTS COPY 6 BE SENT TO AFFAIRS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN A. MARTINI, PFC, USN PERS OFF				



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 FILED IN
 STATE OF ILLINOIS
 DEPT. OF VETERANS AFFAIRS
 CHICAGO, ILLINOIS
 MAIL ROOM

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY AND TRANSFER TO NAVAL RESERVE		24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 3620100		26. SEPARATION CODE MRM	27. REENLISTMENT CODE RE-1
28. NARRATIVE REASON FOR SEPARATION USN RELEASE FROM ACTIVE DUTY AND TRANSFER TO INACTIVE RESERVE			
29. DATES OF TIME LOST DURING THIS PERIOD 00			30. MEMBER REQUESTS COPY 4 INITIALS

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