

CHARACTER OF SEPARATION HONORABLE		WORK SHEET FOR REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		DEPARTMENT U.S. NAVY	
1. LAST NAME - FIRST NAME - MIDDLE NAME DE LAURO, Elliot (n)		2. SERVICE NUMBER 716 37 85		3. GRADE-RATE-RANK AND DATE OF APPOINTMENT HM2, 10-16-51	
4. COMPONENT AND BRANCH USNR V6		5. QUALIFICATIONS SPECIALTY NUMBER OR SYMBOL HM8402-78		6. EFFECTIVE DATE OF SEPARATION DAY MONTH YEAR 29 April 52	
7. TYPE OF SEPARATION DISCHARGED		8. B222 MK GR/P19 of 7-19-51 ALNAV 62-51(11) and BuPers ltr Pers-		9. PLACE OF SEPARATION RS, WASHINGTON, D.C.	
10. DATE OF BIRTH DAY MONTH YEAR 6 May 27		11. PLACE OF BIRTH (City and State) New York City, N.Y.		12. DESCRIPTION SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT Male Cauc Brown Brown 5'7 155	
13. REGISTERED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SELECTIVE SERVICE NUMBER -		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) -		15. INDUCTED DAY MONTH YEAR - - -	
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPONENT AND BRANCH OR CLASS -		COGNIZANT DISTRICT OR AREA COMMAND -		17. MEANS OF ENTRY OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input checked="" type="checkbox"/> CALLED FROM INACTIVE DUTY	
18. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE DAY MONTH YEAR PLACE (City and State) 2 JAN 51 New York City, N.Y.		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State) 117-67 140 St., So. Ozone Pk, N.Y.C.			
STATEMENT OF SERVICE FOR PAY PURPOSES			25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY		
21. NET (NAVAL) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD			A. YEARS	B. MONTHS	C. DAYS
			01	07	29
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD			04	09	29
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES			00	00	00
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES			06	05	28
26. FOREIGN AND/OR SEA SERVICE			YEARS	MONTHS	DAYS
			00	00	00
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED - - - - -					
28. MOST SIGNIFICANT DUTY ASSIGNMENT Brooklyn Receiving Station			29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) - - - - -		
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED		DATES (From - To)		MAJOR COURSE	
- - - - -		- - - - -		- - - - -	
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			2010 041294		
GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.					
32. KIND OF INSURANCE (amount and premium due each month)		33. MONTH ALLOTMENT DISCONTINUED		34. MONTH NEXT PREMIUM DUE	
N. S. L. I.		U. S. G. L. I.		6 PM 2:08	
35. TOTAL PAYMENT UPON SEPARATION 178.08		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT 13.50		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER J. F. CANN 50864	
38. REMARKS (Continue on reverse) RECOMMENDED FOR REENLISTMENT			39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN /s/ J. S. Riley NAME, GRADE AND TITLE (Typed) J. S. RILEY, LT, USN SEPARATION OFFICER		
40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE, BENEFITS, ETC. CLAIM NUMBER					
41. DATES OF LAST CIVILIAN EMPLOYMENT FROM TO		42. MAIN CIVILIAN OCCUPATION		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER	
- - - - -		- - - - -		- - - - -	
44. UNITED STATES CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		45. MARITAL STATUS Married		46. NON-SERVICE EDUCATION (Years successfully completed)	
				GRAM. MAR. HIGH SCHOOL COL. LEGE. DEGREE(S) MAJOR COURSE OR FIELD	
				08 04 3.5 - - - - -	
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City, and State) C/O Alfonso DE LAURO 117-67 140 St. So. Ozone Pk, #20, N.Y.C., N.Y.				CERTIFIED TO BE A TRUE COPY: B. G. MIDDLETON, CHSCL, USN 51-263706	

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

INDIANA COUNTY RECORD
2010 041294
MAY 16 PM 2:08

N/C
CA

Michelle R. Fajman

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, Michelle R. Fajman, 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

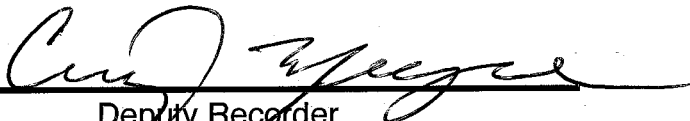
US MILITARY DISCHARGE ELLIOT DE LAURO

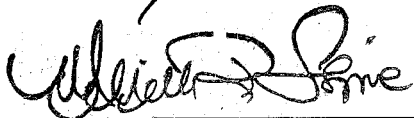
as recorded as **2010-041294 ON 7-16-2010**

as this said document was present for the recordation when **Michelle Fajman**

was Recorder at the time of filing of said document

Dated this 16th day of July, 2010


Deputy Recorder



Michelle R. Fajman, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002