THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADI AREAS RENDER FORM VOID

DD	FORM 1 JUL 79	214	PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.			CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME	(Last, first,	middle)			2. DEPARTME	NT, COMPONENT AND BRANCH		3. SOCIAL SECUR	NO.	
			ROBERT			ARMY/RA		374 70	8265	
	DE, RATE OR	RANK	4b. PAY GRADE	5. DATE O		6. PLACE OF ENTRY INTO ACTIV	E DUIY			
SP4			E-4	6208		Detroit, MI				
			MAJOR COMMANDFORS			8. STATION WHERE SEPARATED				
C, 1	/3rd /	ADA	101st Abn	Div (A	ASLT)	Fort Campbell,			2	
			ERRED 415 CA CO	5 5243	Portag	je Rd.,	10. SGLI COVERA		-	
	Mazoo		49002				AMOUNT \$_	· · · · · · · · · · · · · · · · · · ·	NONE	
			io nal specialty number	s and titles		12. RECORD OF SERVICE	YEAR			
involving periods of one or more years)						B. Date Entered AD This Period	80		30	
16S10 Man Portable Air Defense						b. Separation Date This Period	03		1,29	
System Crewmember						d. Total Prior Active Service	00		000	
2 Years and 4 Months//					\r+	e. Total Prior Inactive Service	00		a 21	
16P10 Air Defense Artillery Short Range Missile Crewman//)		00		CD 13	
	HING					f. Foreign Service g. Sea Service	00		1 00	
INOT			AD.			h. Effective Date of Pay Grade	82		01	
							86		29	
13. DEC	ORATIONS. M	EDALS BAD	GES CITATIONS AND CA	MPAIGN RIBBO	ONS AWARDED	Reserve Oblig, Term. Date OR AUTHORIZED (All periods of		5 1 07	149	
14. MILIT	ARY EDUCATI	ON (Cours	e Title, number weeks, a	and month and		ument is				
VETER	ANS' EDUCA	TIONAL ASS	IT-VIETNAM ERA	YES XX N	16. HIGH	SCHOOL GRADUATE OR EQUIVAL	Li.	17. DAYS A		
10. KLMI	""'Part	ial_d	dental cáre	was pr	ovided	nwithin 90 day	ys prior	ţ0		
sepa allo	ration wances	a. Ex	Day: 82080	credit 07-8208	able f	Eor all Purpose	es except	pay ar	nd	
4605 Port 21. SIGN	E. Mi age, I	ilham MI 49	2002 G SEPARATED Black	(Kal	amazoc	C AS II IV C	SENT TO AFFAIRS			
	Choma	A K.	wack	7	JEŔŖŶ	CAPHAZLETT, MS	G, USA.	ASST AC	3 MEMBER - 1	

NOIANA THE

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES	()	THIS IS AN IMPO SAFEGU)	ANYA	ALTERATION:	IN SHADE
DD 50RM 214		EDITIONS OF THIS ARE OBSOLETE.	CERTIF	ICATE (F RELEAS	RENDER FO	
1. NAME (Last, first, middle)		2. DEPARTM	ENT, COMPONENT AND BRANCH			CIAL SECURITY	NO
BLACK, THOMAS ROBER	er L		ABSY/RA		374		L 8265
48. GRADE, RATE OR RANK 4b.	PAY GRADE	5. DATE OF BIRTH	6. PLACE OF ENTRY INTO ACTIV	VE DUTY	127 1	, r s _u ,	(D-46, 50))
SP4	E-4	620814	Detroit, 20				
7. LAST DUTY ASSIGNMENT AND MAJOR CO.	WWW DE CO SECURITION	ON RO Stry	8. STATION WHERE SEPARATED		**		
C, 1/3rd ADA 101	et Ahn I	Div (AASLT)	Fort Campbell	, KY			
9. COMMAND TO WHICH TRANSFERRED	5 CA Co	5243 Portag	92 Rd.,		COVERAGE		
Calamazoo, MI 4900	2			AMC	DUNT \$ 35	000	NONE
11. PRIMARY SPECIALTY NUMBER, TITLE AND Y MONTHS IN SPECIALTY (Additional specialty)	(EARS AND cialty numbers o	and titles	12. RECORD OF SERVICE		YEAR (s)	MON (8)	DAY (8)
involving periods of one or more yea	a. Date Entered AD This Period		80	07	30		
16810 Man Portable	ense	b. Separation Date This Period		83	07	29	
System Crewmember			C. Net Active Service This Period		03	00	00
2 Years and 4 Month	3/ /		d. Total Prior Active Service		00	90	00
16P10 Air Defense	Artiller	y Short	e. Total Prior Inactive Service		00	01	21
Range Missile Crewm: "MOTHING FOLLOWS"	an//		f. Foreign Service		01	00	13
POINTER POLICYS			g. Sea Service		00	00	00
			h. Effective Date of Pay Grade		82	03	01
13. DECORATIONS, MEDALS, BADGES, CITAT			i. Reserve Oblig. Term. Date		86	07	29
VA.							
		Doc	ument is				
5. MEMBER CONTRIBUTED TO POST-VIETNAM		NOT	DEFICIA.				
VETERANS' EDUCATIONAL ASSISTANCE PR	OGRAM	s XX No	SCHOOL GRADUATE OR EQUIVAL		6	LEAVE PAID	NONE.
18. REMARKSPartial dental eparation. Excess	l care w leave c	as provided reditable f	within 90 day	rep in an	-	w and	
llowances. 1 Day:	820807	-820807			FOLL		***************************************
19. MAILING ADDRESS AFTER SEPARATION		Á	ODER'S O'S	20. MEMBER	REQUESTS CO	PY 6 BE	
605 E. Milham Ortage, MI 49002		(Kalamazoo		SEN	TTO PIL	DIR, OF VE	TNO
21. SIGNATURE OF MEMBER BEING SEPARATE	,	22 YVDED HAM ANTHORIZE		OF OFFICE	5/2		
Marie A. M.		JERRY			A ASS	T AG	

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE			
25. SEPARATION AUTHORITY CHAPTER 4, AR 635-200 28. NARRATIVE REASON FOR SEPARATION	26. SEPARATION CODE LBK	27. REENLISTMENT CODE RE-1		
COMPLETION OF REQUIRED SERVICE (E	TS)			
NONE		30. MEMBER REQUESTS COPY 4		



Míchelle 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

MILITARY DISCHARGE ARMY/RA

BLACK, THOMAS ROBERT

This Document is the property of as recorded as 2011-027088 ON MAY 16TH; 2011order!
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 May ,2011

Michelle R. Fajman, Recorder of Deeds Lake County Indiana

Form # 0023 Revised 5/2002