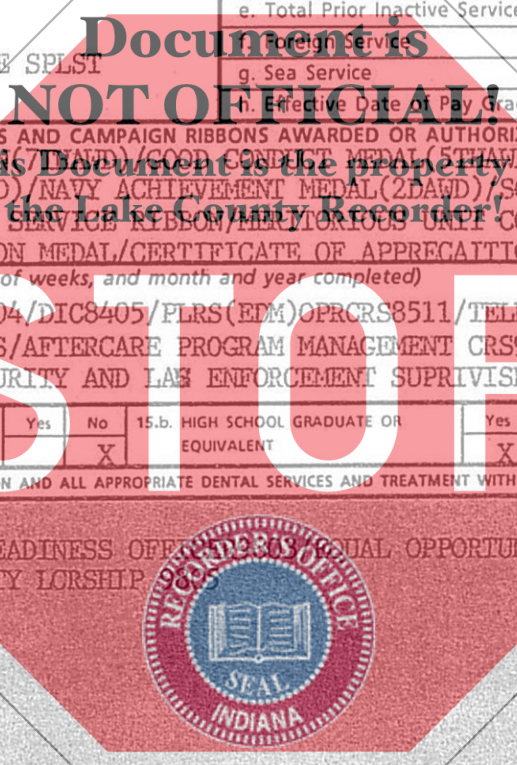


# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

|  |  |   |   |   |           |           |           |           |
|--|--|---|---|---|-----------|-----------|-----------|-----------|
| 1. NAME (Last, First, Middle)<br><b>BUSTAMANTE, CHARLES A.</b>   |  | 2. DEPARTMENT, COMPONENT AND BRANCH<br><b>USMC-11</b> |   | 3. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>               |           |           |           |           |
| 4.a. GRADE, RATE OR RANK<br><b>SSGT</b>  |  | 4.b. PAY GRADE<br><b>E6</b>                           |   | 5. DATE OF BIRTH (YYMMDD)<br><b>610502</b>                |           |           |           |           |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY<br><b>AFEES CHICAGO IL</b>  |  |   | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)<br><b>MERRILLVILLE IN 46410</b> |   |           |           |           |           |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>HQ 3/10 2DMARDIV II MEF</b>  |  |   | 8.b. STATION WHERE SEPARATED<br><b>CAMP LEJEUNE, NC 28542</b>   |   |           |           |           |           |
| 9. COMMAND TO WHICH TRANSFERRED<br><b>N/A</b>  |  |   |   | 10. SGLI COVERAGE<br>None<br>Amount: \$ <b>200,000.00</b> |           |           |           |           |
| 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.)<br><br><b>2585: PLRS MASTER STATION OPR<br/>09YRS 09MOS<br/>2537: RADIO CHIEF<br/>07YRS 03MOS<br/>9936: SUBSTANCE ABUSE SPLST<br/>0YRS 11MOS</b>  |  |   | 12. RECORD OF SERVICE   |   |           |           |           |           |
|  |  |   | a. Date Entered AD This Period  |   |           | Year(s)   | Month(s)  | Day(s)    |
|  |  |   | b. Separation Date This Period  |   |           | <b>79</b> | <b>06</b> | <b>05</b> |
|  |  |   | c. Net Active Service This Period   |   |           | <b>99</b> | <b>06</b> | <b>30</b> |
|  |  |   | d. Total Prior Active Service   |   |           | <b>20</b> | <b>00</b> | <b>26</b> |
|  |  |   | e. Total Prior Inactive Service   |   |           | <b>00</b> | <b>00</b> | <b>00</b> |
|  |  |   | f. Foreign Service  |   |           | <b>00</b> | <b>07</b> | <b>02</b> |
| g. Sea Service   |  |   | <b>00</b>   | <b>00</b>   | <b>00</b> |           |           |           |
| h. Effective Date of Pay Grade   |  |   | <b>00</b>   | <b>00</b>   | <b>22</b> |           |           |           |
| i. Effective Date of Pay Grade   |  |   | <b>90</b>   | <b>03</b>   | <b>01</b> |           |           |           |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)<br><b>SEA SERVICE DEPLOYMENT RIBBON (7DAWD)/GOOD CONDUCT MEDAL (5THAWD)/MERITORIOUS MAST(2DAWD)/LETTER OF APPRECIATION(7THAWD)/NAVY ACHIEVEMENT MEDAL(2DAWD)/SOUTHWEST ASIA SERVICE MEDAL (2 DEVICES)/NATIONAL DEFENSE SERVICE RIBBON/MERITORIOUS UNIT COMMENDATION/NAVY UNIT COMMENDATION/KUWAIT LIBERATION MEDAL/CERTIFICATE OF APPRECIATION/COMBAT ACTION RIBBON</b> |  |   |   |   |           |           |           |           |
| 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)<br><b>NCO LEADERSHIP SCHOOL(ODD)8204/DIC8405/PLRS(EDM)OPRCRS8511/TELEGRAPHERCRS(3-6)8707/SNCOA CC TBA06WKS9009/RCC(25E)12WKS/AFTERCARE PROGRAM MANAGEMENT CRS9011/CADRE TRAINER CRS(M4T) 05WKS9407/NAVAL PHYSICAL SECURITY AND LAW ENFORCEMENT SUPRVISRCRS9605/UNIT SUBST ABUSE</b>   |  |   |   |   |           |           |           |           |
| 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"/>   | Yes   |           |           |           |           |
|  |  |   | <input checked="" type="checkbox"/>   | No  |           |           |           |           |
|  |  |   |   | 16. DAYS ACCRUED LEAVE PAID<br>L.S.L. <b>00.59</b>        |           |           |           |           |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION   |  |   |   |   |           |           |           |           |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |   |   |   |           |           |           |           |
| 18. REMARKS<br><br><b>14. CONT: MNGMT CRS FAMILY READINESS OPERATIONAL OPPORTUNITY REP CRS 9802/<br/>FUNDNTLS TOTAL QLTY LORSHIP</b>   |  |   |   |   |           |           |           |           |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)<br><b>3957 WABASH<br/>HAMMOND IN 46327</b>   |  |   | 19.b. NEAREST RELATIVE (Name and address, include Zip Code)<br><b>SYLVIA DELAO (SISTER)<br/>SAME AS BLOCK 19A</b>   |   |           |           |           |           |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO <b>IN</b> DIR. OF VET. AFFAIRS   |  |   | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)<br><b>D. A. ROBERTS, CWO2, BNPERO</b>      |   |           |           |           |           |
| 21. SIGNATURE OF MEMBER BEING SEPARATED<br><b>Charles A. Bustamante</b>  |  |   | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)<br><b>D. A. ROBERTS, CWO2, BNPERO</b>      |   |           |           |           |           |



2017-082445

STATE OF INDIANA  
LANE COUNTY  
FILED FOR REC  
2017 DEC -5 AM  
MICHAEL B. BERNARD

|   |                                    |   |
|---|------------------------------------|---|
| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)    |                                    |   |
| 23. TYPE OF SEPARATION<br><b>RELEASE FROM ACTIVE DUTY</b>               |                                    | 24. CHARACTER OF SERVICE (Include upgrades)<br><b>HONORABLE</b> |
| 25. SEPARATION AUTHORITY<br><b>MARCORSEPMAN PAR 7005</b>                | 26. SEPARATION CODE<br><b>NBD1</b> | 27. REENTRY CODE<br><b>RE-2A</b>                                |
| 28. NARRATIVE REASON FOR SEPARATION<br><b>ENLISTED TRANSFER TO FMCR</b> |                                    | 30. MEMBER REQUESTS COPY 4<br>Initials<br><b>ceb</b>            |
| 29. DATES OF TIME LOST DURING THIS PERIOD<br><b>NONE</b>                |                                    |   |



*Michael B. Brown*

Recorder of Deeds  
Lake County Indiana  
2293 North Main Street  
Crown Point, IN 46307  
219-755-3730

# Certification Letter

State of Indiana )  
County of Lake ) SS

**Document is NOT OFFICIAL!**

This is to certify that I, ~~Michael B. Brown~~, 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

DD214 FOR CHARLES A. BUSTAMANTE

**STOP**

as recorded as 2017-082445

as this said document was present for the recordation when **MICHAEL B. BROWN** was Recorder at the time of filing of said document

Dated this 5TH day of December, 2017

*[Signature]*  
Deputy Recorder

*Michael B. Brown*

Michael B. Brown, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002

