



Must be one of the associations listed at mcsf.org/eligibility

Marine's name must be on the card

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) 2. COMPONENT AND BRANCH 3. SOCIAL SECURITY NUMBER

Must indicate USMC or USN

4a. GRADE, RATE OR RANK 4b. PAY GRADE 5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)

Military rank

7a. PLACE OF ENTRY IN SERVICE 7b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 8b. STATION WHERE SEPARATED

Date entered service

9. COMMAND TO WHICH TRANSFERRED 10. SGLI COVERAGE NONE AMOUNT: \$ 400,000

Date exited service

Total time from rows c & d combined is the total years of service

Table with 4 columns: Record of Service, Year(s), Month(s), Day(s). Rows include Date Entered, Separation Date, Net Active Service, Total Prior Active Service, Total Prior Inactive Service, Foreign Service, Sea Service, Initial Entry Training, Effective Date of Pay Grade.

Medals & campaign ribbons shown here

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

Medals & campaign ribbons may continue here

15a. COMMISSIONED THROUGH SERVICE ACADEMY 15b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) 15c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 105) (If yes, years of commitment:) 16. DAYS ACCRUED LEAVE PAID 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION

18. REMARKS Serial # Good Conduct Medal Period Commences: 20110131. Extended for the convenience of the Government. Subject Secretary. Expeditionary Medal(Iraq), Global War on Terrorism Service Medal, CONT on DD214C.//

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 19b. NEAREST RELATIVE (Name and address - include Zip Code)

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) HI OFFICE OF VETERANS AFFAIRS 20a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)

21a. MEMBER SIGNATURE 21b. DATE (YYYYMMDD) 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name) 22b. DATE (YYYYMMDD)

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Transferred to the FMCR 24. CHARACTER OF SERVICE (include upgrades) HONORABLE

Must show character of service

25. SEPARATION AUTHORITY MARCORSEPMAN par 7008 26. SEPARATION CODE NBD1 27. REENT RE-2A

28. NARRATIVE REASON FOR SEPARATION SUFFICIENT SERVICE FOR RETIREMENT

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) None

Form should be a Member-4 or Service-2. Other versions are accepted IF 'character of service' is shown on form