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

Marine’s name must be on the card
**Certificate of Discharge from Active Duty**

- **Name**: [Last, First, Middle]
- **Social Security Number**: [USMC-11]
- **Place of Entry**: [City and State or Complete Address if Known]
- **Date of Birth**: [YYYYMMDD]
- **Date of Discharge**: [YYYYMMDD]
- **Command to Which Transferred**: [Box]
- **Primary Specialty**: [List]
- **Record of Service**: [Year, Month, Day]
- **Total Time**: Combined total of Years and Days
- **Medical Examination**: Provided
- **Date of Separation**: [DD/MM/YY]
- **Character of Service**: [HONORABLE]
- **Date of Transfer**: [DD/MM/YY]
- **Reason for Separation**: [Box]
- **Date of Active Service**: [DD/MM/YY]
- **Date of Inactive Service**: [DD/MM/YY]
- **Date of Award**: [DD/MM/YY]
- **Date of Commission**: [DD/MM/YY]
- **Date of Discharge**: [DD/MM/YY]

**Military Rank and Awards**

- **Rank**: [DwGSt]
- **Medals and Campaign Ribbons**: [List]

**Certificate Information**

- **SGLI Coverage**: [Amount]
- **Commission through Service Academy**: [Yes/No]
- **Enlisted Under Loan Repayment Program**: [Yes/No]
- **Days Accrued Leave Paid**: [0.0]
- **Member Was Provided Complete Dental Examination**: [Yes/No]

**Additional Information**

- **Signature**: [Box]
- **Official Authorized to Sign**: [Box]

**Form Information**

- **DD Form 214, Aug 2009**: [Box]
- **Previous Edition is Obsolete**: [Box]

**Legend**

- **Must Indicate USMC or USN**: [Box]
- **Military Rank**: [Box]
- **Date Entered Service**: [Box]
- **Date Exit Service**: [Box]
- **Total Time from Rows C & D Combined is the Total Years of Service**: [Box]
- **Medals and Campaign Ribbons Shown Here**: [Box]
- **Medals and Campaign Ribbons May Continue Here**: [Box]
- **Must Show Character of Service**: [Box]
- **Form Should be a Member-4 or Service-2. Other versions are accepted if 'character of service' is shown on form**: [Box]