

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>MIGLIAVACCA, Robert Antony</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>USMC-11</b>		3. SOCIAL SECURITY NO. <b>464   77   6710</b>	
4.a GRADE, RATE OR RANK <b>PFC</b>	4.b PAY GRADE <b>E-2</b>	5. DATE OF BIRTH (YYMMDD) <b>730425</b>		6. RESERVE OBLIG. TERM. DATE Year <b>00</b> Month <b>00</b> Day <b>00</b>	
7.a PLACE OF ENTRY INTO ACTIVE DUTY <b>Louisville KY 40202</b>			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>104 Danville Ave Stanford KY 40484</b>		

8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>SPT RTBn, RTR, MCRDep, PISC PLT MRP</b>	8.b STATION WHERE SEPARATED <b>RAC, MCRDep/ERR, PISC RUC 32092</b>
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9. COMMAND TO WHICH TRANSFERRED <b>N/A</b>	10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>200,000</b>
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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.)  <b>9900 Basic Marine</b>	12. RECORD OF SERVICE			
		Year(s)	Month(s)	Day(s)
	a. Date Entered AD This Period	94	09	12
	b. Separation Date This Period	95	04	01
	c. Net Active Service This Period	00	06	20
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	00	19
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
h. Effective Date of Pay Grade	95	03	01	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

**National Defense Service Medal**

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

**None**

15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID <b>None</b>
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION  Yes  No

18. REMARKS

**PAID DISABILITY SEVERANCE PAY DATE 950401**

**COMPUTED: \$957.60 X 2 MTHS X 1 YR = \$1915.20**

**KM SILARD *[Signature]* DSSN 5153**

**VA CODE(S) 5262**

**MEMBER NOT AVAILABLE FOR SIGNATURE**

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>104 Danville Ave Stanford KY 40484</b>	19.b. NEAREST RELATIVE (Name and address include Zip Code) <b>Bob Migliavacca (Father) 753 Carriage Trail Dr O'Fallon MO 63366</b>
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20. MEMBER REQUESTS COPY 6 BE SENT TO _____ DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>[Signature]</i> <b>e. A. KELLEY CWO3, OIC, DPU</b>
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**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION <b>Discharged</b>	24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>	
25. SEPARATION AUTHORITY <b>MARCORSEPMAN Par 8401 &amp; DFP Cycle # 032</b>	26. SEPARATION CODE <b>JFL1</b>	27. REENTRY CODE <b>RE-3P</b>
28. NARRATIVE REASON FOR SEPARATION <b>Physical disability, with severance pay</b>		
29. DATES OF TIME LOST DURING THIS PERIOD <b>None</b>		30. MEMBER REQUESTS COPY 4 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No