



Honorable Discharge

This is to certify that

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honest
and Faithful Service to this country.*

Given at

Date

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL			2. ARMY SERIAL NO.		3. GRADE	4. ARM OR SERVICE		5. COMPONENT	
6. ORGANIZATION				7. DATE OF SEPARATION		8. PLACE OF SEPARATION			
9. PERMANENT ADDRESS FOR MAILING PURPOSES					10. DATE OF BIRTH		11. PLACE OF BIRTH		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT					13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND. LBS.
18. RACE		19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.		
WHITE	NEGRO	OTHER (specify)	SINGLE	MARRIED	OTHER (specify)	YES	NO		

MILITARY HISTORY

22. DATE OF INDUCTION		23. DATE OF ENLISTMENT		24. DATE OF ENTRY INTO ACTIVE SERVICE		25. PLACE OF ENTRY INTO SERVICE		
SELECTIVE SERVICE DATA	26. REGISTERED	27. LOCAL S.S. BOARD NO.		28. COUNTY AND STATE		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE		
	YES	NO						
30. MILITARY OCCUPATIONAL SPECIALTY AND NO.				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)				
32. BATTLES AND CAMPAIGNS								
33. DECORATIONS AND CITATIONS								
34. WOUNDS RECEIVED IN ACTION								
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN				
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE		DESTINATION	DATE OF ARRIVAL	
37. TOTAL LENGTH OF SERVICE			38. HIGHEST GRADE HELD					
CONTINENTAL SERVICE		FOREIGN SERVICE						
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS			
39. PRIOR SERVICE								
40. REASON AND AUTHORITY FOR SEPARATION								
41. SERVICE SCHOOLS ATTENDED						42. EDUCATION (Years)		
						Grammar	High School	College

PAY DATA

43. LONGEVITY FOR PAY PURPOSES		44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL \$	THIS PAYMENT \$		

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 28, D. C.										
48. KIND OF INSURANCE			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH \$	53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.				Continue	Continue Only \$	Discontinue

54.	RIGHT THUMB PRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)
56. SIGNATURE OF PERSON BEING SEPARATED		57. PERSONNEL OFFICER (Type name, grade and organization - signature)