

**APPLICATION FOR DISCHARGE OF MEMBER OR SURVIVOR OF
MEMBER OF GROUP CERTIFIED TO HAVE PERFORMED ACTIVE
DUTY WITH THE ARMED FORCES OF THE UNITED STATES**

(Read Instructions on reverse before completing.)

Form Approved OMB
0704-0100

Privacy Act Statement

AUTHORITY:

Public Law 95-202, Sec. 401, The G.I. Bill Improvement Act, and EO 9397.

PRINCIPAL PURPOSE:

To assist the secretary of a military department in determining if applicant was member of a group which has been found to have performed active military service and, after an affirmative finding as to the applicant, to assist the secretary in issuing an appropriate certificate of service.

ROUTINE USE:

To establish an individual personnel record.

DISCLOSURE:

Voluntary; however, if information is not furnished, application may be returned to applicant. The use of SSN is to assure proper identification of individual and records.

I. GROUP MEMBER PERSONAL DATA

1. MEMBER'S NAME		2. PRESENT ADDRESS (Street, City, County, State, Zip Code, if applicable)	3. SOCIAL SECURITY NO.
b. LAST, FIRST, MIDDLE AND MAIDEN, IF ANY			4. DATE OF BIRTH
b. ALIAS(ES)			

II. SERVICE GROUP DATA TO SUPPORT CLAIM

5. NAME OF GROUP SERVED WITH		6. IDENTIFICATION NO.	7. HIGHEST GRADE / RANK / RATING HELD	8. HIGHEST PAY GRADE (or actual pay)
9. ENTRY INTO SERVICE			10. ACTUAL MILITARY SERVICE BEFORE/AFTER THIS SERVICE	
a. DATE	b. PLACE (include City, State of Military Installation)		a. DATES	b. DEPARTMENT(S)
11. HOME OF RECORD AT TIME OF ENTRY (Street, City, County, State)			12. GRADE / RANK / RATING AT TIME OF ENTRY	
13. MILITARY INSTALLATION WHERE ORDERED TO REPORT (Include City and State)			14. SPECIALTY / JOB TITLE(S)	
15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CAMPAIGN RIBBONS AWARDED / AUTHORIZED				
16. TERMINATION OF GROUP SERVICE (Separation, Discharge, Resignation, etc.)				
a. TYPE OF TERMINATION	b. REASON	c. STATION BASE / LOCATION	d. SERVICE COMMAND AFFILIATION	e. DATE SERVICE TERMINATED

III. APPLICATION INFORMATION

Applicant must sign in the space provided. If the record is that of a person who is deceased or incompetent, legal proof of death or incompetency must accompany this application. If the application is signed by a spouse, widower, next of kin, or legal representative, give relationship or status in the appropriate box below.

17. RELATIONSHIP TO APPLICANT (X one)

<input type="checkbox"/>	a. SPOUSE	<input type="checkbox"/>	c. WIDOWER	<input type="checkbox"/>	e. LEGAL REPRESENTATIVE
<input type="checkbox"/>	b. WIDOW	<input type="checkbox"/>	d. NEXT OF KIN	<input type="checkbox"/>	f. OTHER (specify)

I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OF CLAIM.

(U.S. Code, Title 18, Sec. 287, 1001, provides a penalty of not more than \$10,000 fine or not more than five years imprisonment or both.)

18. APPLICANT

a. NAME (Last, First, Middle)		b. SOCIAL SECURITY NUMBER	c. TELEPHONE NO. (include area code)	d. DATE SIGNED
e. MAILING ADDRESS (Street, City, State, Zip Code)			f. SIGNATURE OF APPLICANT	

IV. DISCLOSURE OF INFORMATION

19. I hereby authorize the release of copies of any official records maintained by the National Personnel Records Center to the appropriate military personnel office for the purpose of processing my application for discharge under Public Law 95-202

a. SIGNATURE OF APPLICANT	b. DATE SIGNED
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