

APPENDIX A TO PART 45—DD FORM 214

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 RELEASE OR DISCHARGE FROM ACTIVE DUTY					
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8.b. STATION WHERE SEPARATED			
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$		
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.)		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	Year(s)	Month(s)	Day(s)
		b. Separation Date This Period			
		c. Net Active Service This Period			
		d. Total Prior Active Service			
		e. Total Prior Inactive Service			
		f. Foreign Service			
		g. Sea Service			
		h. Effective Date of Pay Grade			
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)					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
				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					
Yes					
No					
18. REMARKS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS		Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)	
21. SIGNATURE OF MEMBER BEING SEPARATED					

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

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				6. RESERVE OBLIG. TERM. DATE			
				Year Month Day			
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				Yes No			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				16. DAYS ACCRUED LEAVE PAID			
				Yes No			
18. REMARKS							
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)				
20. MEMBER REQUESTS COPY 4 BE SENT TO		DIR. OF VET AFFAIRS		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			
		Yes No					
21. SIGNATURE OF MEMBER BEING SEPARATED							
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)							
23. TYPE OF SEPARATION			24. CHARACTER OF SERVICE (Include upgrades)				
25. SEPARATION AUTHORITY			26. SEPARATION CODE		27. REENTRY CODE		
28. NARRATIVE REASON FOR SEPARATION							
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4			
				Initials			

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				Day			
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COPY DESIGNATION *(Printed in lower right margin)*

MEMBER - 1

SERVICE - 2

VETERANS ADMINISTRATION - 3

MEMBER - 4

DEPARTMENT OF LABOR - 5

STATE DIRECTOR OF VETERANS AFFAIRS - 6

SERVICE - 7

SERVICE - 8

Copy 1 (the original) does not have Items 23 - 30, and the page ends after Item 22.

Copies 2, 4, 7, and 8 contain all items.

Copies 3, 5, and 6 contain all items, but Items 25 through 27 are blacked out.

[54 FR 9985, Mar. 9, 1989]