

APPENDIX C TO PART 45—DD FORM 215

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO. (Alt. Service Number if applicable)
4. MAILING ADDRESS (Include ZIP Code)		
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW		
ITEM NO.	CORRECTED TO READ	
SEPARATION DATE ON DD FORM 214 BEING CORRECTED - _____		
6. DATE	7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN	

DD Form 215, JUL 79
109/050

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY MEMBER - 1