

DD FORM 1 JUL 79 214		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY		1633		
1. NAME (Last, first, middle) SMITH BRAD DWANE			2. DEPARTMENT, COMPONENT AND BRANCH ARMY/PA			3. SOCIAL SECURITY NO. 560 70 1556		
4a. GRADE, RATE OR RANK SP4		4b. PAY GRADE P4		5. DATE OF BIRTH 580823		6. PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND OR		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND DLIELC PRESIDIO OF MONTEREY CA TC				8. STATION WHERE SEPARATED FORT ORD CA				
9. COMMAND TO WHICH TRANSFERRED USAR Control Group (rein) RCPAC						10. SGU COVERAGE AMOUNT \$ 35 000 <input type="checkbox"/> NONE		
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 11H10 HEAVY ANTI-ARMOR WEAPONS CREWMAN 2 yrs & 3 mos 81E00 ILLUSTRATOR 2 yrs & 8 mos						12. RECORD OF SERVICE		
						a. Date Entered AD This Period 81 03 11		
						b. Separation Date This Period 81 12 21		
						c. Net Active Service This Period 00 00 10		
						d. Total Prior Active Service 04 00 00		
						e. Total Prior Inactive Service 00 10 27		
						f. Foreign Service 00 00 00		
						g. Sea Service 00 00 00		
						h. Effective Date of Pay Grade 78 01 25		
						i. Reserve Oblig. Term. Date NA		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) RIFLE (EXPERT), GRENADE (EXPERT), PISTOL (EXPERT), GOOD CONDUCT MEDAL, EXPERT INFANTRYMAN BADGE								
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)								
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
17. DAYS ACCRUED LEAVE PAID								
18. REMARKS NOTHING FOLLOWS								
19. MAILING ADDRESS AFTER SEPARATION 5509 HOMER DRIVE KLAMATH FALLS, OR. 97601						20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> OR DIR. OF VET. AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Brad D Smith</i>				22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN Anthony Flood ANTHONY FLOOD 1st Lt Capt AG				

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY PARA 13-4b AR 635-200		26. SEPARATION CODE JMB	
28. NARRATIVE REASON FOR SEPARATION INSTABILITY-PERSONALITY DISORDER		27. REENLISTMENT CODE 3	
29. DATES OF TIME LOST DURING THIS PERIOD 811005-811006		30. MEMBER REQUESTS COPY 4 305 INITIALS	

STATE OF OREGON; COUNTY OF KLAMATH;ss

I hereby certify that the within instrument was received and filed for
record on the 9 day of Feb. A.D., 1982 at 9:14 o'clock A M
and duly recorded in Vol M 82; of Discharges on page 1632FEE \$ No FeeEVELYN BIRHN COUNTY CLERK
by *Joyce McArthur* Deputy