



NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DD FORM 1 JUL 79 **214**

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) FILIER, KATHLEEN MARY		2. DEPARTMENT, COMPONENT AND BRANCH NAVY USNR		3. SOCIAL SECURITY NO. 175 60 6124		
4a. GRADE, RATE OR RANK SA	4b. PAY GRADE E2	5. DATE OF BIRTH 30JAN72	6. PLACE OF ENTRY INTO ACTIVE DUTY PHILADELPHIA, PA			
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVHOSPCORPSOOL GREAT LAKES, IL			8. STATION WHERE SEPARATED PERSUPPET NAVHOSP GREAT LAKES IL			
9. COMMAND TO WHICH TRANSFERRED NAS WILLOW GROVE, PA			10. SGLI COVERAGE AMOUNT \$ 50,000 <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) 9730-MEDICAL AND DENTAL SPECIALIST (HM) X X X X X X X X X X X X X X X		12. RECORD OF SERVICE		YEAR (s)	MON (s)	DAY (s)
		a. Date Entered AD This Period		89	JUL	24
		b. Separation Date This Period		89	NOV	22
		c. Net Active Service This Period		00	03	29
		d. Total Prior Active Service		00	00	00
		e. Total Prior Inactive Service		00	02	01
		f. Foreign Service		00	00	00
		g. Sea Service		00	00	00
h. Effective Date of Pay Grade		89	JUL	24		
i. Reserve Oblig. Term. Date		97	MAY	22		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE X X X X X X X X X						
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) NONE X X X X X X X X X						
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 10.5	
18. REMARKS DATE DETACHED SEPARATION ACTIVITY: 89NOV21. 1 DAY TRAVEL TIME. DD 214 ADMINISTRATIVELY ISSUED: 89NOV21. VETERAN WAS PROVIDED A COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SUCH DISCHARGE. X						
19. MAILING ADDRESS AFTER SEPARATION 259 W FISHER AVE. PHILADELPHIA, PA 19120			20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> DR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Kathleen Mary Filer</i>		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN J. W. HOOPEMAN PNCS (SW), USN, MILPERS BY DIR				

S/N 0102-UF-000-2140

MEMBER - 1

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Includes upgrades)	
25. SEPARATION AUTHORITY	24. SEPARATION CODE	27. REENLISTMENT CODE
28. NARRATIVE REASON FOR SEPARATION USNR-R RELEASED AFTER 90 OR MORE DAYS ACTIVE DUTY FOR		
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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