

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) **CRAWFORD, AARON JAMES** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/RA** 3. SOCIAL SECURITY NO. **3758**

4a. GRADE, RATE OR RANK **SGT** 4b. PAY GRADE **E-5** 5. DATE OF BIRTH **631105** 6. PLACE OF ENTRY INTO ACTIVE DUTY **Oakland, CA**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **FORSKOM FC HHC 3/327th Inf Bn 101st Abn Div (AASLT)** 8. STATION WHERE SEPARATED **Fort Campbell, KY**

9. COMMAND TO WHICH TRANSFERRED **USAR Control Group (Reinforcement) RCPAC, 9700 Page Blvd, St. Louis, MO 63132** 10. SGLI COVERAGE AMOUNT \$ **35** 000 NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 11C2P Indirect Fire Infantryman 3 Years and 9 Months// "NOTHING FOLLOWS"	12. RECORD OF SERVICE		
	YEAR (s)	MON (s)	DAY (s)
a. Date Entered AD This Period	81	07	14
b. Separation Date This Period	85	07	13
c. Net Active Service This Period	04	00	00
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	03	01
f. Foreign Service	01	06	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	85	03	14
i. Reserve Oblig. Term. Date	87	07	13

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
Army Service Ribbon//Overseas Service Ribbon//Good Conduct Medal//NCO Professional Development Ribbon (2)//Expert Badge M16 Rifle//Expert Badge Hand Grenade//Parachutist Badge//Expert Infantryman Badge//Air Assault Badge//"NOTHING FOLLOWS"

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
NA

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID **1 1/2**

18. REMARKS **Dental care was not provided within 90 days prior to separation. Type of last bonus paid: Enlistment Bonus 2, Amount paid: \$5000.00, Date paid: 811014.//NOTHING FOLLOWS//**

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19. MAILING ADDRESS AFTER SEPARATION **Rt. 2, Box 1155 Hwy 395 South Gardnerville, NV 89410** 20. MEMBER REQUESTS COPY 6 BE SENT TO: VET DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *Aaron J. Crawford* 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **JAMES J. JONES, CS7, CHIEF TRANSFER POINT MEMBER - 1**

COPY

REQUESTED BY
Aaron Crawford
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DOUGLAS CO., NEVADA

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SUZANNE BEAUDREAU
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