

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME BOHAYEK, CAROL RAY			2. SERVICE NUMBER 074 34 83			3. SOCIAL SECURITY NUMBER 157 72 5448																																																																								
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY - USN			5a. GRADE, RATE OR RANK GE2		5b. PAY GRADE E-5	6. DATE OF RANK 07 FEB 69		6. DATE OF BIRTH 17 JUN 46																																																																						
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) HOUSTON, TEXAS																																																																												
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 41 62 46 1293			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 462 HOUSTON TEXAS			c. DATE INDUCTED DAY MONTH YEAR																																																																								
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE RELEASED FROM ACTIVE DUTY AND SET TO INVAL RESERVE (Inactive)			b. STATION OR INSTALLATION AT WHICH EFFECTED USN NCB 121, GULFPORT, MISSISSIPPI																																																																											
	c. REASON AND AUTHORITY SUPERS MANUAL 385022 (1) (1) & TRANSFER CHAPTER 30			d. EFFECTIVE DATE 27 AUG 70																																																																											
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USN NCB 121, GULF PT, MISS.			13a. CHARACTER OF SERVICE NON PABLE			b. TYPE OF CERTIFICATE ISSUED *BBS REMARKS																																																																								
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NAVY RESERVE CENTER, GULFPORT, MISSISSIPPI						15. REENLISTMENT CODE NA-1																																																																								
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY MONTH YEAR																																																																								
	06 JAN 75					02	07 JAN 69																																																																								
	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC GE2		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) HOUSTON, TEXAS																																																																										
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 3109 ROSEMARY, HOUSTON, TEXAS 77016			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS																																																																						
	23a. SPECIALTY NUMBER & TITLE 00 0000/0000			23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 824 - Electricians		a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	01	06	21																																																																					
							(2) OTHER SERVICE	00	00	29																																																																					
							(3) TOTAL (Line (1) plus Line (2))	01	07	20																																																																					
							b. TOTAL ACTIVE SERVICE	01	06	21																																																																					
							c. FOREIGN AND/OR SEA SERVICE	01	02	18																																																																					
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NAVY UNIT COMMENDATION RIBBON - GREAT ACTION RIBBON - VIETNAM SERVICE MEDAL - VIETNAM CAMPAIGN RIBBON - NATIONAL DEFENSE SERVICE MEDAL																																																																														
25. EDUCATION AND TRAINING COMPLETED																																																																															
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VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) TL - NONE XLV - NONE			b. DAYS ACCRUED LEAVE PAID 12 days		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT \$ NA	c. MONTH ALLOTMENT DISCONTINUED NA																																																																						
				28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> NONE \$15,000																																																																									
	30. REMARKS BLOCK 13b CONT'D - NO CERTIFICATE ISSUED AT TIME OF SEPARATION BLOCK 17b CONT'D - 06 MONTHS EXTENSION FOR DFPC PROGRAM H.S. - 04																																																																														
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 3109 ROSEMARY, HOUSTON, TEXAS 77016					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 																																																																									
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J.H. HICKS, ENS, USN, PERSONNEL OFFICER BY DIRECTION OF THE COMMANDING OFFICER					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN																																																																									