

CAUTION: NOT TO BE USED FOR  
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD  
SAFEGUARD ITANY ALTERATIONS IN SHADED  
AREAS RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) Martinez, Roger		2. DEPARTMENT, COMPONENT AND BRANCH Navy		3. SOCIAL SECURITY NO. TRA   30   1580	
4.a. GRADE, RATE OR RANK Lieutenant Commander	4.b. PAY GRADE O-4	5. DATE OF BIRTH (YYYYMMDD) 19620704	6. RESERVE OBLIG. TERM. DATE Year   Month   Day		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY Baltimore, MD		7.b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) 31 Hopkins Plaza, Baltimore, MD 21201 (US)			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS Merrill (DD-976)		8.b. STATION WHERE SEPARATED Naval Station San Diego, CA			
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional speciality numbers and titles involving periods of one or more years.) Engineering Operations		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. Date Entered AD This Period		1980	08
		b. Separation Date This Period		1990	07
		c. Net Active Service This Period		10	0
		d. Total Prior Active Service		00	00
		e. Total Prior Inactive Service		00	00
		f. Foreign Service		00	00
		g. Sea Service		00	00
h. Effective Date of Pay Grade		1990	05	22	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Good Conduct Medal Humanitarian Service Medal Navy Achievement Medal Sea Service Deployment					
14. MILITARY EDUCATION (Course title, number of weeks, and months and years completed) Gunner's Mate (52 weeks)					
15.a. MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERAN'S EDUCATION ASSISTANCE PROGRAM		YES	NO	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X		
		X		16. DAYS ACCRUED LEAVE PAID -0-	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
18. REMARKS  Received Baltimore Regional Office (313) 09/03/2020					
19.a. MAILING ADDRESS AFTER SEPERATION (Include Zip Code) 31 Hopkins Plaza Baltimore, MD 21201 (US)			19.b. NEAREST RELATIVE (Name and Address - include Zip Code) Frank Martinez 870 N. 54th Ave., Chandler, AZ 85225 (US)		
20. MEMBER REQUESTS COPY 6 BE SENT TO _____ DIR. OF VET AFFAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO			22. OFFICIAL AUTHORIZED TO SIGN (Type name, grade, title and signature) Capt. Samuel D. Hawkins ADMINO		
21. SIGNATURE OF MEMBER BEING SEPARATED Roger Martinez			Samuel D. Hawkins		

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MEMBER - 1

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION Discharge	24. CHARACTER OF SERVICE (Include upgrades) Honorable	
25. SEPARATION AUTHORITY MILPERSMAN 3620150	26. SEPARATION CODE MBK	27. REENTRY CODE RE-1
28. NARRATIVE REASON FOR SEPARATION Discharge		
29. DATES OF TIME LOST DURING THIS PERIOD -0-		30. MEMBER REQUESTS COPY 4 ____ RM ____ Initials

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MEMBER - 4