

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME Smith - Kevin			2. SEX		3. SOCIAL SECURITY NUMBER 123-45-6789		4. DATE OF YEAR MONTH DAY 1900 01 01		
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY-USN			6. GRADE, RATE OR RANK CE1		7. PAY GRADE E6		8. DATE OF RANK		
9. SELECTIVE SERVICE NUMBER		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE			11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code)				
12. TYPE OF SEPARATION DISCHARGE			13. STATION OR INSTALLATION AT WHICH EFFECTED NAVAL STATION, NORFOLK, VA.						
14. AUTHORITY AND REASON			15. EFFECTIVE DATE		16. YEAR MONTH DAY				
17. CHARACTER OF SERVICE HONORABLE			18. TYPE OF CERTIFICATE ISSUED DD256N		19. REENLISTMENT CODE				
20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVSTA GTMO BAY CUBA			21. COMMAND TO WHICH TRANSFERRED NA						
22. TERMINAL DATE OF RESERVE/MSS OBLIGATION YEAR MONTH DAY 00 00 00		23. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) BAINBRIDGE MD				24. DATE ENTERED ACTIVE DUTY THIS PERIOD YEARS MONTHS DAYS			
25. PRIMARY SPECIALTY NUMBER AND TITLE 0000		26. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		27. RECORD OF SERVICE			28. NET ACTIVE SERVICE THIS PERIOD		
29. SECONDARY SPECIALTY NUMBER AND TITLE		30. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER		31. PRIOR ACTIVE SERVICE			32. PRIOR INACTIVE SERVICE		
				33. TOTAL ACTIVE SERVICE (a+b)			34. TOTAL INACTIVE SERVICE		
				35. TOTAL SERVICE FOR PAY (c+d)			36. FOREIGN AND/OR SEA SERVICE THIS PERIOD		
				37. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years)			38. SECONDARY/HIGH SCHOOL YRS (1-12 grades) COLLEGE YRS		
39. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input type="checkbox"/> NO		40. DAYS ACCRUED LEAVE PAID 60		41. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		42. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT		43. PERSONNEL SECURITY INVESTIGATION a. TYPE NA b. DATE COMPLETED 00 00 00	
44. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED GOOD CONDUCT 1ST AWARD FOR PERIOD ENDING MERITORIOUS UNIT CITATION VIETNAM CROSS OF GALLANTRY WITH PALM									
45. REMARKS "INDIVIDUAL REQUESTS COPY OF THE DD FORM 214N." CONSTRUCTION ELECTRICIAN CLASS B SCHOOL ELECTRICAL POWER PROD CRS									
46. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code)									
47. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W WASHBURN SEP OFF BY DIR									

DD FORM 214N

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

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REPORT OF SEPARATION FROM ACTIVE DUTY