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Authority for discharge _____

Enlisted at _____ on the _____ day of _____, 19____, to serve _____ years

Previous service _____

Rank held on discharge _____ (Date of rank) _____

Military occupational specialty _____ *Wright*

Services (sea, foreign, battles, engagements, expeditions) _____

Service number _____

Organization _____

Place of discharge _____

I certify that the above is correct according to the service records.

Eqm., MARPC, NAS, GLENVIEW, ILL. 26 Sep 60

Reason for non-delivery of Discharge Certificate (address unknown) _____

Wright By direction _____

12-5550-2