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APPLICATION FOR REVIEW OF DISCHARGE OR SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		Date Approved Director Discharge Bd., 20-1947	
(Read instructions on reverse before completing application. Print type or print.)			
BRANCH OF SERVICE			
<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> AIR FORCE
2. LAST NAME - FIRST NAME - MIDDLE INITIAL		3. SERVICE NUMBER	
4. RATE OR GRADE AT SEPARATION		5. ORGANIZATION AT TIME OF SEPARATION	
6. NATURE OF SEPARATION OR TYPE OF DISCHARGE RECEIVED		7. DATE AND PLACE OF SEPARATION	
DISCHARGE CERTIFICATE ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. I REQUEST THE FOLLOWING CORRECTIVE ACTION BE TAKEN:			
9. GENERAL INSTRUCTIONS: APPLICATION IS LASTED DATED AND FORWARDED. CERTIFICATE OF SEPARATION WILL BE MAILED IF DESIRED, OR YOUR PAY CHECK TO PERSON. (ADDRESS MUST BE INDICATED. FOR PAYMENT BY MAIL, ADD ZIP CODE NUMBER AND ZIP CODE NUMBER ON ENVELOPE OR ENVELOPE NUMBER ON CERTIFICATE OF SEPARATION. IF MADE AN ASSIGNMENT, ADD ZIP CODE NUMBER ON ENVELOPE OR ENVELOPE NUMBER ON CERTIFICATE OF SEPARATION.)			
10. I AGREE TO APPEAR BEFORE THE BOARD OR PERSON FOR INTERVIEW AT THE CONVENIENCE OF THE GOVERNMENT		11. I AGREE TO BE REPRESENTED BY COUNSEL FOR INTERVIEW AT CONVENIENCE OF THE GOVERNMENT	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. NAME AND ADDRESS OF COUNSEL FOR ME			
13. HAVE THE FOREGOING STATEMENTS AS A PART OF MY APPLICATION WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILFULLY MAKING A FALSE STATEMENT. (18 U. S. CODE, TITLE 18, SECTION 601; SECURITY SECTION 601; SECURITY SECTION 602; A PENALTY OF \$10,000 OR LONGER CONFINEMENT OF 5 YEARS, OR BOTH.)			
14. CITY AND STATE		15. SIGNATURE OF APPLICANT	
NOTE: IF APPLICANT IS DECEASED OR INCOMPETENT, AND THE APPLICATION IS THEREFORE MADE BY A PERSON OTHER THAN THOSE WHO ANSWERS TO ITEM 1 ABOVE, STATE ADDRESS IN BOX BELOW. IF APPLICANT IS DECEASED, CERTIFICATE WILL BE MAILED TO HIS WIFE, MOTHER OR LEGAL GUARDIAN. LEGAL GUARDIAN OR INCOMPETENT MUST SIGN CERTIFICATE.			
16. SIGNATURE OF WIFE <input type="checkbox"/> LEGAL REPRESENTATIVE <input type="checkbox"/> INCOMPETENT SPOUSE		17. SIGNATURE AND ADDRESS OF PERSON ATTENDING MEET	
18. SIGNATURE AND ADDRESS OF PERSON ATTENDING MEET		19. SIGNATURE AND ADDRESS OF PERSON ATTENDING MEET	

DD FORM 293

PREVIOUS EDITION IS OBSOLETE.

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**DISTINCTIONS**

Do not use this form if discharged by reason of  
inference of CRIMINAL CAPITAL.

Attack original discharge conditions.

All evidence not already included in your military or naval record must be submitted by you before the date set for hearing. Below all evidence submitted will be retained on file. If no application is made, it is recommended that you have your attorney submit a copy of your discharge. This will give you every opportunity of presenting your case.

Bureau Board of the Army, Navy, Marine Corps, Coast Guard and Air Force convened in Washington, D.C. will hear your case. You may appear before the Board in person. However, this is not mandatory. (Please remember that the Board is not an arm of the service.) In this matter, it will be up to you to determine whether you will appear before the Board in person and fail to do so. Your attorney will be responsible for you in this regard. Your case will be reviewed on a number of occasions and your case will be reviewed on the evidence contained in your military or naval record.

If you wish to be represented by Counsel, you may:

1. Retain Counsel at your own expense.
2. Choose a Counsel from the following list of organizations, any one of which will furnish representation at no charge to you.

Either of the above options will be at an expense to the Government. Government Counsel will not be furnished.

American Red Cross

American Legion

American Veterans of W.W.II

Disabled American Veterans

Service Women's League of the U.S.A.

National Association for the Advancement of Colored People

League of Women Voters

DATE COMPLETED, DATE 20/20/69

NAME	ARMED FORCES SERVICE	REMARKS
The Adjutant General Army Reserve Center Post Headquarters Post Annex Post Auditorium	Navy Exchange Bureau Board Washington D.C.	Telephone: 202-321-1000 Address: 200 Constitution Avenue, N.W. Hours: 8:00 A.M. to 4:30 P.M. Monday through Friday Closed Saturday, Sunday and Federal Holidays Parking: Free Dinner: Free Lodging: Free Transportation: Free Information: Free Other: Free

If you make a claim in residence, notify the appropriate commanding general.

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