

Nv03-2021-A8LXD-DHFZL

APPLICATION FOR DISCHARGE OF MEMBER OR SURVIVOR OF MEMBER OF GROUP CERTIFIED TO HAVE PERFORMED ACTIVE DUTY WITH THE ARMED FORCES OF THE UNITED STATES

OMB No. 0704-0100
OMB approval expires
Jun 30, 2011

(Read Instructions on back before completing form.)

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PRIVACY ACT STATEMENT

AUTHORITY: Public Law 95-202, Sec. 401, and EO 9397.

PRINCIPAL PURPOSE(S): To assist the Secretaries of the Armed Forces in determining if applicant was member of a group which has been found to have performed active military service, and, after an affirmative finding as to the applicant, to assist the Secretary of an Armed Force in issuing an appropriate certificate of service.

ROUTINE USE(S): The information may be released to the civilian employer or contractual group or the Department of Homeland Security (for Coast Guard applicants) to support the member's claim. To the Department of Veterans Affairs to provide substantiation for benefit eligibility. To the Department of Justice in pending or potential litigation to which the record is pertinent.

DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The use of Social Security Number is strictly to assure proper identification of the individual and appropriate records.

I. GROUP MEMBER PERSONAL DATA

1.a. MEMBER'S NAME (Last, First, Middle and Maiden, if any) CIRELLO, ROBERT, GUY		b. ALIAS(ES) NONE	2. SSN 137-84-3135	3. DATE OF BIRTH (YYYYMMDD) 19781205
4.a. PRESENT STREET ADDRESS (Incl. apartment number) c/o 925 CASCADE LIGHT AVENUE	b. CITY NORTH LAS VEGAS	c. COUNTY CLARK	d. STATE NV	e. ZIP CODE 89031

II. SERVICE GROUP DATA TO SUPPORT CLAIM

5. NAME OF GROUP SERVED WITH ARNGUS-NJARNG	6. IDENTIFICATION NO. 137-84-3135	7. HIGHEST GRADE/RANK/RATING HELD PV3	8. HIGHEST PAY GRADE (or actual pay) E2
9. ENTRY INTO SERVICE		10. ACTUAL MILITARY SERVICE BEFORE/AFTER THIS SERVICE	
a. DATE (YYYYMMDD) 19960717	b. PLACE (Include City and State of Military Installation) NG TRAINING CENTER CO C 250TH SPT BN (FWD) (WV51C0) NJARNG, SEA GIRT NJ 08625-0340	a. DATES (YYYYMMDD) NONE	b. DEPARTMENT(S) NONE
11. HOME OF RECORD AT TIME OF ENTRY			12. GRADE/RANK/RATING AT TIME OF ENTRY
a. STREET ADDRESS (Incl. apartment number) 104 CENTRAL AVVENUE	b. CITY ROCHELLE PARK	c. COUNTY BERGEN	d. STATE NJ
		e. ZIP CODE 07662	12. GRADE/RANK/RATING AT TIME OF ENTRY PV3
13. MILITARY INSTALLATION WHERE ORDERED TO REPORT (Include City and State) CO C 250TH SPT BN (FWD) (WV51C0) NJARNG, SEA GIRT NJ 08759-0251		14. SPECIALTY JOB TITLE(S) 91B COMBAT MEDIC	
15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CAMPAIGN RIBBONS AWARDED/AUTHORIZED NONE			

16. TERMINATION OF GROUP SERVICE (Separation, Discharge, Resignation, etc.)

a. TYPE OF TERMINATION UNCHARACTERIZ	b. REASON DEFECTIVE ENLISTMENT AGREEMENT	c. STATION BASE/LOCATION NJARNG TRAINING CTR, SEA GIRT NJ 80759	d. SERVICE COMMAND AFFILIATION HQ 57TH; 42D; 50TH	e. DATE SERVICE TERMINATED (YYYYMMDD) 19980622
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III. APPLICATION INFORMATION

Applicant must sign in the space provided. If the record in question is that of a person who is deceased or incompetent, legal proof of death or incompetency must accompany this application. If the application is signed by the spouse, widow, widower, next of kin, or legal representative, give relationship or status in the appropriate box below.

17. RELATIONSHIP TO APPLICANT (X one)	<input type="checkbox"/> a. SPOUSE	<input type="checkbox"/> c. WIDOWER	<input type="checkbox"/> e. LEGAL REPRESENTATIVE
	<input type="checkbox"/> b. WIDOW	<input type="checkbox"/> d. NEXT OF KIN	<input checked="" type="checkbox"/> f. OTHER (Specify) i, a man and Living Soul

I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Sec. 287, 1001, provides a penalty of not more than \$10,000 fine or not more than five years imprisonment or both.)

18. APPLICANT

a. NAME (Last, First, Middle) robert-guy: cirello (copyright), TTEE	b. SSN 137-84-3135	c. SIGNATURE <i>Br. Robert Guy Cirello</i>	d. DATE SIGNED (YYYYMMDD) 20210523
e. MAILING STREET ADDRESS (Incl. apartment number) c/o 925 Cascade Light Avenue	CITY North Las Vegas	STATE nv	ZIP CODE [89031]
			f. TELEPHONE (Include area code) (702) 908-4489

IV. DISCLOSURE OF INFORMATION

19. I hereby authorize the release of copies of any official records maintained by the National Personnel Records Center to the appropriate military personnel office (listed on the reverse side) for the purpose of processing my application for discharge under Public Law 95-202.	a. SIGNATURE <i>Br. Robert Guy Cirello</i>	b. DATE SIGNED (YYYYMMDD) 20210523
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