

Nr 03-2021-t19xg-vmmad

Dated: 03/31/2021

Craig Philip Schmidt
c/o 8108 Squaw Springs Ln
Las Vegas, Nevada 89131

HQ AFPC/DPPRS
550 C Street West, Suite 3
Randolph AFB, TX 78150-4713



To the USAF:

It is my wish and intention that I shall be recognized now and forevermore as fully, completely, and permanently discharged from U.S. military service and severed from the accompanying obligations of federal citizenship.

I have returned to my natural birthright political status and removed my permanent domicile to the land and soil of my birth state.

Please confirm my election to be removed from any further claim of federal connection effective with my date of discharge as shown on the DD 214/NGB 22 associated with my name.

Sincerely yours,

By: Craig Philip Schmidt  

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NV03-2021-19Xg-vmmad

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

(Read Instructions on back before completing form.)

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

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0100). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE APPROPRIATE SERVICE ADDRESS ON THE BACK OF THIS PAGE.

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) Schmidt, Craig Philip | | b. ALIAS(ES) None | 2. SSN 336-58-1296 | 3. DATE OF BIRTH (YYYYMMDD) 19600525 |
| 4.a. PRESENT STREET ADDRESS (Incl. apartment number) 8108 Squaw Springs Lane | b. CITY Las Vegas | c. COUNTY Clark | d. STATE NV | e. ZIP CODE 89131 |

II. SERVICE GROUP DATA TO SUPPORT CLAIM

| | | | |
|--|--|--|--|
| 5. NAME OF GROUP SERVED WITH USAF | 6. IDENTIFICATION NO. 336-58-1296 | 7. HIGHEST GRADE/RANK/RATING HELD SSgt | 8. HIGHEST PAY GRADE (or actual pay) E-5 |
| 9. ENTRY INTO SERVICE | | 10. ACTUAL MILITARY SERVICE BEFORE/AFTER THIS SERVICE | |
| a. DATE (YYYYMMDD) 19800317 | b. PLACE (Include City and State of Military Installation) Chicago, IL | a. DATES (YYYYMMDD) | b. DEPARTMENT(S) |
| 11. HOME OF RECORD AT TIME OF ENTRY | | | 12. GRADE/RANK/RATING AT TIME OF ENTRY |
| a. STREET ADDRESS (Incl. apartment number) 13410 Wentworth Ave. | b. CITY Riverdale | c. COUNTY Cook | d. STATE IL |
| | | e. ZIP CODE 60627 | E-1 |
| 13. MILITARY INSTALLATION WHERE ORDERED TO REPORT (Include City and State) San Antonio, TX | | 14. SPECIALTY JOB TITLE(S) 431x2 | |

15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CAMPAIGN RIBBONS AWARDED/AUTHORIZED

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

| | | | | |
|--|-------------------------------|--|--|--|
| a. TYPE OF TERMINATION Discharge | b. REASON Honorable | c. STATION BASE/LOCATION Lowry AFB, CO | d. SERVICE COMMAND AFFILIATION ATC | e. DATE SERVICE TERMINATED (YYYYMMDD) 19920715 |
|--|-------------------------------|--|--|--|

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) | a. SPOUSE | c. WIDOWER | e. LEGAL REPRESENTATIVE |
| | b. WIDOW | d. NEXT OF KIN | f. OTHER (Specify) |

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) Schmidt, Craig Philip | b. SSN 336-58-1296 | c. SIGNATURE Craig Philip Schmidt ALL RIGHTS RESERVED | d. DATE SIGNED (YYYYMMDD) 20210331 |
| e. MAILING STREET ADDRESS (Incl. apartment number) 8108 Squaw Springs Lane | CITY Las Vegas | STATE NV | ZIP CODE 89131 |
| | | | f. TELEPHONE (Include area code) 707-471-8126 |

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 Craig Philip Schmidt ALL RIGHTS RESERVED | b. DATE SIGNED (YYYYMMDD) 20210331 |
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