

RETIREMENT CHECKLIST

MCBCL 12831 (2-79)

20

DATE	ALL RETIREMENTS	DATE	DISABILITY
	Application (SF-2801) Signed Memo to Dept. advising of Employees application	out	SF-2801-D, Request for Medical Records (Hospital)
IN	ERS-9 to Payroll for preliminary SF-2806/2807	out	SF-2801-B, Private Physician Statement
	:2801, 1084, Preliminary 2806/2807 Comp. to OPM		Ltr to Employee advising of physical exam (if not working)
	Retirement Certificate (____ yrs ____ mos)	out	Ltr to Fed Med O w/CSC 3178 after receipt of 2801-B
	SF-56 w/cy SF-54 (if any)	in	
	SF-281U		SF-71, App for leave
	SF-56 (w/54), 2801, 1084 2810/2809 (S) to payroll		Talked w/emp Supt about possible placement
Approximate Annuity _____		out	SF-2801-A, Superior Officer's Statement
Survivor Annuity Ded _____		in	
Health Benefits Ded _____			SF-2801-C to MOB (Boyers, PA) w/encls (cy to DC)
Optional FEGLI Ded _____		in	Approval of Disability rec'd ERS-7, Notice of Approval
Net Annuity _____		out	
Survivor Annuity _____			
FEGLI _____			
Regular <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> con't _____ years service		Type of Retirement <input checked="" type="checkbox"/> optional <input type="checkbox"/> disability	
Optional <input checked="" type="checkbox"/> <i>waived</i> <input type="checkbox"/> enrolled since first opportunity or for 5 years before retirement		Annuity <input checked="" type="checkbox"/> survivor <input type="checkbox"/> life	
HEALTH BENEFITS <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		AGE <u>62</u>	DOB <u>2-18-29</u>
<input type="checkbox"/> 5 years Service		Civ Svc <u>1970 11</u>	Comp Date <u>04-17-71</u>
<input type="checkbox"/> enrolled since first opportunity or for 5 years before retirement		Mil Svc <u>20 02 03</u>	(CW serv)
CCH# _____ ECH# <u>452</u>		<u>40-00-14</u>	
		Date last worked _____	
		Sick leave began _____	
		Sick leave used past 2 years _____	
		Sick and excess Leave expires _____	
		All leave expires _____	
		ERS 5 to Employment _____	

PERSONAL INFORMATION

NAME <u>Shelton, Jimmie Ray</u>	PAY NUMBER <u>9353-14264</u>	SSN <u>308 24 1368</u>
ADDRESS <u>110 Daisy St, Jacksonville, NC 28540</u>	DEPARTMENT <u>Maint</u>	HOME PHONE <u>353-0658</u>
JOB TITLE <u>Plumber</u>	PHONE <u>2025 8235</u>	DATE ENTERED DEF I <u>4-15-73</u>
SUPERVISOR <u>Clifton Smith</u>	DATE SEPARATION <u>2/28/91</u>	PREPARED _____
LEAVE _____	DATE _____	
PAY PERIOD ENDING _____		
SICK _____ ANNUAL _____ CEILING _____		

REMARKS

*Retired Gysgt
MCB CLNC*

10/11/11

10/11/11

10/11/11

10/11/11

10/11/11

10/11/11

10/11/11



APPLICATION FOR IMMEDIATE RETIREMENT
CIVIL SERVICE RETIREMENT SYSTEM

See Privacy Act Information
on back of this form.

Section A – Identifying Information

1. Name (Last, first, middle) SHELTON, JIMMIE RAY		2. List all other names you have used none	
3. Address (Number, street, city, State, Zip Code) 110 Daisy Street Jacksonville, N.C. 28540	4. Telephone Number (Including area code) 919-353-0658	5. Date of birth (Month, day, year) 02-18-29	6. Social Security Number 308 24 1368
7. Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If "No" give →	7a. Of what country are you a citizen?	
8. Is this an application for disability retirement?	<input checked="" type="checkbox"/> Yes (Ask your employing office about other documents you must submit) <input checked="" type="checkbox"/> No		

Section B – Federal Service

1. Department or agency from which you are retiring (Include Bureau or Division, address and Zip Code) D/Navy, Civilian Personnel Division Marine Corps Base, Camp Lejeune, N.C. 28542-5000	2. Date of final separation (Month, day, year) 02-28-91
	3. Title of last position Plumber, WG-09
4. Have you performed active honorable service in the Armed Services or other uniformed services of the United States (See instructions for definition)?	<input checked="" type="checkbox"/> Yes (Complete Schedule A and attach to this form) <input type="checkbox"/> No
5. Are you receiving or have you applied for military retired pay and/or Veterans Administration pension or compensation in lieu of military retired pay?	<input checked="" type="checkbox"/> Yes (Complete Schedule B and attach to this form) <input type="checkbox"/> No

Section C – Marital Information

1. Are you married now (a marriage exists until ended by death, divorce, or annulment)?	<input checked="" type="checkbox"/> Yes (Also complete items 1a-f below) <input type="checkbox"/> No
1a. Spouse's name (Last, first, middle) Shelton, Shirley Ann	1b. Spouse's date of birth (Month, day, year) 08-08-36
	1c. Spouse's Social Security Number 307 34 6285
1d. Place of marriage (City, State) Indianapolis, Indiana	1e. Date of marriage (Month, day, year) 10-10-55
	1f. Marriage performed by: <input checked="" type="checkbox"/> Clergyman or Justice of the Peace <input type="checkbox"/> Other (Explain):

Section D – Annuity Election (Initial only one of the four boxes below)

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the information on page 3 of the instructions and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained in the in-

structions. If you are married at retirement and you do not elect maximum survivor benefits, the law requires that your spouse be informed of your election; therefore, you must attach Standard Form 2801-2 to this form.

1. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR MY SPOUSE EQUAL TO:			
You must be married at retirement to choose this type of annuity.			
a. Maximum survivor benefits	OR	b. Lesser survivor benefits (If you elect this, attach Standard Form 2801-2)	
<input type="checkbox"/> INITIALS 55% OF ALL MY ANNUITY		<input type="checkbox"/> INITIALS 55% OF \$ _____ * A YEAR	*This amount must be less than your yearly annuity.
2. I CHOOSE AN ANNUITY PAYABLE ONLY DURING MY LIFETIME. (If you are married and elect this, attach Standard Form 2801-2.)			
<input checked="" type="checkbox"/> INITIALS <i>SR</i>	All retiring employees may choose this type of annuity. If you are married at retirement, you CANNOT change this election after your annuity is granted and no survivor annuity will be paid to your spouse after your death.		
3. I CHOOSE A REDUCED ANNUITY WITH SURVIVOR ANNUITY FOR THE PERSON NAMED BELOW WHO HAS AN INSURABLE INTEREST IN ME.			
<input type="checkbox"/> INITIALS	You must be single, healthy, and willing to undergo a physical examination if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.)		
Name of person with insurable interest	Relationship to you	Date of birth	Social Security Number

Section E – Insurance Information

1. Are you enrolled in the Federal Employees Health Benefits Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you covered by the Federal Employees' Group Life Insurance Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section F – Other Claim Information

1. Are you receiving, have you ever received, or have you applied for workers compensation from the Department of Labor because of a job-related illness or injury?	<input type="checkbox"/> Yes (Complete Schedule C and attach to this form) <input checked="" type="checkbox"/> No
2. Have you previously filed any application under the Civil Service Retirement System (for retirement, refund, deposit or redeposit, or voluntary contributions)?	<input type="checkbox"/> Yes (Complete items 2a and 2b below) <input checked="" type="checkbox"/> No
2a. Type of application <input type="checkbox"/> Retirement <input type="checkbox"/> Refund <input type="checkbox"/> Deposit or redeposit <input type="checkbox"/> Voluntary contributions	2b. Claim numbers

Section G (Optional) – Information About Your Unmarried Dependent Children

1. Dependent child's name (First, middle, last)	2. Date of birth (Mo., dy., yr.)	3. Disabled (✓)	1. Dependent child's name (First, middle, last)	2. Date of birth (Mo., dy., yr.)	3. Disabled (✓)
not applicable					

Section H – Applicant's Certification

<p>WARNING Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)</p>	I hereby certify that all statements made in this application are true to the best of my knowledge and belief.	
	Signature (Do not print) <i>William R. Skutt</i>	Date 1-29-91

Applicant's Checklist

This checklist is provided to help you be certain you have attached all necessary documents and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No
1. If you answered "yes" to Section B, item 4, did you attach Schedule A?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service? .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. If you answered "yes" to Section B, item 5, did you attach Schedule B?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. If you completed Schedule B and answered "yes" to item 5, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgement or approval of your request for waiver (if available)?	<input type="checkbox"/> n/a	<input type="checkbox"/>
5. If you are married and you elected either less than full survivor benefits (Election 1b) or an annuity payable only to you during your lifetime (Election 2), did you attach SF 2801-2, Spouse's Notification of Survivor Election?	<input type="checkbox"/> n/a	<input type="checkbox"/>
6. If you answered "yes" to Section F, item 1, did you attach Schedule C?	<input type="checkbox"/> n/a	<input type="checkbox"/>

Privacy Act Statement

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code), the Federal Employees' Group Life Insurance law (Chapter 87, title 5, U.S. Code) and the Federal Employees Health Benefits law (Chapter 89, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information

necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application. Information you provide about your unmarried dependent children may be used to expedite their claims after you die; however, your failure to supply such information will not affect any future rights they may have to benefits.

Schedules A, B and C

1. Name (Last, first, middle) SHELTON, JIMMIE RAY	2. Date of birth (Month, day, year) 02-18-29	3. Social Security Number 308 24 1368
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Schedule A – Military Service Information

1. If you have performed active honorable service in the Armed Services, or other uniformed services shown below, complete 1a-e below and attach a copy of your discharge certificate or other certificate of active military service (if available).

See instructions for definitions of Armed Services and Uniformed services.

a. Branch or Service	b. Serial Number	c. Dates of Active Duty		d. Last Grade or Rank	e. Organization at Discharge (Div., Co., etc.)
		Fr. (Mo., dy., yr.)	To (Mo., dy., yr.)		
USMC	1093427/308241368	09-13-48	08-15-52	Cpl	MCAS, Jax, NC
		06-16-55	09-16-71	GySgt	MCB, Camp Lejeune, NC

Schedule B – Military Retired Pay

1. If you are receiving or have applied for military retired pay, complete parts 1 a-e below.

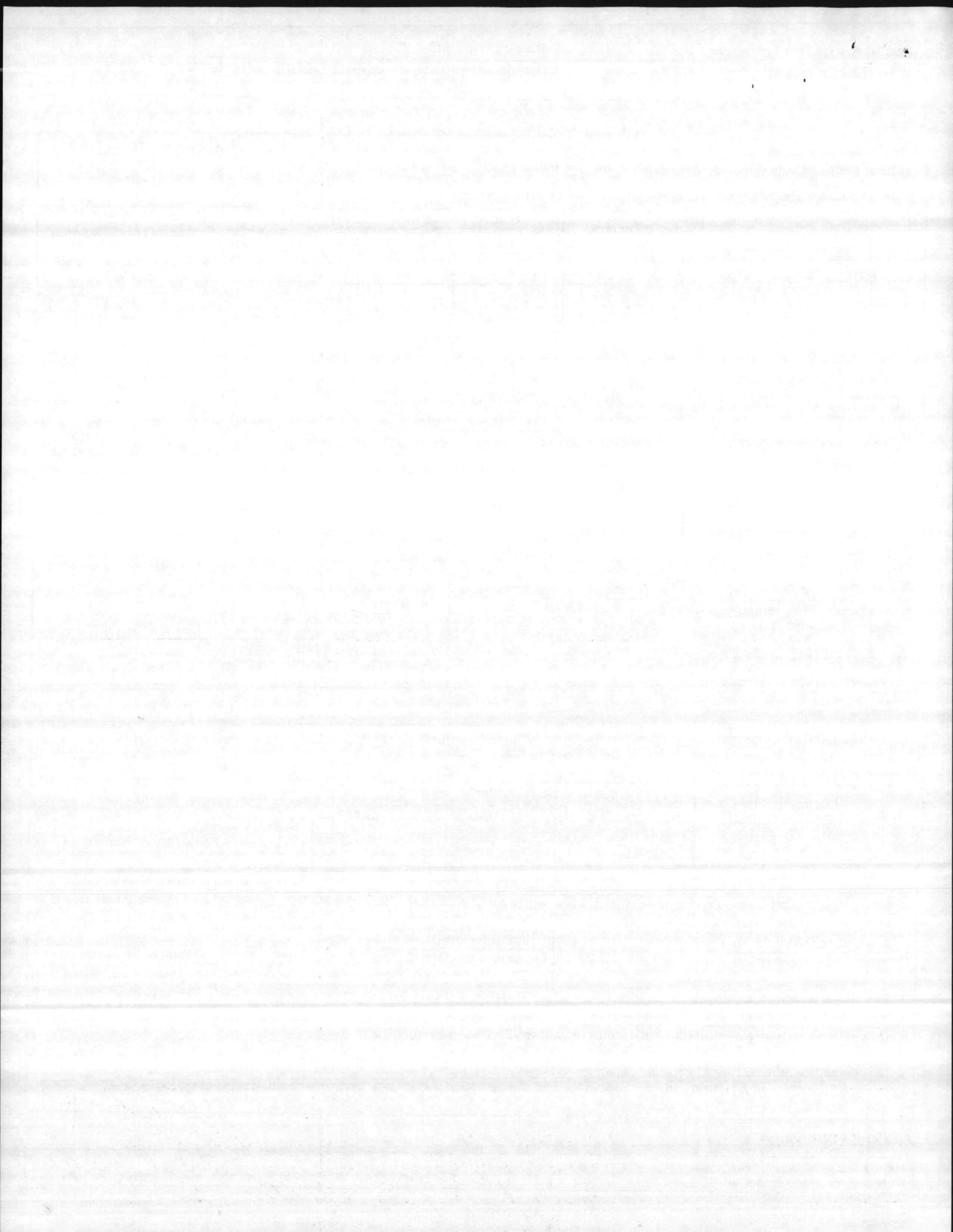
<p>a. Are you receiving or have you ever applied for military retired or retainer pay?</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>d. Was your military retired or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war?</p> <input type="checkbox"/> Yes (If available, attach a copy of notice of award) <input checked="" type="checkbox"/> No
<p>b. Have you waived all or part of your military retired or retainer pay in order to receive pension or compensation from the Veterans Administration?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>e. Are you waiving your military retired or retainer pay in order to receive credit for military service for Civil Service retirement benefits?</p> <p>(If available, attach a copy of your request for waiver and a copy of military finance officer's acknowledgment or approval of your request for waiver)</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NO NO NO NO
<p>c. Was your military retired or retainer pay awarded for reserve service under Chapter 67, title 10?</p> <input type="checkbox"/> Yes (If available, attach a copy of notice of award) <input checked="" type="checkbox"/> No	

Schedule C – Federal Employees Compensation Information

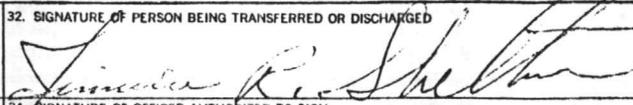
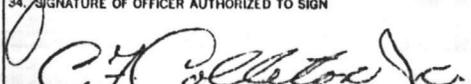
<p>1. Are you receiving or have you ever received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury?</p> <input type="checkbox"/> Yes (Complete parts 1a-c below) <input checked="" type="checkbox"/> No (Go to question 2)		
<p>a. Compensation Claim Number</p>	<p>b. Benefit Received</p> <p style="font-size: small;">Fr. (Mo., dy., yr.) To (Mo., dy., yr.)</p>	<p>c. Type of Benefit</p> <input type="checkbox"/> Scheduled award <input type="checkbox"/> Total or partial disability compensation <input type="checkbox"/> Scheduled award <input type="checkbox"/> Total or partial disability compensation
<p>2. If you have applied for workers' compensation (Other than as listed in item 1a above) but are NOT receiving benefits, check reason below and give the information requested.</p>		
<p>a. Awaiting OWCP decision</p> <p>Compensation claim number</p>	<p>b. Claim denied</p> <p>Compensation claim number</p>	<p>Date claim denied</p>
<p>3. Except for scheduled compensation awards, workers' compensation and Civil Service retirement benefits CANNOT be paid for the same period of time. Please complete the information below regarding your claim.</p>		
<p>a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are ineligible for both compensation and annuity payments covering the same period of time?</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

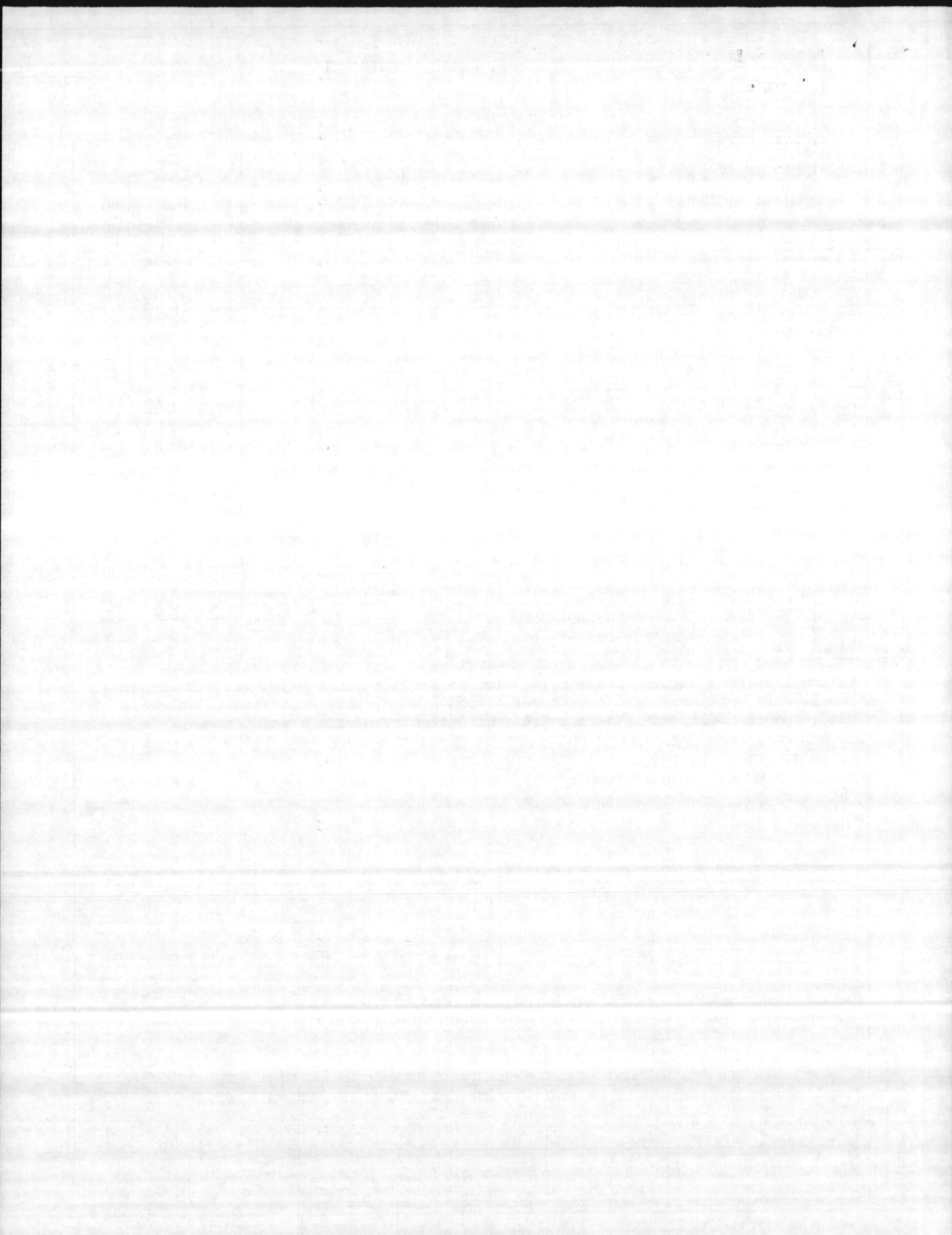
Applicant's Certification

<p>I certify that all statements made on these schedules are true to the best of my knowledge and belief.</p>	<p>Signature (Do not print) <i>Jimmie R. Shelton</i></p>	<p>Date 1-29-91</p>
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THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME SHELTON, Jimmie Ray		2. SERVICE NUMBER 109 34 27		3. SOCIAL SECURITY NUMBER 308 24 1368		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS U. S. Marine Corps		5a. GRADE, RATE OR RANK CySgt	5. PAY GRADE E-7	6. DATE OF RANK 01 Jun 68	7. DATE OF BIRTH 18 Feb 29	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) Gary, Wayne, Indiana 47346					
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER N/A		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE N/A			c. DATE INDUCTED N/A	
	11a. TYPE OF TRANSFER OR DISCHARGE Transfer To The Fleet Marine Corps Reserve			b. STATION OR INSTALLATION AT WHICH EFFECTED SU#2, HQCO, H&SBN			
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY 232 - Transfer To The Fleet Marine Corps Reserve Para: 9007, MARCORSEPMAN & CMC Ltr DMA-2-LG of 13Sep71			d. EFFECTIVE DATE 16 Sept 71	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND SU#2, HQCO, H&SBN		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND MCB, CAMLEJ 28542		13a. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED N/A		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED N/A				15. REENLISTMENT CODE RE-2A		
	16. TERMINAL DATE OF RESERVE UNIT & SERVICE OBLIGATION None	17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> INLISTED (First Enlistment) <input type="checkbox"/> INLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 06	c. DATE OF ENTRY 17 Jun 65		
18. PRIOR REGULAR ENLISTMENTS Three	19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Sgt	20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) CamLej, Onslow, North Carolina					
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 2654 Putter Lane Indianapolis, Marion, Indiana 46201		22. STATEMENT OF SERVICE				
	23a. SPECIALTY NUMBER & TITLE 1121: Utilities		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 005.081 Purification-Plants Operator	a. CREDITABLE FOR BASIC PAY PURPOSES	YEARS	MONTHS	DAYS
				(1) NET SERVICE THIS PERIOD	06	03	00
				(2) OTHER SERVICE	13	11	03
				(3) TOTAL (Line (1) plus Line (2))	20	02	03
			b. TOTAL ACTIVE SERVICE	20	02	03	
			c. FOREIGN AND/OR SEA SERVICE				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal w/1*, Vietnam Service Medal w/3*, Vietnam Campaign Medal, Navy Unit Commendation, Combat Action Ribbon, Navy Achievement Medal w/v, Good Conduct Medal w/5*, Vietnam Cross of Gallantry w/palm & gold frame							
25. EDUCATION AND TRAINING COMPLETED High School 2 yrs 1945 MCI Wash DC House Plumbing 1957 MCI Wash DC Water Supply 1960							
VA AND EMP SERVICE DATA	26a. NON PAY PERIODS/TIME LOST (Preceding Two Years) None		b. DAYS ACCRUED LEAVE PAID L 5190 8	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	d. AMOUNT OF ALLOTMENT N/A	e. MONTH ALLOTMENT DISCONTINUED N/A	
	28. VA CLAIM NUMBER N/A		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000				
REMARKS	30. REMARKS Reenlisted in the U. S. Marine Corps on 17 Jun 65 Good Conduct Medal period commenced - 17 Jun 70						
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) P.O. Box 782 Knox Trailer Park, CamLej 28542			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 			
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZED OFFICER C. F. COLLETON JR., CAPT, USMCR, CO			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 			



Not Listed Under Full CHARACTER OF SEPARATION

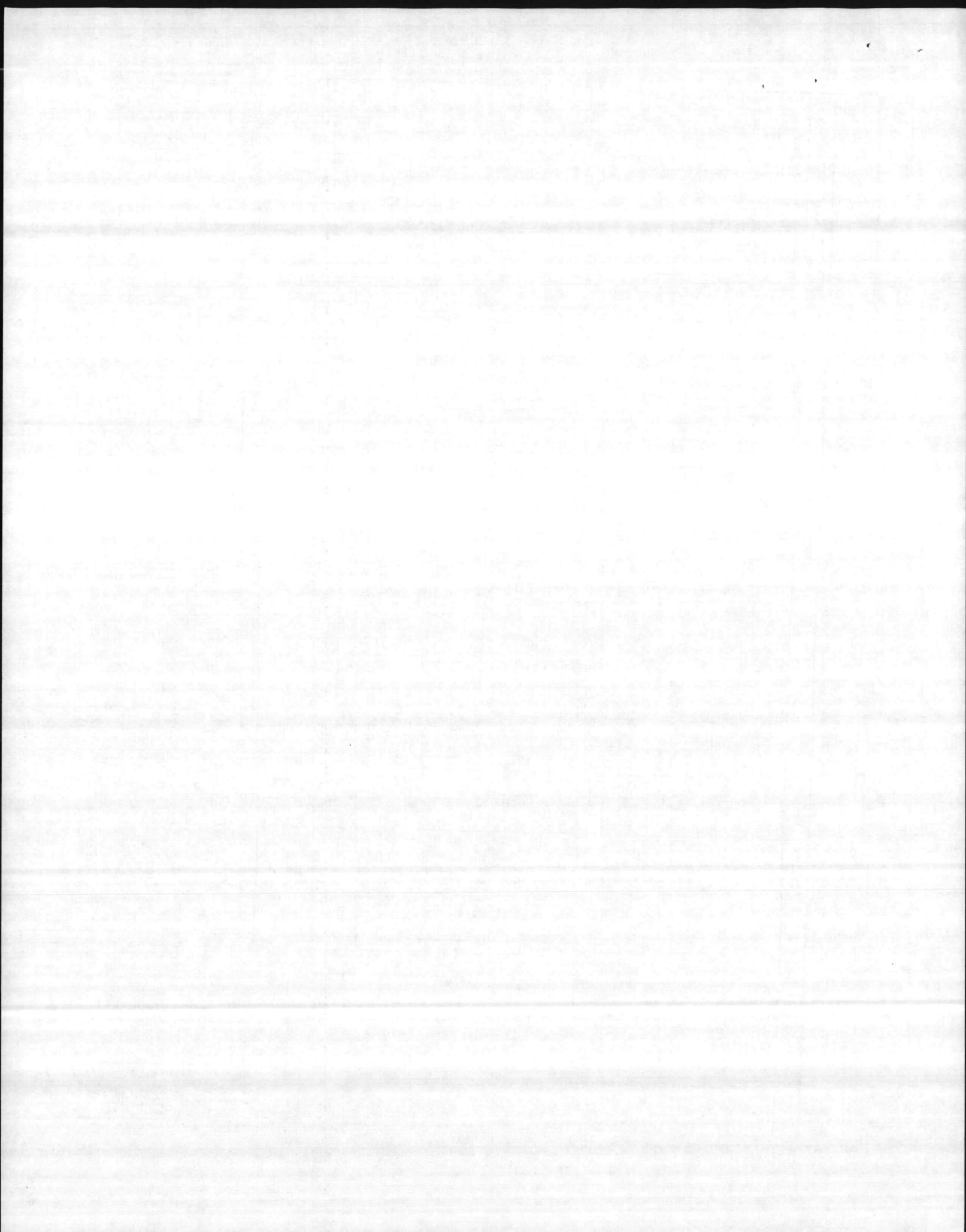
REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

SPARTMENT UNITED STATES MARINE CORPS

SEPARATION DATA	1. LAST NAME—FIRST NAME—MIDDLE NAME SHELTON Jimmie Ray		2. SERVICE NUMBER 1093427	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT Cpl. 2Apr52	4. COMPONENT AND BRANCH OR CLASS USMC
	5. QUALIFICATIONS SPECIALTY NUMBER OR SYMBOL 1131		RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Plumber 5-30.210		6. EFFECTIVE DATE OF SEPARATION 15 Aug 52
	7. TYPE OF SEPARATION Discharge		8. REASON AND AUTHORITY FOR SEPARATION BoE par 10258 MCM		
SELECTIVE SERVICE DATA	10. DATE OF BIRTH DAY MONTH YEAR 18 Feb 29		11. PLACE OF BIRTH (City and State) Gary, Indiana		12. DESCRIPTION SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT Male Cau Blond Blue 5'7 1/2" 159
	13. REGISTERED YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) See Remarks		15. INDUCTED DAY MONTH YEAR — — —
	16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. MEANS OF ENTRY OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY		18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE Private
SERVICE DATA	19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE DAY MONTH YEAR PLACE (City and State) 17 Sep 48 Indianapolis, Indiana		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State) 2149 College Ave. Gary, Marion, Indiana		
	21. NET () SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		A. YEARS	B. MONTHS	C. DAYS
	22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD		3	11	2
	23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES		3	11	2
	24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES		3	11	2
	25. FOREIGN AND/OR SEA SERVICE		YEARS	MONTHS	DAYS
	26		2	5	12
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Good Conduct Medal					
28. MOST SIGNIFICANT DUTY ASSIGNMENT		29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)			
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED \$100.00 Z 15Aug52		31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
INSURANCE AND PAY DATA	GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office in jurisdiction of area in which you maintain your mailing address for insurance purposes. Forward payments for United States Government Life Insurance to Collections Division, Veterans Administration, Washington 25, D. C. When making insurance payments be sure to give full name and mailing address for insurance purposes, service number and policy number(s), if known.				
	32. KIND OF INSURANCE (amount and premium due each month) N. S. L. I. \$5,000.00		33. MONTH ALLOTMENT DISCONTINUED Aug 52		
	34. MONTH NEXT PREMIUM DUE Sept 52		35. TOTAL PAYMENT FOR OR SEPARATION \$280.19		
AUTHENTICATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT \$52.32		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER A. I. EVANS 53.420		
	38. REMARKS (Continue on reverse) Enlistment involuntarily extended by AINAV 66-51 as modified by MarCor Memo No. 42-52 is undecided about reenlistment		39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN R. V. KING NAME, GRADE AND TITLE (Typed) R. V. KING 2dLt. Adjutant		
PERSONAL DATA	40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.				
	41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM TO 1946 1948		42. MAIN CIVILIAN OCCUPATION Plumber		
	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER A. R. SHELTON, Indianapolis, Indiana				
44. UNITED STATES CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		45. MARITAL STATUS <input checked="" type="checkbox"/> Single		46. PROFESSION-SERVICE EDUCATION (Years successfully completed) GRAM. MAR. HIGH SCHOOL COL. LEGE DEGREE(S) Vocational	
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State) 2149 College Ave. Gary, Marion, Indiana		48. SIGNATURE OF PERSON BEING SEPARATED Jimmie R. Shelton JIMMIE R. SHELTON			

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD. NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C. MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK. COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)



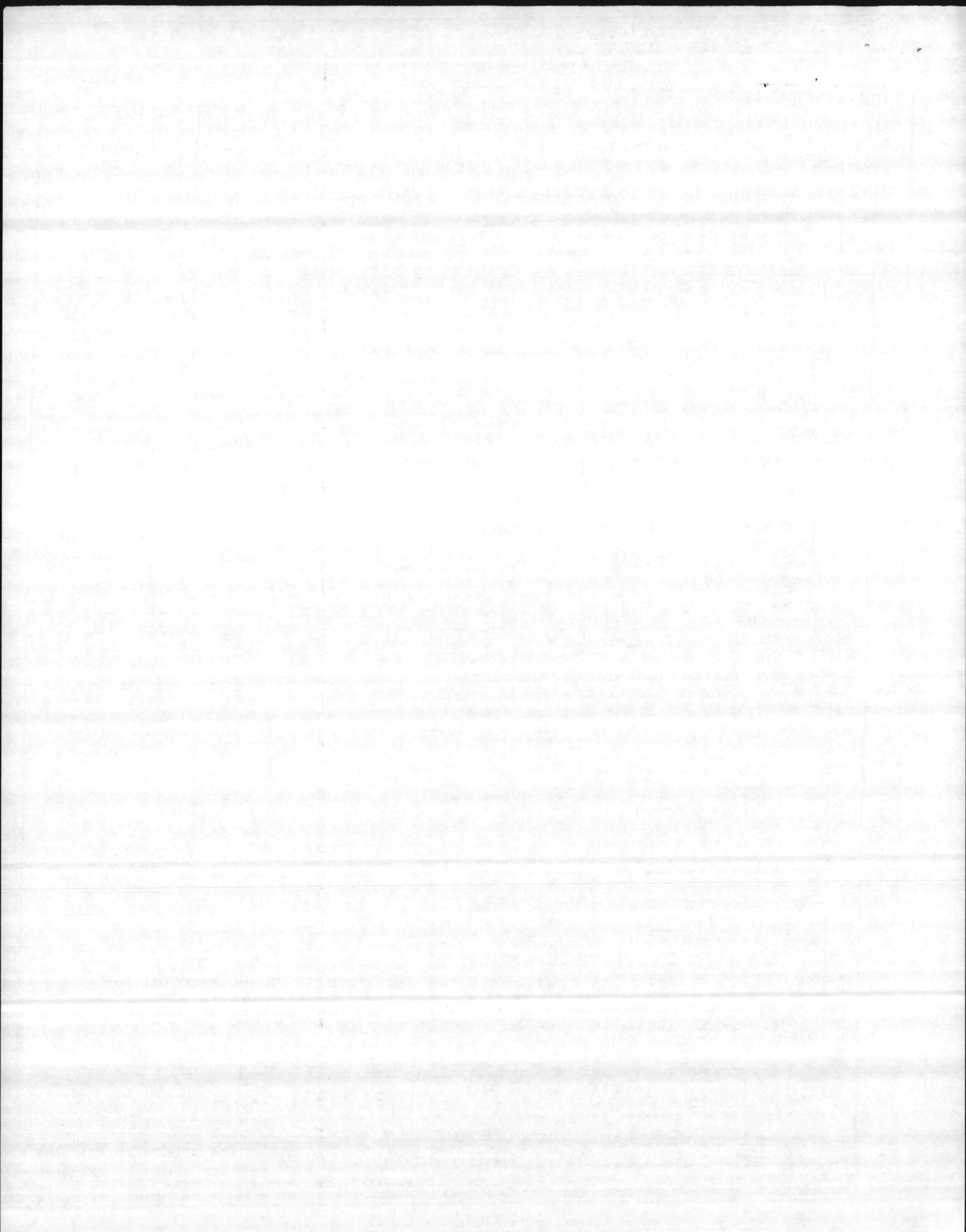
LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME SHELTON, Jimmie Ray		2. SERVICE NUMBER 1093427		3a. GRADE, RATE OR RANK Act Sgt		b. DATE OF RANK (Day, Month, Year) 1 May 57							
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC			5. PLACE OF BIRTH (City and State or Country) Gary, Indiana			6. DATE OF BIRTH 18 Feb 29							
	7a. RACE Caucasian		b. SEX Male	c. COLOR HAIR Blond	d. COLOR EYES Blue	e. HEIGHT 67 1/2	f. WEIGHT 165	8. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Married				
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School 2		b. MAJOR COURSE OR FIELD Academic			11a. TYPE OF TRANSFER OR DISCHARGE Discharged								
	c. REASON AND AUTHORITY 202-Expiration of Enlistment Para 10258 MARCORMAN					d. EFFECTIVE DATE 16 Jun 59			b. STATION OR INSTALLATION AT WHICH EFFECTED Casual Company, H&Sbn., MCRDep., Parris Island, S. C.					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3dForServRegt., FMF, FPO, S.F. Calif			13a. CHARACTER OF SERVICE HONORABLE			d. TYPE OF COMMUNICATION ISSUED DD217 MC DD256 MC							
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER N/A		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE N/A			16. DATE INDUCTED N/A								
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED N/A													
	18. TERMINAL DATE OF RESERVE OBLIGATION N/A			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:			b. TERM OF SERVICE (Years) 4		c. DATE OF ENTRY 17 Jun 55					
SERVICE DATA	20. PRIOR REGULAR ENLISTMENTS One		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PFC		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Indianapolis, Indiana									
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 2654 Putters Lane, Indianapolis, Marion, Indiana				24. STATEMENT OF SERVICE			YEARS MONTHS DAYS						
	25a. SPECIALTY NUMBER AND TITLE 3261 Laundry Mach Operator				25b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER Washer, Machine (Clean, Dye, & Press) 7-57.251				a. CREDITABLE FOR BASIC PAY PURPOSES					
									(1) NET SERVICE THIS PERIOD			04 00 00		
									(2) OTHER SERVICE			03 11 03		
	(3) TOTAL (Line (1) + Line (2))			07 11 03			b. TOTAL ACTIVE SERVICE			07 11 03				
c. FOREIGN AND/OR SEA SERVICE			01 01 27			26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal Good Conduct Medal w/1*								
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) N/A														
VA DATA	28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED					29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED								
	SCHOOL OR COURSE N/A		DATES (From - To) N/A		MAJOR COURSES N/A			N/A						
	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					b. AMOUNT OF ALLOTMENT N/A			c. MONTH ALLOTMENT DISCONTINUED N/A					
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) N/A					b. VA CLAIM NUMBER			c. N/A						
AUTHENTICATION	32. REMARKS No periods in a non pay status. No. days leave paid; 41 Recommended for reenlistment. Paid \$1080.00 Reenl Bonus 6/17/59 Good Conduct Medal period commences 17Jun58 3rd Award. Will reenlist in the United States Marine Corps on 17Jun59.													
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) Route #1, Box 247, Burton, South Carolina					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Jimmie R. Shelton</i>								
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER E. F. MUSGROVE Capt, USMC, Comdg					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>E. F. Musgrove</i>								

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LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME SHELTON, JIMMIE RAY		2. SERVICE NUMBER 1093427		3 d. GRADE OR RANK Sergeant E-5		b. DATE OF RANK (Day, Month, Year) 1 March 1961			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS U. S. MARINE CORPS		5. PLACE OF BIRTH (City and State or Country) Gary, Indiana			6. DATE OF BIRTH 18 February 1929		9. MARITAL STATUS Married		
	7 a. RACE Male		c. COLOR HAIR Blond	d. COLOR EYES Blue	e. HEIGHT 67 1/2	f. WEIGHT 165	8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
TRANSFER OR DISCHARGE DATA	10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School - 2		b. MAJOR COURSE OR FIELD Academic							
	11 a. TYPE OF TRANSFER OR DISCHARGE -DISCHARGED-		b. STATION OR INSTALLATION AT WHICH EFFECTED Camp Lejeune, North Carolina							
	c. REASON AND AUTHORITY 202 - Expiration of Enlistment Paragraph 13258, Marine Corps Personnel Manual		d. EFFECTIVE DATE 16 June 1965		12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND H&SBn 2dForServRegt FMF Camp Lejeune N. C.			13 a. CHARACTER OF SERVICE -HONORABLE-		b. TYPE OF CERTIFICATE ISSUED DD 256 MC DD 217 MC
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER Not Available		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE Not Available					16. DATE INDUCTED Not Applicable		
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Not Applicable									
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR Not Applicable		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:			b. TERM OF SERVICE (Years) 6		c. DATE OF ENTRY DAY MONTH YEAR 17 June 1959		
	20. PRIOR REGULAR ENLISTMENTS Two - (2)		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Acting Sergeant E-4		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) JSMC Recruit Depot, Parris Island, S. C.					
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 2654 Putter Lane Indianapolis, Marion, Indiana		24. STATEMENT OF SERVICE		YEARS		MONTHS		DAYS	
	25 a. SPECIALTY NUMBER AND TITLE 1121 - Plumber & Water Supply Man		b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER Plumber Foreman, Maintenance (any ind.)		a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD 06 00 00		(2) OTHER SERVICE 07 11 03	
					(3) TOTAL (Line (1) + Line (2)) 13 11 03		b. TOTAL ACTIVE SERVICE 13 11 03		c. FOREIGN AND/OR SEA SERVICE 01 02 18	
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Letter of Commendation from the Commandant of the Marine Corps U. S. Marine Corps Rifle Marksmanship Badge Good Conduct Medal: (4th Award)									
	27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date if known) None									
VA DATA	28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED		DATES (From - To)		MAJOR COURSES		29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
	a		b		c		M C I Water Supply			
AUTHENTICATION	30 a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT Not Applicable		c. MONTH ALLOTMENT DISCONTINUED Not Applicable					
	31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None						b. VA CLAIM NUMBER Not Applicable			
32. REMARKS Reenlisted in U. S. Marine Corps Time lost current active duty: None Good Conduct Medal period commences: 17 June 1964 (5th Award) Recommended for Reenlistment Lump sum leave settlement paid for forty - nine (49) days unused leave Social Security No: 308 - 24 - 1368										
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 2172 Rondoysa Place Tarawa Terrace, Onslow, North Carolina		34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Jimmie R. Shelton</i>								
35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J. D. BOLINE, Major, USMC, Commanding Officer		b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Jack R. Boline</i>								

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