

CERTIFICATE OF UNIFORMED SERVICE

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1. NAME (Last, First, Middle)		2. BRANCH AND COMPONENT		3. DOD ID NUMBER	4. SERIAL NUMBER
5a. GRADE, RATE OR RANK		5. PAY GRADE		6. DATE OF BIRTH (YYYYMMDD)	
7a. MILITARY SERVICE OBLIGATION TERMINATION DATE (YYYYMMDD)	b. RESERVE STATUS FOR OBLIGATION (SELRES/SPR)	c. CONTACT PHONE NUMBER (Civilian)		d. CONTACT EMAIL ADDRESS (Civilian)	
8a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
9a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED		
10. COMMAND TO WHICH TRANSFERRED				11. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
12. SPECIALITY (List number, title, and years and months in specialties involving periods of one or more years.)		13. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL ACTIVE SERVICE			
		f. TOTAL INACTIVE SERVICE			
		g. FOREIGN SERVICE			
		h. SEA SERVICE			
		i. INITIAL ENTRY TRAINING			
14. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)		15. UNIFORMED SERVICE EDUCATION (Course title, number of weeks, and month and year completed)			
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> YES <input type="checkbox"/> NO				
18. RETIREMENT SYSTEM OPTION <input type="checkbox"/> FINAL <input type="checkbox"/> HIGH-3 <input type="checkbox"/> REDUX <input type="checkbox"/> BRS	19. DDQ14-1 (Accompanies this DDQ14)			<input type="checkbox"/> YES <input type="checkbox"/> NO	
20. REMARKS					
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21a. MAILING ADDRESS AFTER SEPARATION (include ZIP Code)			21b. NEAREST RELATIVE (Name and address - include ZIP code)		
22. MEMBER REQUESTS DATA SHARE WITH (Specify state/locality)				OFFICE OF VETERANS AFFAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO	
23a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)	24. OFFICIAL AUTHORIZED TO SIGN		c. DATE (YYYYMMDD)
			a. NAME, GRADE AND TITLE		
			b. SIGNATURE		

Blank Fillable Dd Form 214

Joacim Rocklöv



Blank Fillable Dd Form 214:

Decoding **Blank Fillable Dd Form 214**: Revealing the Captivating Potential of Verbal Expression

In an era characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its ability to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Blank Fillable Dd Form 214**," a mesmerizing literary creation penned with a celebrated wordsmith, readers set about an enlightening odyssey, unraveling the intricate significance of language and its enduring affect our lives. In this appraisal, we shall explore the book is central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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