

1. LAST NAME-FIRST NAME-MIDDLE NAME GRICE, CAROL ANDERSEN			2. SEX F	3. SOCIAL SECURITY NUMBER [REDACTED]	4. DATE OF BIRTH YEAR: 32 MONTH: JUL DAY: 10																																										
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USN			6. GRADE, RATE OR RANK LCDR	7. PAY GRADE O-4	8. DATE OF RANK YEAR: 63 MONTH: OCT DAY: 01																																										
9. SELECTIVE SERVICE NUMBER		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) DISTRICT 41 ELKHORN NEBRASKA 68022																																											
12. TYPE OF SEPARATION TRANSFER TO INACTIVE DUTY ON THE RETIRED LIST			13. STATION OR INSTALLATION AT WHICH EFFECTED NAVREGMEDCLINIC, PEARL HARBOR, HI																																												
14. AUTHORITY AND REASON			15. EFFECTIVE DATE 74 SEP 30		16. REENLISTMENT CODE																																										
17. CHARACTER OF SERVICE HONORABLE			18. TYPE OF CERTIFICATE ISSUED NONE		19. REENLISTMENT CODE																																										
20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVREGMEDCLINIC, PEARL HARBOR, HI			21. COMMAND TO WHICH TRANSFERRED NRMC, BAINBRIDGE, MD 21705																																												
22. TERMINAL DATE OF RESERVE/MSB DELIGATION YEAR: _____ MONTH: _____ DAY: _____		23. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) OMAHA, NEBRASKA			24. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 54 MONTH: SEP DAY: 17																																										
25. PRIMARY SPECIALTY NUMBER AND TITLE 0990 CHARGE NURSE		26. RELATED CIVILIAN OCCUPATION AND P.O.T. NUMBER 075 REGISTERED NURSE		27. RECORD OF SERVICE																																											
28. SECONDARY SPECIALTY NUMBER AND TITLE 0945 MEDICAL/SURGICAL NURSE		29. RELATED CIVILIAN OCCUPATION AND P.O.T. NUMBER 075 REGISTERED NURSE		30. NET ACTIVE SERVICE THIS PERIOD 20 00 14																																											
				31. PRIOR ACTIVE SERVICE 00 00 00																																											
				32. TOTAL ACTIVE SERVICE (b+c) 20 00 14																																											
				33. PRIOR INACTIVE SERVICE 00 00 24																																											
				34. TOTAL SERVICE FOR PAY (b+d) 20 01 08																																											
				35. FOREIGN AND/OR SEA SERVICE THIS PERIOD 02 00 00																																											
36. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			37. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grade) COLLEGE 3 YRS																																												
38. TIME LOST (Number of Yrs) TL-NONE	39. DAYS ACCRUED LEAVE PAID 60	40. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 \$20,000.00 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		41. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT: NA																																											
42. PERSONNEL SECURITY INVESTIGATION a. TYPE: NA b. DATE COMPLETED:																																															
43. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED																																															
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44. REMARKS																																															
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X	X	X	X	X	X																																										
45. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, State and ZIP Code) 95-203 AUHAELE LOOP MILILANI TOWN, HAWAII 96789			46. SIGNATURE OF PERSON BEING SEPARATED [REDACTED]																																												
47. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER F.W. OHNEMUS JR. LT MSC USN PERS OFF BY DIR OF THE C.O.			48. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>																																												