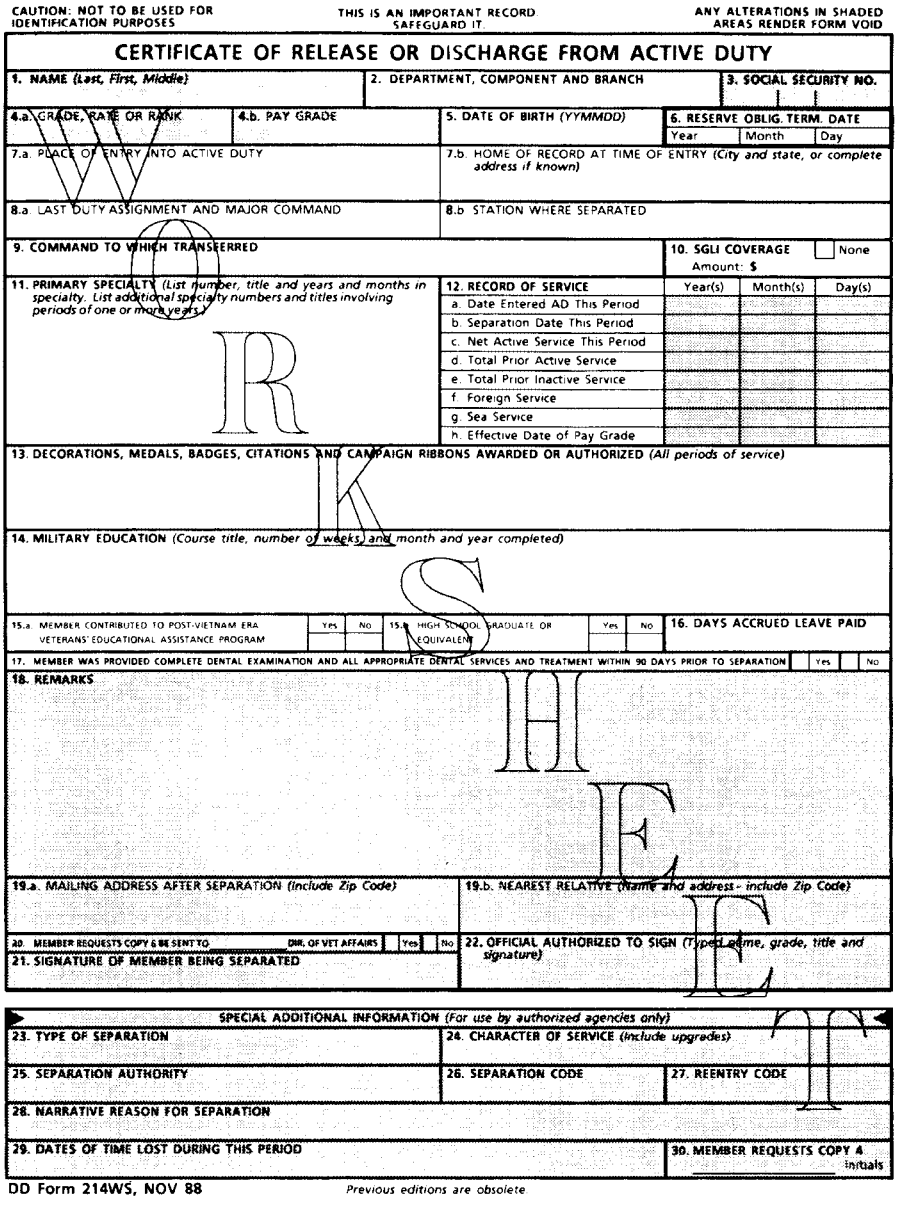
APPENDIX B TO PART 45—DD FORM 214WS



CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (*Last, First, Middle*)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (*YYMMDD*)
6. RESERVE OBLIG. TERM. DATE (Year / Month / Day)		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b. HOME OF RECORD AT TIME OF ENTRY (*City and state, or complete address if known*)	
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE ☐ None Amount: $	

11. PRIMARY SPECIALTY (*List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.*)	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
	a. Date Entered AD This Period			
	b. Separation Date This Period			
	c. Net Active Service This Period			
	d. Total Prior Active Service			
	e. Total Prior Inactive Service			
	f. Foreign Service			
	g. Sea Service			
	h. Effective Date of Pay Grade			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (*All periods of service*)

14. MILITARY EDUCATION (*Course title, number of weeks, and month and year completed*)

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	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 ☐ Yes ☐ No

18. REMARKS

19.a. MAILING ADDRESS AFTER SEPARATION (*Include Zip Code*)	19.b. NEAREST RELATIVE (*Name and address - include Zip Code*)
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS ☐ Yes ☐ No	22. OFFICIAL AUTHORIZED TO SIGN (*Type name, grade, title and signature*)
21. SIGNATURE OF MEMBER BEING SEPARATED	

SPECIAL ADDITIONAL INFORMATION (*For use by authorized agencies only*)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (*Include upgrades*)	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION		
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4 Initials

DD Form 214WS, NOV 88 *Previous editions are obsolete.*