APPENDIX C TO PART 45—DD FORM 215

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

1. NAME (*Last, first, middle*)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO. (*Also, Service Number if applicable*)
4. MAILING ADDRESS (*Include ZIP Code*)		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED - _____

6. DATE	7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN

DD Form 215, JUL 79
109/050

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

MEMBER - 1