



**UNITED STATES MARINE CORPS
APPOINTMENT ACCEPTANCE AND RECORD
(1400)**

NAVMC 763 (REV. 4-87)
(REV. 12-82 EDITION WILL BE USED)

25-Aug-99 98augmentat

1. NAME (Last, First, Middle) CARD EDWARD THOMAS JR			2. SSN 060 58 2352		3. DATE OF BIRTH 72 07 10
4. HOME OF RECORD (City or Town, County, State or Country) CHAPPAQUA WESTCHESTER NY CHAPPAQUA WESTCHESTER NY			5. GRADE APPOINTED CAPT	5A. CODE 03	5B. DATE OF RANK 98 07 01 96 05 25
6. PLACE OF BIRTH (City, State or Country) WESTWOOD NJ		7. MOS 0302	8. TEMPORARY GRADE PRESENTLY SERVING N/A	8A. CODE N/A	8B. DATE OF RANK N/A
9. CITIZENSHIP US	9A. CODE CA	10. SEX MALE	11. LSL ORB FY98	12. PERMANENT GRADE (For Temp. Appt. only) NONE	12A. CODE 0
14. RELIGION PROT	14A. CODE 72	15. RACE WHITE	15A. CODE CY	16. CONTRACT/LEGAL AGREEMENT NONE	16A. CODE 0
18. COMPONENT USMC	18A. CODE 11	19. IMMED. ASSIGN. ACDU Y	20. MMS SOURCE CODE JG86	20A. AUTHORITY 10 USC	20B. PROGRAM 5573 AUGGND

21. PRIOR SERVICE							
A. BRANCH/ COMPONENT	B. HIGHEST GRADE	C. ENL OR APPT.			D. DISCHARGED		
		YR.	MO.	DA.	YR.	MO.	DA.
1. USMCR (C)	OCAN	92	10	29	94	05	13
2. USMC	CAPT	94	05	14	99	09	20
3.							
4.							
5.							
6.							
7.							
8.							
9.							

**OFFICER'S
QUALIFICATION
RECORD
COPY**

(See MCO P1070.12 (IRAM) and Letter of Transmittal for completion and Distribution Instructions)

OATH OF OFFICE: I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely; without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter; so help me God.

I do solemnly swear (or affirm) that all statements made by me, as now given in this record, are correct to the best of my knowledge. I do hereby accept the appointment described above.

22. SIGNATURE OF APPOINTEE

Ed T. C. Jr.

Subscribed and duly sworn to before me at **1ST RTBN, RTR, MCRD, PISC** this **21st** day of **SEPTEMBER**, **20** 1999

(May be sworn before any military or civilian official authorized to administer oaths.)

SIGNATURE OF OFFICER ADMINISTERING OATH:
TYPED NAME, RANK AND COMPONENT OF OFFICER ADMINISTERING OATH:

L.A. Mercado

**L.A. Mercado
LtCol USMC**

EFF DATE _____
(If different than item 22)

CERTIFIED TRUE COPY

Ed T. C. Jr.

SIGNATURE OF APPOINTEE



(1070)

CHRONOLOGICAL RECORD

UNIT/ORGANIZATION	PRIMARY DUTY	REMARKS
OCS MCCDC QUANT VA RUC 30382 MCC 068	OCAN (9900) (01)	000000 JD FOR ACTDUTRNG PLC JR CRS 000000 TR TO INACTDU MCC W65
	BASIC MARINE (01) (9900)	000000 JD FOR INACTDU 930531 TR TO ACTDUTRNG MCC 068
	OCAN (01)	930709 JD FOR ACTDUTRNG PLC SR CRS 930601 930709 TR TO INACTDU MCC W65

CARD Edward J.

060 58 2352

CONTD ON SUPP P6

NAME (Last)

(First)

(Middle)

SSN

Handwritten initials or signature at the bottom center.

ADMINISTRATIVE REMARKS (1070)

DATE: 930601	DATE: <i>9/10/90</i>	BLOOD TYPE
Articles UCMJ explained to me this date as required by Article 137, UCMJ. <i>E.L.T. Jr.</i>	Articles UCMJ explained to me this date as required by Article 137, UCMJ. <i>X E.L.T. Jr.</i>	DEPOSIT RECORD BOOK NO.
(Signature)	(Signature)	CLASS SWIMMER

921029: OSO Columbia, Statement IAW Act of 1974 furnished this date concerning forms for enrollment in an officer program.

James B. Coutts
 JAMES B. COUTTS 1stLt, USMC

980923: I HEREBY ACCEPT / DECLINE MY AUGMENTATION.

E.L.T. Jr. SNO

EMBOSSING PLATE IMPRESSION

CARD *ink* Edward Thomas *ink* Jr. 060-58-2352

NAME (Last) (First) (Middle) SOC. SEC. NO.

DASP95 ENTER NEXT SSN: _____ ENTER CATG: _____ SEQ: _____ R: _____ 15:23:26
SSN: 0060582352 NAME: CARD JR, EDWARD T PAGE: 01
RUC: 20177 COMPANY CODE: 3 PRES-GRADE: 04 RECSTAT: 4 COMP CODE: 11
PLT CODE: CES3 TRNGRP: R-RECSTAT: RCOMP CODE:

SPOUSE NAME/ADDRESS
DIVORCED

538 LUNA DRIVE
CA OCEANSIDE 92057

CHILD NR/NAME/DOB/ADDRESS
NONE

GUARDIAN NR/NAME/PHONE/RELATION/ADDRESS
NONE

FATHER/MOTHER NAME/ADDRESS
EDWARD THOMAS CARD

6431 FAIRWAY ESTATES DRIVE
ROANOKE VA 24018

WENDIE ELLEN VALE

7326 STANHOPE COURT
SARASOTA FL 34238

DEATH GRATUITY BENEFICIARY (IES) NR/NAME/RELATION/PCT/ADDRESS
1 EDWARD T CARD (F) SAME AS FATHER
2 NONE

PAY ARREARS BENEFICIARY (IES) NR/NAME/RELATION/PCT/ADDRESS
1 CHRISTINA M CARD (S) 1455 FILBERT ST APT 306
SAN FRANCISCO CA 94109
2 NONE

DO NOT NOTIFY DUE TO ILL HEALTH NR/NAME/RELATION/ADDRESS
1 NONE
NONE

INSURANCE COMPANIES NR/NAME/POLICY NUMBER
1 AUTO POLICY_USAA#5153537
2 VAL.PERS.PROP_USAA5153537
3 RENTERS PLCY_USAA#5153537

NEXT OF KIN NR/TELEPHONE NUMBER/RELATIONSHIP
1 ~~7604584718~~ (760) 453-6271 OT
2 9415442567 M
3 5409891041 F

PRIMARY NEXT OF KIN DIRECTIONS
NONE

MIA NOTIFY NAME/TELEPHONE1/TELEPHONE2/RELATIONSHIP
ALTMAN-CARD ALEX E 760-4584718/760-6228065 OT

MIA ADDRESS/DIRECTIONS
538 LUNA DRIVE TOWN OF OCEANSIDE
STATE OF CALIFORNIA ZIP CODE 92057

SGLI MEMBER ELECTION ELECTS \$400,000 COVERAGE
SGLI MEMBER BENEFICIARY OTHER
SGLI MEMBER PAY DESIGNATION LUMP SUM
SGLI MEMBER VA CERTIFY DATE 20070629
SGLI SPOUSE ELECTION NO SPOUSE

PERSON AUTHORIZED DIRECT DISPOSITION NAME/ADDRESS/TELEPHONE/RELATIONSHIP
NAME/RELATIONSHIP EDWARD T CARD (F)
ADDR1 SAME AS FATHER
ADDR2

[Handwritten signature]

071029

WITNESS

[Handwritten signature]
KCP/USMC

DTD 071029

Servicemembers' Group Life Insurance Election and Certificate

Please read the instructions before completing this form.

Use this form to: (check all that apply)

1. X Name or update your beneficiary
2. Reduce the amount of your insurance coverage
3. Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name CARD JR, EDWARD THOMAS	First name EDWARD THOMAS	Middle name THOMAS	Rank, title or grade O4	Social Security Number 0060582352
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Branch of Service (Do not abbreviate) UNITED STATES MARINE CORPS	Current Duty Location 11th MEU, CAMP PENDLETON, CA 92055
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Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

1. I want coverage in the amount of \$ _____ Your initials _____
2. _____

(Write "I do not want insurance at this time.")

*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. ALEXANDRA ELEANOR CARD 538 LUNA DRIVE OCEAUSIDE CA 92057		Ex-wife	1/3	LUMP SUM
2. CHRISTINA LEE CARD 1455 FILBERT STREET APT 306 SAN FRANCISCO CA 94109		Sister	1/3	LUMP SUM
3. ALLISON MARIE CARD 129 BORALEMON STREET APT B BROOKLYN NY 11201		Sister	1/3	LUMP SUM
4.				
<input type="checkbox"/> Additional Principals on page 5 (check if applicable)				
Contingent				
1.				
2.				
3.				
4.				
<input type="checkbox"/> Additional Contingents on page 5 (check if applicable)				


I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

SIGN HERE IN INK  _____
(Your signature. Do not print.)

Date: **20070629**

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY: 	RANK, TITLE OR GRADE Ssgt / Admin Chief	ORGANIZATION I MHC CPAC	DATE RECEIVED 20070629
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I HAVE BEEN COUNSELED ABOUT DESIGNATION OF AN UNUSUAL BENEFICIARY. X _____
TO _____ AS CUSTODIAN FOR _____ UNTIL THE AGE OF 18 UNDER THE CALIFORNIA UNIFORM GIFTS TO MINORS ACT. X _____

TJPTBIR

ACTFS BASIC INDIVIDUAL RECORD

10/29/2007

DASP95 ENTER NEXT SSN: _____ ENTER CATG: _____ SEQ NBR: _____ 15:28:02

SSN: 0060582352 NAME: CARD JR, EDWARD T PAGE: 01

RUC: ~~20177~~ 60147 COMPANY CODE: 63 PRES GRADE: 04 RECSTAT: 4 COMP CODE: 11
PLT CODE: ~~CESSCOP~~ TRNGRP: R-RECSTAT: RCOMP CODE:

-----**CONTRACT INFORMATION**-----

EAS: 00000000 COMPONENT CODE: 11 USMC OFFICER W
EOS: 19970127 ECC: 00000000 RESERVE COMPONENT CODE:
RESERVE ECC: 00000000 DATE ACCEPTED FIRST COMMISSION: 19940514
DATE OF ENL/ACCEPT: 19990921 DOD TRNGRP: TRAINING GRP:
AFADB: 19940728 PEBD: 19921029 MANDATORY DRILL START: 00000000 END: 00000000
DATE OF ORIG ENTRY: 19921029 DATE OF BASIC ELIG: 00000000 MDP EXT MO: 00
LENGTH CURR ENL: 0 YRS PEF: 00 NONE
LENGTH CURR ENL: 00 MOS BONUS PEF:
LENGTH CURR EXT: 00 MONTHS COLLEGE FUND PEF:
NO EXT CURR ENL: 00 MGIB-SR STATUS:
TOTAL MONTHS EXT: 00 MONTHS ACTIVE DUTY MGIB STATUS: 5 OVEBP CODE: 3
EFF DTE CURR EXT: 00000000 DESIG MIL PILOT: 00000000
MONTHS LAST ENL EXT: 00 6 YEAR OBL START: 00000000
TIME LOST CURR ENL: 000 DAYS OCAN CODE: OCAN EFF DATE: 00000000
SOURCE OF INT ENTRY MIL SER:
SOURCE OF ENTRY: JG86

-----**SERVICE INFORMATION**-----

PRES GRADE: 04 DOR: 20040701 ACDU RUC: ~~20177~~ 60147 MCC: ~~1ET-1CO~~ 1ET
SEL GRADE: DTE: 00000000 RESERVE RUC: MOB MCC:
PROM RESTR STAT CD: 0 PROM RESTR TERM DTE: 00000000

WORK STATION: 000

1TAD RUC: 00000 MCC:
2TAD RUC: 00000 MCC:

BILLET DESCRIPTION: ~~S-3A~~ OIC FRAGO/REPORTS/RFI CELL
ANNIVERSARY DATE: 00000000

PEN: 0206211M RCN: 467025 FAPRUC: 00000 RESERVE MCC:
DCTB: 20070630 FORMER RUC: 30010 FUTURE RUC:

DATE JOINED PRES UNIT: 20070630 IND LOC CODE: 073 06 0543 CA SAN DIEGO
DATE JOINED SMCR: 00000000

GEO LOC CODE: 920 DEPLOY RET DATE: 00000000 DEPLOY STAT: 0

GEO LOC DCTB: 200706 ROTATION TOUR DATE: 00000000

COMBAT SERV CODE: U OVERSEAS CONTROL DATE: 20041005

LAST COMBAT TOUR: 20041004 LAST PHYS EXAM: 00000000

OFF REMOVAL DATE: 00000000 PHA DATE: 00000000

CO DATE: 00000000 RESERVE UNIT JOIN DATE: 00000000

LAST SEP/DISCH DATE: 00000000 REASON: KGQ1 DIS VOL RES OFF TO ACC REG COMM

PMOS: 0302 ADMOS1: ADMOS6: ADMOS11:
BMOS: 0302 ADMOS2: ADMOS7: ADMOS12:
SMOS: 0000 ADMOS3: ADMOS8:
JMOS: ADMOS4: ADMOS9:
JMOS ED: 00000000 ADMOS5: ADMOS10:

DATE OF BIRTH: 19720710 HOME OF RECORD: 36 1083 NY WESTCHESTER
CITIZENSHIP: CA US COUNTRY OF ORIGIN: US UNITED STATES
BLOOD TYPE: 8 O POS CIVILIAN ED LEVEL: 17 MASTERS
SEX: M CERT: N MASTERS MAJOR: N8 BUSINESS MANAGE
RACE AGG CODE: E RACE CODE: E WHITE
POPULATION GROUP: WHITE
ETHNIC CODE: P EUROPEAN/ANGLO
RELIGION: 01 NO RELIGIOUS PREFERENCE
DNA DATE: 00000000 HIV-TESTED: 200210
HOME TELEPHONE NUMBER: ~~7606225748~~ 760 622 5748
WORK TELEPHONE NUMBER: ~~760 725 3524~~ 760 763-7004
STREET ADDRESS: 716 NORTH PACIFIC STREET APT F
CITY ADDRESS: OCEANSIDE STATE: CA
ZIP-CODE: 920540000 ADDRESS VALIDATION: C CORRESPONDENCE
EMAIL: TED.CARD@YAHOO.COM
GOOD CONDUCT MEDAL DATE: 00000000
ARMED FORCES RESERVE MEDAL DATE: 00000000
SMCR MEDAL DATE: 00000000
DUTY PREF1: 121 1ST MARINE DIVISION
DUTY PREF2: U57 CENTRAL INTELLIGENCE AGENCY
DUTY PREF3: NAS US SOUTHCOM JT BILLET MIAMI FL

-----**RECORD INFORMATION**-----

RECORD STATUS: 4 ACTIVE AND ON ORDERS RESERVE RECORD STATUS:
DISPUTED DATE: 00000000 DISPUTED DATA:
LAST SCREENING: ~~20070629~~ 071029 REASON: 2 ANNUAL SCREEN QUEST
SCREENING RESULT: Z ANNUAL SCREENING COMPL FOR ACDU ONLY

-----**DEPENDENTS INFORMATION**-----

MARITAL STATUS: D DIVORCED TOTAL NUMBER DEPENDENTS: 00
DEPN CERT CODE: NONE
DEPN GEO LOC CODE: 000 DATE DEPN LOC BEGAN: 00000000
SERVICE SPOUSE SSN: 0000000000 CUSTODY STATUS CODE: 0
SERVICE SPOUSE CODE: 00 NONE SPL POWER OF ATTORNEY: 00000000
SERVICE SPOUSE DATE: 00000000

DEPENDENTS INFORMATION

*** THERE ARE NO REMARKS FOR INPUT SSN ***

DASP95 ENTER NEXT SSN: _____ ENTER CATG: _____ SEQ NBR: _____ 15:28:24
SSN: 0060582352 NAME: CARD JR, EDWARD T PAGE: 01
RUC: 20177 COMPANY CODE: 3 PRES-GRADE: 04 RECSTAT: 4 COMP CODE: 11
PLT CODE: CES3 TRNGRP: _____ R-RECSTAT: _____ RCOMP CODE: _____

I CERTIFY THAT MY ELIGIBILITY FOR ENTITLEMENT TO BASIC ALLOWANCE FOR HOUSING HAS HAS NOT CHANGED SINCE MY LAST CERTIFICATION/UPDATE.

SIGNATURE: [Signature] DATE: 071029 DEPN ZIP IF APPLICABLE
NA

RESERVE ONLY:

I CERTIFY THAT I HAVE BEEN INFORMED ABOUT THE MOBILIZATION DELAYS/EXEMPTION PROGRAM AND ASSOCIATED POLICIES. I FURTHER CERTIFY THAT MY RETIREMENT OR DISABILITY PENSION STATUS HAS NOT CHANGED. IF MY STATUS HAS CHANGED, I HAVE COMPLETED THE NECESSARY FORMS. INITIAL: _____

BIR CERTIFICATION SIGNATURE REQUIRED FOR BOTH ACTIVE DUTY AND RESERVE MARINES:

MARINE: [Signature] DATE: 071029 AUDITOR: [Signature] UD NUM: 9992

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first middle initial) CARD, JR. EDWARD T.	SOCIAL SECURITY NUMBER (SSN) 060582352
---	--

LEGAL RESIDENCE/DOMICILE (City or county and State)
17 HAMILTON DRIVE, CHAPPAQUA, NY 10514

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

Form W-4 <small>Department of the Treasury Internal Revenue Service</small>	Employee's Withholding Allowance Certificate	<small>OMB No. 1545-0074</small> 2006
Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
1 Type or print your first name and middle initial. EDWARD T	Last name CARD JR	2 Your social security number 060 : 58 : 2352
Home address (number and street or rural route) 46 DAVENPORT DRIVE APT 304	3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>	
City or town, state, and ZIP code STAFFORD VA 22554	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	S01
6 Additional amount, if any, you want withheld from each paycheck	6	\$ 0.00
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
<small>Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.</small>		
Employee's signature <small>(Form is not valid unless you sign it.)</small> ▶ Edward T. Card Jr.		Date ▶ 24 Sept 2006
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) STATE/FEDERAL	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2006)

doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that, to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE Ed T. Card Jr.	CURRENT MAILING ADDRESS (Include ZIP Code) D Co., 1st RTBN, RTR MCRD, PISC 29905	DATE 18 FEB '00
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VETERANS' EDUCATIONAL ASSISTANCE ACT (GI BILL)
(Chapter 30, Title 38, U.S. Code)

Privacy Act Statement

AUTHORITY: Chapter 30, Title 38, U. S. Code, Sections 1411 and 1412.
PRINCIPAL PURPOSE: To establish eligibility to participate in the Veterans' Educational Assistance Act of 1984 (GI Bill of 1984.)
ROUTINE USES: Information will be used as a source document indicating participation status of each service member in the GI Bill of 1984 Educational Benefits Program.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, this form CANNOT be processed if requested information is not provided.

941017

1. SERVICE MEMBER

a. NAME (Last, First, Middle Initial) **CARD, JR. EDWARD T.** b. SOCIAL SECURITY NUMBER (SSN) **060 58 2352**

2. STATEMENT OF UNDERSTANDING

- a I am eligible for the GI Bill of 1984 and I am automatically enrolled.
- b I have the option to disenroll. (See paragraph 4)
- c If I disenroll, I must do so within two weeks of initial entry on active duty.
- d I am not eligible for Chapter 32, Title 38 U.S. C., Veterans' Educational Assistance Program (VEAP) nor for Chapter 35, Title 38 U.S.C., Vietnam - Era GI Bill.
- e I understand that if I am a Service academy or ROTC scholarship graduate, I am NOT ELIGIBLE for the GI Bill of 1984.

f. SERVICE MEMBER

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) **CARD, JR. EDWARD T.** (2) RANK/GRADE **2NDLT** (3) SIGNATURE **Ed Thomas** (4) DATE SIGNED **24 OCT 94**

g. WITNESSING OFFICIAL

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) RANK/GRADE (3) SIGNATURE (4) DATE SIGNED

3. STATEMENT OF ENROLLMENT

- a. I understand that if I remain enrolled in the GI Bill of 1984 that \$100 per month will be deducted from my basic pay for EACH of the first full 12 months of active duty and WILL NOT BE REFUNDED. I must complete three years of service before I am entitled to \$300 per month for 36 months (\$250 per month for 36 months, if I have a two year obligation).
- c. I must complete two years of active duty service and join the Selected Reserve for a minimum four year service agreement before I am entitled to \$300 per month for 36 months.
- d. If a non-high school graduate, I must complete all requirements for a high school diploma (or an equivalency certificate) before completion of my initial tour in order to qualify for the GI Bill of 1984.
- e. I must use my benefits within 10 years of my separation or discharge from active duty for the entitlement in paragraph 3b or complete my Selected Reserve obligation for the entitlement in paragraph 3c.
- f. I must receive an honorable discharge for service which established entitlement to the GI Bill of 1984.

h. SERVICE MEMBER

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) **CARD, JR. EDWARD T.** (2) RANK/GRADE **2NDLT** (3) SIGNATURE **Ed Thomas** (4) DATE SIGNED **24 OCT 94**

i. WITNESSING OFFICIAL

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) **KIRRANE J. P.** (2) RANK/GRADE **CW02** (3) SIGNATURE **[Signature]** (4) DATE SIGNED **941024**

k. STATEMENT OF DISENROLLMENT

I do not desire to participate in the GI Bill of 1984. I understand that the option to enroll WILL NOT be available to me at a later date.

l. SERVICE MEMBER

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) RANK/GRADE (3) SIGNATURE (4) DATE SIGNED

m. WITNESSING OFFICIAL

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) RANK/GRADE (3) SIGNATURE (4) DATE SIGNED

5. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS

If I remain enrolled in the GI Bill of 1984, I may be eligible for additional educational assistance based on my specialty and/or years of service as shown below.

20017-950131

**DEPENDENCY APPLICATION (1751)
NAVMC 10922 (REV. 4-01) (EF)**

(Supersedes all previous editions which are obsolete and will not be used)
SN: 0109-LF-984-9800

INSTRUCTIONS

WHERE ADDITIONAL SPACE IS NECESSARY TO COMPLETE ITEMS,

DATE OF APPLICATION

20060924

REASON FOR THIS APPLICATION (CHECK ONE)

CHANGE IN DEPENDENTS (Check one)

CHANGE IN DEPENDENTS LOSS (EXPLAIN IN CERTIFICATION SECTION)

START

GAIN

G

SECTION 1.	NAME OF MARINE (Last, first, middle) CARD JR EDWARD T		SSN 060 58 2352	GRADE O4	TYPE OF SERVICE <input checked="" type="checkbox"/> USMC <input type="checkbox"/> USMCR
	ORGANIZATION AND STATION PREPARING THIS APPLICATION IPAC HQSVCBN MCB QUANTICO VA 22134			UNIT RUC 30010	DATE OF CURRENT ENLISTMENT/APPOINTMENT OR DATE REPORTING FOR ACTIVE DUTY (WHICHEVER IS LATER) 19990921
	FUTURE ADDRESS AND ETA IF TRANSFER IS ANTICIPATED WITHIN 60 DAYS			ECC	DATE OF LAST DISCHARGE OR DATE OF LAST RELEASE TO INACTIVE DUTY

SECTION 2 DEPENDENT INFORMATION	NO.	NAME OF DEPENDENT (Include full given name)	COMPLETE ADDRESS (Include Zip Code)	RELATIONSHIP (if child, indicate step, adopted, ward or born out of)	DATE OF BIRTH (Day, Mo., Year)	DATE ALLOWANCE CLAIMED FROM (if previously approved, give date of approval)
	1	AND NO OTHERS				
	2					
	3					
	4					
	5					
	6					

Furnish the following information concerning custodian of any dependent named above.

DEP NO	FULL NAME OF CUSTODIAN	RELATIONSHIP TO DEPENDENT	ADDRESS AND ZIP CODE

INFORMATION CONCERNING PRESENT MARRIAGE			HAVE YOU BEEN PREVIOUSLY MARRIED?	HAS PRESENT SPOUSE BEEN PREVIOUSLY MARRIED?			
DATE	PLACE (County and State)	FULL GIVEN NAME OF SPOUSE	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 01 NO OF TIMES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO OF TIMES			
IF EITHER ANSWER ABOVE IS "YES", GIVE INFORMATION REQUESTED BELOW.							
INFORMATION CONCERNING DISSOLUTION OF EACH FORMER MARRIAGE OF BOTH YOURSELF AND/OR SPOUSE (Continue on separate sheet if necessary)							
FORMER MARRIAGE OF		NAME OF THE SPOUSE IN THE DISSOLVED MARRIAGE	DATE OF DISSOLUTION	Place of dissolution (County and State)	REASON (Check one)		
YOUR-	SPOUSE				DEATH	ANNULMENT	DIVORCE
<input checked="" type="checkbox"/>		ALEXANDRA E CARD	20060924	SAN DIEGO CA			<input checked="" type="checkbox"/>

IS THERE A COURT ORDER OR WRITTEN AGREEMENT IN EFFECT RELATIVE TO SUPPORT/MAINTENANCE/PATERNITY?

NO

YES IF YES, STATE DATE AND PLACE (county and state) WHERE SUCH ORDER/AGREEMENT WAS ISSUED AND ATTACH A COPY.

SECTION 5 NATURAL PARENT OF CHILD IN ARMED FORCES

HAS NATURAL PARENT OTHER THAN CLAIMANT OF CHILD(REN) LISTED EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES IF YES, LIST ALL AVAILABLE IDENTIFYING INFORMATION (Full name of natural parent, SSN, grade, type of service, branch of service, inclusive dates of active service, and full name of child(ren).

SECTION 6 SPOUSE IN ARMED FORCES

HAS YOUR SPOUSE EVER BEEN A MEMBER OF ANY U.S. ARMED FORCE?

NO

YES. IF YES, COMPLETE THE BLOCKS BELOW.

SSN	GRADE	TYPE OF SERVICE	BRANCH OF SERVICE	INCLUSIVE DATES OF ACTIVE SERVICE	BAQ
		<input type="checkbox"/> REGULAR			<input type="checkbox"/> WITH DEPENDENTS
		<input type="checkbox"/> RESERVE			<input type="checkbox"/> WITHOUT DEPENDENTS

SECTION 7 CERTIFICATION

I CERTIFY that all the above statements are true to the best of my knowledge and belief, and I consent to checkage against my pay for any allowances paid on laws and regulations. I will immediately inform my Commanding Officer of any change in the number and/or status of my dependents, whether it be the gain of additional dependents, or the loss of dependents.

By signing this form, I hereby authorize release of any information hereon or obtained as a result of the processing/adjudication of this application, to my claimed dependents or custodians thereof, to the extent necessary for the proper adjudication of benefits, entitlements and/or of my legal obligation to support my dependents.

E. T. CARD JR.
(Signature of Marine)

060 58 2352

. O4

(Social Security Number)

(Grade)

Subscribed and sworn before me this 24 day of Sep 20 06

E. T. CARD JR.
E. T. CARD JR MAJ USMC

(Signature and Title of Attesting Officer)



Document Viewed

DIVORCE DECREE VIEWED BY ATTESTING OFFICER

SECTION 8 APPROVING AUTHORITY

FOR USE BY COMMAND APPROVING AUTHORITY:

APPROVED AS CLAIMED FORWARDED TO CMC (CODE MRP-1) FOR APPROVAL FOR DEPENDENT NUMBERS

APPROVED FOR DEPENDENT NUMBERS:

APPROVED FOR CHILD BORN OUT OF WEDLOCK FOR DEERS ELIGIBILITY PER MCO P5512.11. CHECK ONE

CHILD RESIDES IN MEMBER'S HOUSEHOLD (Recertify annually) COURT ORDER (Not Court Order)

J. B. Tomlinson
(Signature of Commanding Officer)

J. B. TOMLINSON CWO3 PERSO Bydir
(Typed Name and Grade of Commanding Officer)

IPAC HQSVCBN MCB QUANTICO VA
(Unit Designation)

FOR USE BY UNIT DIARY CLERK:

REPORTED ON UNIT DIARY:

NO. _____

DATED _____

RUC _____

ENTRIES REPORTED:

FOR USE BY CMC APPROVING AUTHORITY:

**UNITED STATES MARINE CORPS
APPOINTMENT ACCEPTANCE AND RECORD**

NAVMC 763A (REV. 1-91)
(REV. 4-87 EDITION WILL BE USED)

NAL SIMI

(1400)

037-94 763BW74

1. NAME (Last, First, Middle) CARD EDWARD THOMAS JR			2. SSN 060 58 2352		3. DATE OF BIRTH 72 07 10			
4. HOME OF RECORD (City or Town, County, State or Country) CHAPPAQUA WESTCHESTER NY			5. GRADE APPOINTED 2NDLT		5A. CODE 01			
6. PLACE OF BIRTH (City, State or Country) WESTWOOD NJ			7. MOS 9901		5B. DATE OF RANK 94 05 25			
9. CITIZENSHIP US		9A. CODE CA	10. SEX MALE	8. PERMANENT GRADE (For Temp. Appt. only) N/A		8A. CODE N/A		
11. TBS/ORB 6-94		12. RESERVED FOR FUTURE USE		8B. DATE OF RANK N/A		13. ORIG ENTRY AF 92 10 29		
14. RELIGION PROT.	14A. CODE 72	15. RACE WHITE	15A. CODE CY	16. CONTRACT/LEGAL AGREEMENT NONE		16A. CODE 400		
17. PEBD 92 10 29	18. COMPONENT USMCR		18A. CODE C1	19. IMMED. ASSIGN. ACDU N	20. MMS SOURCE CODE JG		20A. AUTHORITY 10 USC 591	
20B. PROGRAM FLC6DE		21. PRIOR SERVICE						

A. BRANCH	B. HIGHEST GRADE	C. ENL. OR APPT.			D. DISCHARGED		
		YR.	MO.	DA.	YR.	MO.	DA.
1. USMCR (C)	OCCAN	92	10	29	94	05	13
2.		Card					
3.		N/A					
4.							
5.							
6.							
7.							
8.							
9.							

**OFFICER'S
QUALIFICATION
RECORD
COPY**

(REFER TO LETTER OF TRANSMITTAL AND MCO P1070.12 (IRAM) FOR COMPLETION AND DISTRIBUTION INSTRUCTIONS)

OATH OF OFFICE: I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely; without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter; so help me God.

I do solemnly swear (or affirm) that all statements made by me, as now given in this record, are correct to the best of my knowledge. I do hereby accept the appointment described above.

Ed Thomas Jr
Ed Thomas Jr

22. SIGNATURE OF APPOINTEE

Subscribed and duly sworn to before me at Chapqua Westchester NY this 17th day of May

(May be sworn to before any military or civilian official authorized to administer oaths)

SIGNATURE OF OFFICER ADMINISTERING OATH: *J Grant Lawton*
TYPED NAME, RANK AND COMPONENT OF OFFICER ADMINISTERING OATH: J. Grant Lawton, 1st Lt

EFF DATE
(To be used only when directed by CMC (MROA))

CERTIFIED TRUE COPY

Ed Thomas Jr
SIGNATURE OF APPOINTEE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) CARD Edward Thomas Jr		2. DEPARTMENT, COMPONENT AND BRANCH USMCR-C2		3. SOCIAL SECURITY NO. 060 58 2352	
4.a. GRADE, RATE OR RANK Captain	4.b. PAY GRADE 0-3	5. DATE OF BIRTH (YYMMDD) 720710		6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY Garden City, NY			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 17 Hamilton Drive Chappaqua, NY 10514		
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND RTR, MCRD, PISC 29905			8.b. STATION WHERE SEPARATED MCRD, PISC 29905 (RUC 32001)		
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE Amount: \$ 100,000 None	
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.) 0302 Infantry Officer (3 years, 6 months) 9910 Unrestricted Officer		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	92	10	29
		b. Separation Date This Period	99	09	20
		c. Net Active Service This Period	06	10	21
		d. Total Prior Active Service	00	00	00
		e. Total Prior Inactive Service	01	03	07
		f. Foreign Service	00	04	00
		g. Sea Service	00	04	26
		h. Effective Date of Pay Grade	98	07	01
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Navy and Marine Corps Achievement Medal(w/star); National Defense Service Medal; Sea Service Deployment Ribbon(w/2 stars); Rifle Expert Badge(4th Award); Pistol Expert Badge(3rd award)					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Platoon Leaders Course Jr(RMC), 6 weeks, 9404; Platoon Leaders Course SR(RME), 6 weeks, 9307; Basic Officer Course(RMG), 23 weeks, 9512; Infantry Officer Course(RGU), 13 weeks, 9606; Cold Weather Survival Course, 4 weeks, 9801					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			<input checked="" type="checkbox"/>	Yes	
			<input checked="" type="checkbox"/>	No	
16. DAYS ACCRUED LEAVE PAID				N/A	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
18. REMARKS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 376 Aspen Street Beaufort, SC 29906			19.b. NEAREST RELATIVE (Name and address - include Zip Code) Alexandra E. Altman Card(wife) Same as 19.a		
20. MEMBER REQUESTS COPY 6 BE SENT TO		SC DIR. OF VET AFFAIRS		No <input checked="" type="checkbox"/>	
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) M. V. BRECKENRIDGE, SSGT, SEPS CHIEF, USMC		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGED		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPMAN par 6404.1		26. SEPARATION CODE KG1	27. REENTRY CODE N/A
28. NARRATIVE REASON FOR SEPARATION VOL DIS (ACC COMM OR WARRANT SAME BR SERV)			
29. DATES OF TIME LOST DURING THIS PERIOD NONE			30. MEMBER REQUESTS COPY 4 ETC Initial

ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, 32 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071, through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U. S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

ROUTINE USES: To document your enlistment/reenlistment agreement with the U. S. Armed Forces; to record voluntary changes in your enlistment/reenlistment agreement; to determine dates of service and seniority; and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U. S. Armed Forces.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information will result in denial of enlistment or reenlistment.

ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) CARD EDWARD THOMAS JR.		2. SOCIAL SECURITY NUMBER 060 58 2352																							
3. HOME OF RECORD (Street, City, State, ZIP Code) 17 HAMILTON DRIVE CHAPPAQUA, NEW YORK 10514		4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State) OSS NEW YORK GARDEN CITY, NEW YORK																							
5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD) 910128	6. DATE OF BIRTH (YYMMDD) 720710	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">7. PREV MIL SVC UPON ENL / REENLIST</th> <th style="width: 10%;">YEARS</th> <th style="width: 10%;">MONTHS</th> <th style="width: 10%;">DAYS</th> </tr> <tr> <td colspan="4" style="text-align: left;">a. Total Active Military Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: left;">b. Total Inactive Military Service</td> <td></td> <td></td> <td></td> </tr> </table>			7. PREV MIL SVC UPON ENL / REENLIST				YEARS	MONTHS	DAYS	a. Total Active Military Service							b. Total Inactive Military Service						
7. PREV MIL SVC UPON ENL / REENLIST				YEARS	MONTHS	DAYS																			
a. Total Active Military Service																									
b. Total Inactive Military Service																									

AGREEMENTS

8. I am enlisting /reenlisting in the United States (list branch of service) MARINE CORPS RESERVE this date for 8 years and 0 weeks beginning in pay grade Pvt E-1. The additional details of my enlistment /reenlistment are in Section C and Annex(es) B & C.

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) _____ for enlistment in the Regular component of the United States (list branch of service) _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.)

ANNEX B: STATEMENT OF CONDITIONAL ENLISTMENT
 ANNEX C: SERVICE AGREEMENT, PLATOON LEADERS CLASS (GROUND) NAVMC 10460

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**
 (Initials of Enlistee/Reenlistee) E. T. C. (Continued on reverse side.)

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

CARD EDWARD THOMAS JR.

SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE

060 58 2352

CERTIFICATION AND ACCEPTANCE

D. 13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.)

NONE ETC (Initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / REENLISTEE

Edward Thomas Card, Jr.

c. DATE SIGNED (YYMMDD)

910128

14a. On behalf of the United States (list branch of service) MARINE CORPS I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

SERVICE REPRESENTATIVE INFORMATION

b. NAME (Last, First, Middle)

DAVIS JEFFREY SCOTT

c. PAY GRADE

CAPT 0-3

d. UNIT / COMMAND NAME

OSS NEW YORK

e. SIGNATURE

Jeffrey Scott Davis

f. DATE SIGNED (YYMMDD)

910128

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

GARDEN CITY, NEW YORK 11530

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR): I, EDWARD THOMAS CARD, JR., do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR): I, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR): I do hereby acknowledge to have voluntarily enlisted /reenlisted this day of 19 in the States (list branch of service) National Guard and as a Reserve of the United States for a period of years, mont days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE

Edward Thomas Card, Jr.

b. DATE SIGNED (YYMMDD)

910128

19a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

ENLISTMENT / REENLISTMENT OFFICER INFORMATION

b. NAME (Last, First, Middle)

DAVIS JEFFREY SCOTT

c. PAY GRADE

CAPT 0-3

d. UNIT / COMMAND NAME

OSS NEW YORK

e. SIGNATURE

Jeffrey Scott Davis

f. DATE SIGNED (YYMMDD)

910128

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

GARDEN CITY, NEW YORK 11530

ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071, through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

PRINCIPAL PURPOSES: To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U. S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

ROUTINE USES: To document your enlistment/reenlistment agreement with the U. S. Armed Forces; to record voluntary changes in your enlistment/reenlistment agreement; to determine dates of service and seniority; and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U. S. Armed Forces.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information will result in denial of enlistment or reenlistment.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) CARD, Edward Thomas Jr.		2. SOCIAL SECURITY NUMBER 060-58-2352		
3. HOME OF RECORD (Street, City, State, ZIP Code) 17 Hamilton Drive Chappaqua, New York 10514		4. PLACE OF ENLISTMENT / XXXXXXXX (Mil: Installation, City, State) OSO Columbia, South Carolina		
5. DATE OF ENLISTMENT / XXXXXXXX (YYMMDD) 921029	6. DATE OF BIRTH (YYMMDD) 72 07 10	7. PREV. MIL SVC UPON ENL / XXXXXX	YEARS	MONTHS
		a. Total Active Military Service		
		b. Total Inactive Military Service		

B. AGREEMENTS

8. I am enlisting / ~~XXXXXXXX~~ in the United States (list branch of service) **Marine Corps Reserves** this date for **8** years and **0** weeks beginning in pay grade **E-1**. The additional details of my enlistment / ~~XXXXXXXX~~ are in Section C and Annex(es) **B & C**.

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) _____ for enlistment in the Regular component of the United States (list branch of service) _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.)

ANNEX B: Statement of Conditional Enlistment
ANNEX C: Service Agreement

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

(Initials of Enlistee/Reenlistee) **ETC**

(Continued on reverse side)

NAME OF ENLISTEE / ~~REENLISTEE~~ (Last, First, Middle)

CARD, Edward Thomas Jr.

SOCIAL SECURITY NO. OF ENLISTEE / ~~REENLISTEE~~

060-58-2352

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (if none, X "NONE" and initial.) NONE ETC (initials of enlistee / reenlistee)

b. SIGNATURE OF ENLISTEE / ~~REENLISTEE~~

Edward Thomas Card, Jr.

c. DATE SIGNED (YYMMDD)

921029

14a. On behalf of the United States (list branch of service) Marine Corps Reserves, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

SERVICE REPRESENTATIVE INFORMATION

b. NAME (Last, First, Middle)

COUTTS, JAMES BRETT

c. PAY GRADE

1st Lt

d. UNIT / COMMAND NAME

Officer Selection Office

e. SIGNATURE

James Brett Coutts

f. DATE SIGNED (YYMMDD)

921029

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

2016 Green Street
Columbia, South Carolina 29205**E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT****15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):**

I, Edward Thomas Card Jr., do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted /reenlisted this _____ day of _____ 19____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / ~~REENLISTEE~~

Edward Thomas Card, Jr.

b. DATE SIGNED (YYMMDD)

921029

19a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

ENLISTMENT / REENLISTMENT OFFICER INFORMATION

b. NAME (Last, First, Middle)

COUTTS, JAMES BRETT

c. PAY GRADE

1st Lt

d. UNIT / COMMAND NAME

Officer Selection Office

e. SIGNATURE

James Brett Coutts

f. DATE SIGNED (YYMMDD)

921029

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

2016 Green Street
Columbia, South Carolina 29205

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552A)

PART A - GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P. L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal programs.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from you can be obtained by consulting the applicable description for systems such as the following:

SYSTEM DESCRIPTION	SYSTEM NUMBER
Marine Corps Military Personnel Records System	MMN 00006
Bond and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MFD 00003

3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefit and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.

PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

24 OCT 94

Date

Ed L Thomas C. Fr.

Signature of the Individual

060 58 23

Social Security No.