



UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP SMEDLEY D. BUTLER, OKINAWA
UNIT 35001
FPO AP 96373-5001

Unit letterhead

IN REPLY REFER TO:

SSIC Code
Your office Code
Date

From: Commanding General, Marine Corps Base, Camp S.
To: Civilian Human Resource Office
(MCCS) Division, Marine Corps Base, Camp S. D. Butler

Subj: STATEMENT OF SERVICE IN THE CASE OF (Rank, last Name,
First Name, SSN, Branch of Service)

In reference to your request the following information is submitted:

Full Name:
SSN #:
Branch of Service:
Date Entered Service:
Terminal Leave Start Date:
Present Expiration of Service:
Total period of Service:
Type of Discharge:
Time Lost:
Current Duty Station:

This letter is to certify that the member will receive his/her discharge and DD form 214 on (Date).

Point of Contact for more information is (Rank/Name) at (Phone).

Signature
Commanding Officer,