

NOTICE OF SEPARATION FROM THE U. S. NAVAL SERVICE

NAVPERS-553 (REV. 7-44)

1. NAME (Last) FLOOD		(First) CHARLES	(Middle) JAMES	2. RATE AND CLASS BM1c USN		3. NAVY SERVICE NO. 223 84 64	
4. PERMANENT ADDRESS FOR MAILING PURPOSES 4520 Richardson Avenue, Bronx, Queens, N.Y.						5. RACE W	6. SEX M
8. ADDRESS FROM WHICH DISCHARGE WILL SEEK WORK (If different from item 4) Same						7. DATE OF BIRTH 1-26-20	
						9. U.S. CITIZEN X YES NO	

RECORD OF NAVAL SERVICE

SELECTIVE SERVICE DATA	10. REGISTERED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	11. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Rich Street, Portchester, New York		12. LOCAL BOARD NO., COUNTY AND STATE None					
13. PLACE OF ENTRY INTO ACTIVE SERVICE New York, New York		MO. 9	DAY 19	YR. 40	14. PLACE OF SEPARATION FROM ACTIVE SERVICE NAS San Diego, California		NO. 8	DAY 2	YR. 45
15. CHARACTER OF DISCHARGE HONORABLE				16. LENGTH OF FOREIGN AND/OR SEA SERVICE WORLD WAR II 4 YEARS		3 MONTHS	15 DAYS		
17. LAST RATING HELD Boatswain's Mate 1c			MONTHS 15	18. NEXT TO THE LAST RATING HELD Boatswain's Mate 2c			5 MONTHS		
19. SERVICE SCHOOLS ATTENDED		COURSES		WKS.	20. OFF-DUTY EDUCATIONAL COURSES		CLASS HOURS		
None									

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

21. LAST EMPLOYER BEFORE ENTRY INTO SERVICE (Give firm name and address) Student		DATE LEFT --	
22. USUAL CIVILIAN OCCUPATION None		23. JOB FIELD PREFERENCE Chauffeur	
24. JOB AID DESIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. LOCALITY PREFERENCE (Give general area) New York, New York	
26. NON-SERVICE EDUCATION	ENTER NUMBER OF YEARS COMPLETED		27. MAJOR COURSE OR FIELD
	GRAMMAR SCHOOL 8	HIGH SCHOOL 2	COLLEGE -
28. VOCATIONAL OR TRADE COURSES (Indicate nature and length of courses) None		27. MAJOR COURSE OR FIELD General	

29. REMARKS Boatswain's Mate 1c	30.
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I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the Navy Department and that a copy of this form has been delivered to him in person.

31. *[Signature]*
 (Type in name and rank of discharging officer)

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON, D. C.

32. KIND OF INSURANCE		33. NOW PAID		34. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE	35. MONTH NEXT PREMIUM DUE (One Month After 34)	36. AMOUNT OF PREMIUM DUE EACH MONTH	37. INTENTION OF VETERAN TO		
NAT. SERV. LIFE INS.	U.S. GOVT. LIFE INS.	None	Allotment	DIRECT TO VET. ADM.			(a) CONTINUE INS.	(b) CONTINUE ONLY \$	(c) DISCONTINUE INS.
X			X		August 1945	September 1945 \$6.60	X		

38. *[Signature]*
 (Signature of discharged person) **8-2-45**
 (Date)

TO: BUREAU OF NAVAL PERSONNEL