

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) BEARDEN, MATTHEW SPENCER		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER 432 61 0106			
4a. GRADE, RATE OR RANK PVI	b. PAY GRADE E01	5. DATE OF BIRTH (YYYYMMDD) 19821112	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000				
7a. PLACE OF ENTRY INTO ACTIVE DUTY LITTLE ROCK, ARKANSAS		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 178 MELOGIN ARKADELPHIA ARKANSAS 71923-0000					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 010007ADETY P FWD FC			b. STATION WHERE SEPARATED FORT BRAGG, NC 28310-5000				
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE AMOUNT: \$ 400,000.00				
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.) 14J10 Q3 AD C4I TOC ENH OP/MNT - 3 YRS 3 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD		2006	06	07	
		b. SEPARATION DATE THIS PERIOD		2010	01	25	
		c. NET ACTIVE SERVICE THIS PERIOD		0003	07	19	
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00	
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00	00	
		f. FOREIGN SERVICE		0001	00	14	
		g. SEA SERVICE		0000	00	00	
		h. INITIAL ENTRY TRAINING		0000	00	00	
i. EFFECTIVE DATE OF PAY GRADE		2009	12	11			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL (2ND AWARD)//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//KOREAN DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON// NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) UNIT ARMORER COURSE, 1 WEEK, 2008//NOTHING FOLLOWS					
15a. COMMISSIONED THROUGH SERVICE ACADEMY				YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)				YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 169) (If Yes, years of commitment: 0)				YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					YES	NO
18. REMARKS BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20060512-20060606//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS							
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.							
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 1039 N 15 ST ARKADELPHIA ARKANSAS 71923		b. NEAREST RELATIVE (Name and address - include ZIP Code) DARRELL BEARDEN 178 MELOGIN RD ARKADELPHIA ARKANSAS 71923					
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) AR		OFFICE OF VETERANS AFFAIRS		X	YES	NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES	NO	
21a. MEMBER SIGNATURE DESIGNED BY: BEARDEN MATT HEW.SPENCER.1290458613		b. DATE (YYYYMMDD) 20100121	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) DESIGNED BY: GROSSER RUSSELL KENNON JR 1044120118 GROSSER RUSSELL KENNON JR ASST, SUPERVISOR		b. DATE (YYYYMMDD) 20100121		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (include upgrades) UNDER HONORABLE CONDITIONS (GENERAL)
25. SEPARATION AUTHORITY AR 635-200, CHAP 9	26. SEPARATION CODE JPD	27. REENTRY CODE 4
28. NARRATIVE REASON FOR SEPARATION ALCOHOL REHABILITATION FAILURE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (initials) MSB

ARKANSAS IDENTIFICATION CARD NOT FOR FEDERAL ID

ID ONLY

IDN 914271244 DOB 11/12/1982

BEARDEN
MATTHEW SPENCER



1178 MELUON RD
ARKADELPHIA AR 71923-6870

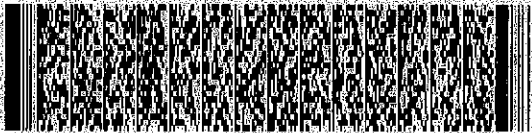
ISS 08/24/2021 EXP 08/10/2024

SEX M HGT 6'02" EYES BLU


DD 1881572864 6001 DUPLICATE


♥ DONOR





21
0210144186
12/28





This card is for identification purposes only
NOT A DRIVER'S LICENSE

MEDICAL CODES: None

11/12/1982
Rev: 03/01/2018

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

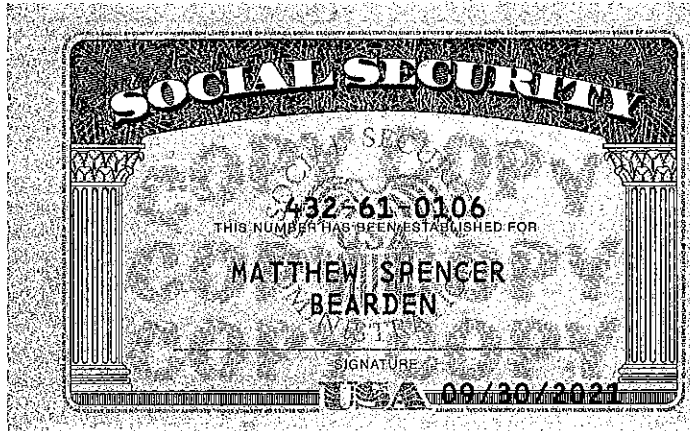
YOUR SOCIAL SECURITY CARD

de contains important

v the signature line.

ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 18 or your first job,
whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.



ARKANSAS STATE POLICE

Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

Subject of Record

Last: **Bearden** First: **Matthew** Middle:
 Date of Birth: **11/12/1982** Sex: **M** Race: **W**
 Social Security Number: **432610106** (not verified, supplied at time of request)
 Home/Mailing Address: **2701 South Elm St Little Rock, AR 72209**

Names used	Sex	Race	Date of Birth	SSN
MATTHES SPENCER BEARDEN	M	W	11/12/1982	432610106
MATTHEW BEARDEN	M	W	11/12/1982	432610106
MATTHEW SPENCER BEARDEN	M	W	11/12/1982	

Date	Arresting Agency	Level	Class	Charge
12/04/2002	GROUP 6 NARCOTICS ENFORCEMENT			VIOL UNIFORM CONTROL SUBSTANCE ACT (CONVICTION)
12/27/2017	ARKADELPHIA POLICE DEPARTMENT	M	A	SHOPLIFTING (CONVICTION)
12/06/2017	ARKADELPHIA POLICE DEPARTMENT	M	U	FAIL TO APPEAR ON UNCLASSIFIED MISDEMEANOR (FTA) (CONVICTION)

Requestor Information

Transaction Number: **003359282**
 Date: **10/08/2021** Agency Reporting: **Arkansas State Police**

Purpose: **Non-mandated under Arkansas Code §12-12-1501 through 1513 allows the release of Arkansas non-criminal justice background information to persons who have the signed consent of the subject of the record. The release form on file with the employer, service provider or third party must indicate that the employer or Service Provider/Third Party Agent on behalf of the employer or subject shall have the authority to request the criminal background check. INA and the Arkansas State Police will hold the third party responsible for any inquiries or audits that may be conducted.**

Released To: **Beverly Elledge On Behalf of Luciana Ridgel**

Representing: **St. Francis House**

Mailing Address: **2701 South Elm St Little Rock, AR 72204**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH Division of Vital Records CERTIFICATE OF LIVE BIRTH

NOV 24 1982

027468

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

CHILD

CHILD-NAME FIRST MIDDLE LAST Matthew Spencer Bearden	SEX Male	DATE OF BIRTH (Mo., Day, Yr.) November 12, 1982	HOUR 3:07A
HOSPITAL-NAME (If not in hospital, give street and number) Twin Rivers Medical Center	CITY, TOWN OR LOCATION OF BIRTH Arkadelphia	COUNTY OF BIRTH Clark	

CERTIFIER

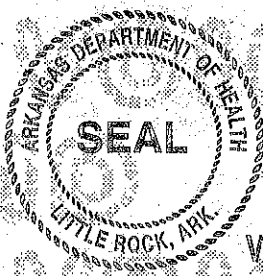
I CERTIFY THAT THE ABOVE INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		DATE SIGNED (Mo., Day, Yr.) 11-14-82	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
Signature <i>[Signature]</i>	CERTIFIER NAME AND TITLE (Type or print) J.W. Balay, M.D.	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 416 Main Street, Arkadelphia, Ar 71923	

MOTHER

MOTHER-NAME FIRST MIDDLE LAST (MAIDEN NAME) Lisa Yvette Funderburk	AGE (at time of this birth) 20	STATE OF BIRTH (If not in U.S.A., name country) Arkansas
RESIDENCE-STATE Arkansas	CITY, TOWN, OR LOCATION Clark	STREET AND NUMBER OR RESIDENCE Rt 1 Box 508
MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only) 71923		SPANISH ORIGIN OR DECENT (MOTHER) <input checked="" type="checkbox"/> NON-SPANISH <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CENTRAL OR SO AMERICAN <input type="checkbox"/> OTHER OR UNKNOWN SPANISH

FATHER

FATHER-NAME FIRST MIDDLE LAST Darrell Gene Bearden	AGE (at time of this birth) 26	STATE OF BIRTH (If not in U.S.A., name country) Arkansas
I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF		SPANISH ORIGIN OR DECENT (FATHER) <input checked="" type="checkbox"/> NON-SPANISH <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CENTRAL OR SO AMERICAN <input type="checkbox"/> OTHER OR UNKNOWN SPANISH
Signature of Father <i>[Signature]</i>	RELATION TO CHILD Mother	



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH

JUL 17 2019

[Signature]
Shirley Louise
State Registrar

6482883

6482883



WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VR-112



ST. FRANCIS HOUSE

2701 South Elm Street, Little Rock, AR 72204

Phone: (501) 910-2514 Fax: (501) 313-2197

Supportive Services for Veteran Families

Client Name:

Matthew Bearden

Date of TFA:	Month and Year Bill Incurred:	Amount of TFA:	Security Deposit	Rent	Utility Deposit	Utility Payment	Transportation	Moving Expenses	Childcare	Emergency
10/7/21		\$25.00								✓ Background check
12/8/21	12/7/21	\$483.00								X Motel
12/15/21	12/14-12/21	\$483.00								✓ Motel
12/15/21		\$25.64								✓ Food
12/21/21	12/21-12/28	\$483.00								✓ Motel
12/21/21		\$511.00								✓ Bed
12/28/21	12/28-1/4	\$483.00								✓ Hotel
12/28/21	12/21	\$400.00	X							
1/25/22		\$220.00			X (Emergency)					
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								
/ /		\$								