REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/military-service-records/
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

	SECTION I - INFORMATION NEEDED T	O[LOCAT]	E RECORDS	(Furnish	is much inte	ormation a	s nossible i
1. NAME USI		. SOCIAL SI					E OF BIRTH
	(,,,,)						
5. SERVICE,	PAST AND PRESENT (For an effective records search,	it is important DATE	that ALL service DATE			QE.	ERVICE NUMBER
	BRANCH OF SERVICE	ENTERED	RELEASED	OFFICER	ENLISTED		nown, write "unknown")
- ACTIVE							
a. ACTIVE							
b. RESERVE	-						
c. STATE							
NATIONAL GUARD	-						
6. IS THIS PE	ERSON DECEASED? NO YES - MU.	ST provide Do	a <u>te</u> of Death if ve	eteran is dec	eased:		
7. DID THIS	PERSON <u>RETIRE</u> FROM MILITARY SERVICE?	□ NO	YES				
	SECTION II – INFORMAT	ΓΙΟΝ AND	OR DOCUM	IENTS RI	EQUESTE	D	
I. CHECK TI	HE ITEM(S) YOU ARE REQUESTING:						
DD Form	214 or equivalent. Year(s) in which form(s) issued to	veteran:					
persons of request a (SPD/SPN	a contains information normally needed to verify military r organizations, if authorized in Section III, below. An U DELETED copy, the following items will be blacked out N) code, and, for separations after June 30, 1979, character	UNDELETED t: authority fo er of separatio	DDD214 is ording the properties of the propertie	narily requi son for sepa me lost.	red to deter	mine eligib stment eligi	ility for benefits . If you bility code, separation
An UNDI	ELETED copy will be sent UNLESS YOU SPECIFY A	DELETED C	OPY by checkir	ig this box:	∐ I want a	DELETED	copy.
	Records Includes Service Treatment Records, Health (ou onth and year) for EACH admission MUST be provided:		Dental Records.	IF HOSPI	TALIZED (ii	npatient) th	e FACILITY NAME and
Other (Sp							
2. PURPOSE:	: (Providing information about the purpose of the reques				elp to provide	e the best po	ossible response and may
2. PURPOSE:	(Providing information about the purpose of the requestreply. Information provided will in no way be used to a	make a decision	on to deny the re	quest.)		_	
2. PURPOSE: result in a faste	(Providing information about the purpose of the requestreply. Information provided will in no way be used to a (explain) Employment VA Loan Programs	make a decision	on to deny the re	quest.)	elp to provide	e the best po	_
2. PURPOSE: result in a faste Benefits	(Providing information about the purpose of the request reply. Information provided will in no way be used to a (explain) Employment VA Loan Programs	make a decision	on to deny the re	quest.)	Correction	_	
2. PURPOSE: result in a faste Benefits Explain here:	: (Providing information about the purpose of the requester reply. Information provided will in no way be used to a security (explain) ☐ Employment ☐ VA Loan Programs SECTION III - RE	make a decision	on to deny the re	quest.)	Correction	_	
2. PURPOSE: result in a faste Benefits Explain here: 1. REQUEST 2. I am the I, above I am the	: (Providing information about the purpose of the requester reply. Information provided will in no way be used to a security (explain) ☐ Employment ☐ VA Loan Programs SECTION III - RETER NAME: e MILITARY SERVICE MEMBER OR VETERAN identified in	make a decision Medical Medica	on to deny the recal Genea	quest.) logy SIGNATU ERAN'S LEGA O OT AUTHOR	URE AL GUARDIAN LIZED REPRES	Person N (MUST su BENTATIVE (
2. PURPOSE: result in a faste Benefits Explain here: 1. REQUEST 2. I am the I, above I am the I	: (Providing information about the purpose of the request reply. Information provided will in no way be used to be a (explain) ☐ Employment ☐ VA Loan Programs SECTION III - RET ER NAME: e MILITARY SERVICE MEMBER OR VETERAN identified in e. e DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Properties) See item 2a on instruction sheet.)	make a decision Medical Medica	DRESS AND I am the VETT Appointment Authorization	quest.) logy SIGNATU ERAN'S LEGA O OT AUTHOR	URE AL GUARDIAN LIZED REPRES	Person N (MUST su SENTATIVE (orney)	onal Other (expla
2. PURPOSE: result in a faste Benefits Explain here: 1. REQUEST 2. I am the I, above I am the Death. 3. SEND INI (Please print	: (Providing information about the purpose of the requeser reply. Information provided will in no way be used to a security (explain) ☐ Employment ☐ VA Loan Programs SECTION III - RETENAME: e MILITARY SERVICE MEMBER OR VETERAN identified in e. e DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Provided in the content of	FURN ADI Section roof of 4. sta An	DRESS AND I am the VETT Appointment Authorization OTHER AUTHORIZATE) under penalmerica that the interest of the control of	SIGNATU ERAN'S LEGA) OF AUTHOR IN Letter or F	JRE AL GUARDIAN IZED REPRES Fower of Atto (Specify ty, ATURE: I c y under the in this Secti	Person N (MUST subsentative (nrney) pe of Other) declare (or of laws of the con III is true)	onal Other (expla
2. PURPOSE: result in a faste Benefits Explain here: 1. REQUEST 1. am the I, above I am the Death. 3. SEND INI (Please print of	ER NAME: e MILITARY SERVICE MEMBER OR VETERAN identified in e. e DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proceedings) (Relationship to deceased veteran) FORMATION/DOCUMENTS TO: or type. See item 4 on accompanying instructions.)	FURN ADI Section Foof of 4. sta An tha 3a of the auti	DRESS AND I am the VETA Appointment Authorization OTHER AUTHORIZA te) under penal merica that the in at I authorize the on accompanying the veteran, next thorized government	SIGNATU ERAN'S LEGA O or AUTHOR IN Letter or F FION SIGN Ty of perjur Information The release of The release	JRE AL GUARDIAN IZED REPRES Cower of Atto (Specify ty, ATURE: I c y under the in this Secti the requeste a sheet. With ceased vetero r other author	Person N (MUST su SENTATIVE (Triney) Dee of Other) declare (or of laws of the on III is trued informate out the Auth an, veteran' prized repre	certify, verify, or United States of ue and correct and tion. (See items 2a or norization Signature is legal guardian, estentative, only
2. PURPOSE: result in a faste Benefits Explain here: 1. REQUEST 2. I am the I, above I am the Death. 3. SEND INI (Please print	ER NAME: e MILITARY SERVICE MEMBER OR VETERAN identified in e. e DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proceedings) (Relationship to deceased veteran) FORMATION/DOCUMENTS TO: or type. See item 4 on accompanying instructions.)	FURN ADI Section Foof of 4. Sta An tha 3a of tha lim pt.	I am the VETA Appointment Authorization OTHER AUTHORIZA Ite) under penal merica that the int I authorize the on accompanying the veteran, next	SIGNATU ERAN'S LEGA O or AUTHOR IN Letter or F FION SIGN Ty of perjur Information The release of The release	JRE AL GUARDIAN IZED REPRES Cower of Atto (Specify ty, ATURE: I c y under the in this Secti the requeste a sheet. With ceased vetera r other author ased unless the	Person N (MUST su SENTATIVE (Inney) Dee of Other) declare (or of laws of the con III is trued informate out the Auth an, veteran' corized repre- the request is	certify, verify, or United States of ue and correct and tion. (See items 2a or norization Signature is legal guardian, esentative, only s archival. No
2. PURPOSE: result in a faste Benefits Explain here: 1. REQUEST 1. am the I, above I am the Death. 3. SEND INI (Please print of	ER NAME: e MILITARY SERVICE MEMBER OR VETERAN identified in e. e DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proceedings) (Relationship to deceased veteran) FORMATION/DOCUMENTS TO: or type. See item 4 on accompanying instructions.)	FURN ADI Section Foof of 4. Sta An tha 3a of i aut pt. sig	DRESS AND I am the VETTA Appointment Authorization OTHER AUTHORIZATION OTHER AUTHORIZATION Authorize that I authorize that the interior at the interior accompanying the veteran, next thorized governmented information mature is required.	SIGNATU ERAN'S LEGA O or AUTHOR In Letter or F FION SIGN ty of perjur information he release of hig instruction -of-kin of de hent agent, of can be relead of the require	JRE AL GUARDIAN AZED REPRES Fower of Atto (Specify ty, ATURE: I of y under the in this Secti the requeste a sheet. With ceased veter r other autho ased unless ti test if for arc.	Person N (MUST su SENTATIVE (Inney) Dee of Other) declare (or of laws of the con III is trued informate out the Auth an, veteran' corized repre- the request is	certify, verify, or United States of ue and correct and tion. (See items 2a or norization Signature is legal guardian, esentative, only s archival. No
2. PURPOSE: result in a faste Benefits Explain here: 1. REQUEST: 2. I am the I, above I am the Death. 3. SEND INI (Please print) Name Street City * This form is a	** (Providing information about the purpose of the requeser reply. Information provided will in no way be used to a second provided will in no way be used	TURN ADI Section roof of 4. sta An tha 3a of i aut lim sig	I am the VETA Appointment Authorization OTHER AUTHORIZA AUTHORIZA Authorize the interior accompanying the veteran, next thorized government of the interior and interior and interior accompanying the veteran interior and information interior and int	SIGNATU ERAN'S LEGA O or AUTHOR In Letter or F FION SIGN ty of perjur information he release of hig instruction -of-kin of de hent agent, of can be relead of the require	JRE AL GUARDIAN AZED REPRES Fower of Atto (Specify ty, ATURE: I of y under the in this Secti the requeste a sheet. With ceased veter r other autho ased unless ti test if for arc.	Person N (MUST su SENTATIVE (Inney) Dee of Other) declare (or of laws of the con III is trued informate out the Auth an, veteran' corized repre- the request is	certify, verify, or United States of ue and correct and tion. (See items 2a or norization Signature is legal guardian, esentative, only s archival. No

Email address