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 TO LOCATE RECORDS (Furnish as much information as possible.)

<table>
<thead>
<tr>
<th>1. NAME USED DURING SERVICE (last, first, full middle)</th>
<th>2. SOCIAL SECURITY #</th>
<th>3. DATE OF BIRTH</th>
<th>4. PLACE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

<table>
<thead>
<tr>
<th>BRANCH OF SERVICE</th>
<th>DATE ENTERED</th>
<th>DATE RELEASED</th>
<th>OFFICER</th>
<th>ENLISTED</th>
<th>SERVICE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ACTIVE</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. RESERVE</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. STATE NATIONAL GUARD</td>
<td>-</td>
<td>-</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

5. IS THIS PERSON DECEASED? [ ] NO [ ] YES - MUST provide Date of Death if veteran is deceased: ____________________________

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? [ ] NO [ ] YES

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

[ ] DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran:

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran’s next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: [ ] I want a DELETED copy.

[ ] Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

[ ] Benefits (explain) [ ] Employment [ ] VA Loan Programs [ ] Medical [ ] Genealogy [ ] Correction [ ] Personal [ ] Other (explain) Explain here: ________________________________

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME:

[ ] I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

[ ] I am the DECEASED VETERAN’S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

   (Relationship to deceased veteran)

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Name

Street

Apt.

City State Zip Code

* This form is available at http://www.archives.gov/veterans/military-service-records/standard-form-180.html on the National Archives and Records Administration (NARA) web site.*