

# REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)			
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE
	DATE ENTERED	DATE RELEASED	OFFICER
			ENLISTED
a. ACTIVE SERVICE			
b. RESERVE SERVICE			
c. NATIONAL GUARD			
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?	
<input type="checkbox"/> NO <input type="checkbox"/> YES _____		<input type="checkbox"/> NO <input type="checkbox"/> YES	

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

**1. REPORT OF SEPARATION** (DD Form 214 or equivalent). This 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. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: 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.

**2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** \_\_\_\_\_

**3. PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

**1. REQUESTER IS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Military service member or veteran identified in Section I, above | <input type="checkbox"/> Legal guardian (must submit copy of court appointment) |
| <input type="checkbox"/> Next of kin of deceased veteran _____ (relation)                  | <input type="checkbox"/> Other (specify) _____                                  |

**2. SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 3 on accompanying instructions.)

**3. AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature of requester (Please do not print.)

\_\_\_\_\_  
Date of this request Daytime phone

\_\_\_\_\_  
Email address