

# 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/evetrecs/> \*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

## 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 | DATE ENTERED           | DATE RELEASED    | OFFICER  | ENLISTED | SERVICE NUMBER<br>(If unknown, write "unknown") |
| a. ACTIVE COMPONENT   |                   |                        |                  |  |          |   |
| b. RESERVE COMPONENT  |                   |                        |                  |  |          |   |
| c. NATIONAL GUARD   |                   |                        |                  |  |          |   |
| 6. IS THIS PERSON DECEASED? If "YES" enter the date of death.<br><input type="checkbox"/> NO <input type="checkbox"/> YES _____ |                   |                        |                  | 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?<br><input type="checkbox"/> NO <input type="checkbox"/> YES |          |   |

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

### 1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** 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. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
  - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
  - DELETED:** The following items are deleted: 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.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission **must** be provided:
- Other** (Specify):

2. **PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information 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.) Check appropriate box:

- Benefits     Employment     VA Loan Programs     Medical     Medals/Awards     Genealogy     Correction     Personal
- Other, explain:

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (**Must provide proof of death.**)  
*Show relationship:* \_\_\_\_\_  
(See item 2a on accompanying instructions.)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) \_\_\_\_\_

2. **SEND INFORMATION/DOCUMENTS TO:**  
(Please print or type. See item 4 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See items 2a or 3a 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 Required - Do not print**

( ) \_\_\_\_\_

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

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