

**REQUEST PERTAINING TO MILITARY RECORDS**

To ensure the best possible service, please thoroughly review the instructions at the bottom 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.)**

<b>1. NAME USED DURING SERVICE</b> (Last, first, middle)	<b>2. SOCIAL SECURITY NO.</b>	<b>3. DATE OF BIRTH</b>	<b>4. PLACE OF BIRTH</b>
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**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		SERVICE NUMBER DURING THIS PERIOD (If unknown, please write unknown)
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. <b>ACTIVE SERVICE</b>					
b. <b>RESERVE SERVICE</b>					
c. <b>NATIONAL GUARD</b>					

<b>6. IS THIS PERSON DECEASED?</b> If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____	<b>7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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**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 instruction 3, below.)

**3. AUTHORIZATION SIGNATURE REQUIRED** (See instruction 2, below.)  
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 _____	Signature of requester (Please do not print.) _____
Street _____	Date of this request _____ Daytime phone ( ) _____
City _____	E-mail address _____

\*\*This form is available at <http://www.nara.gov/regional/mprsf180.html> on the National Archives and Records Administration Web Site\*\*

**INSTRUCTIONS**

*Please detach this portion before submitting request.*

**1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on this form. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

**2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of this form signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service department at the time a service member is separated.

**3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.

**4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

**SEE REVERSE FOR PRIVACY ACT AND PUBLIC BURDEN STATEMENTS**