## **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.

I. NARE USED DURING SERVICE (last, find, full middle)       2: SOCIAL SECURITY #       3. DATE OF BIRTH       4. PLACE OF BIRTH         Brancato, Joseph P.       BRANCH OF SERVICE       DATE       DATE       A.PLACE OF BIRTH       4. PLACE OF BIRTH         S.SERVICE, PAST AND PRESENT For an effective records surch, it is important that 4/L service be shown below.)       DATE       DATE       DATE         BRANCH OF SERVICE       DATE       DATE       DATE       (ft midaown, write "ukin         a. ACTIVE       U.S. Army       DATE       DATE       (ft midaown, write "ukin         b. RESERVE       DATE       DATE       (ft midaown, write "ukin         c.NITH       NATIONAL       DATE       DATE       (ft midaown, write "ukin         c.NITH       SERVICE NUMBE       SERVICE NUMBE       SERVICE NUMBE       SERVICE NUMBE         c.NITHS PERSON DECEASED?       NO       WES       SECTION III - INFORMATION ANDOR DOCUMENTS REQUESTED       I.CHECK THE ITEM(S) YOU ARE REQUESTING:         CHECK THE ITEM(S) YOU ARE REQUESTING:       NO       YES       YES       SECTION III - INFORMATION ANDOR DOCUMENTS REQUESTED         I. CHECK THE ITEM(S) YOU ARE REQUESTING:       NO       YES       YES       YES         I. CHECK THE ITEM(S) YOU ARE REQUESTING:       NO       YES       YES       YES	To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.							
Brancato, Joseph P.       092-20-8285       24-Feb-1926       New York         5. SERVICE, PAST AND PRESENT For an effective records surveh, it is important that ALL service be shown below.)       DATE       DATE       BANCH OF SERVICE       SERVICE NUMBE         BRANCH OF SERVICE       DATE       DATE       OFFICER       ENLISTED       (If unknown, writ, "unknown         b. RESERVE       U.S. Army       Image: Constraint of the important that ALL service be shown below.)       SERVICE NUMBE         c. STATE       Image: Constraint of the important that ALL service be shown below.)       Image: Constraint of the important that ALL service be shown below.)       Image: Constraint of the important that ALL service be shown below.)       SERVICE NUMBE         b. RESERVE       U.S. Army       Image: Constraint of the important that ALL service be shown below.)       SERVICE NUMBE: The important that ALL service be shown below.)       SERVICE NUMBE: The important that ALL service be shown below.)       SERVICE NUMBE: The important that ALL service be shown below.)       Important that ALL service be shown below.)       SERVICE NUMBE: The important that ALL service be shown below.)       Important that ALL service be shown below.)       Important that ALL service be shown below.)       SERVICE NUMBE: SERVICE NUMBE: The DORN BELOWED SERVICE Service Transmitter and the service transmi	SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)							
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b. RESERVE	, 		DATE	DATE		ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
c. STATE   NATIONAL   G. BATHE   NATIONAL   G. IS THIS PERSON DECEASED?   NO   Y ES      2. DID THIS PERSON RETIRE FROM MILITARY SERVICE?   NO   Y ED   SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED   1. CHECK THE ITEM(S) YOU ARE REQUESTING:   DID Form 214 or equivalent. Year(s) in which form(s) issued to vertram:   This form contains information normally needed to verify military service. A copy may be sent to the veleran, the deceased veleran's next-of-kin, or other persons or organizations, if authorized in Section III, blow. An UNDELETED DD1214 is ordinarily required to determine eligibility for benefils. If the request of separation, reson for separation, recellistment eligibility core, separatic (SPD/SPN) code, and, for separations after June 30, 1979, character of separation, reson for separation, recellistment eligibility code, separatic (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time tools.   An UNDELETED copy will be set: UNLESS YOU SPECIFY A DELETED COPY by checking this box:   Wedical Records lichulos Service Treatment Records, Health (subpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NME: DATE (month and year) for EACH admission MUST be provided:   DATE (month and year) for EACH admission MUST be provided:   SECTION III - RETURN ADDRESS AND SIGNATURE   I Benefits (explain)   Explain here:   SECTION III - RETURN ADDRESS AND SIGNATURE   I Benefits (explain)   Emplayment O type. See item 4 on accompanying instructions.)   (Relationship to deceased veteran)   (Relationship to	a. ACTIVE	U.S. Army				$\boxtimes$	unknown	
National GUARD       Image: Section Se	b. RESERVE							
2. 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:	NATIONAL							
SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED         1. CHECK THE ITEM(S) YOU ARE REQUESTING:       D) Form 214 or equivalent. Year(s) in which form(s) issued to vertign illitary service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or othe persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility code, separation, reason for separation, resonant for separation, reason for separation, recentistic processing information and 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 bax:       □ twant a DELETED copy.         Medical Records Includes Service Treatment Records. Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME: DATE (month and year) for EACH admission MUST be provided:         □ Other (Specify):								
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1. REQUESTER NAME: Chris Maloney         2. □ 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.)         □ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)         □ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)         □ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Authorization Letter or Power of Attorney)         □ OTHER         American Legion Post 128, Rye, NY 10580         ○ OTHER         American Legion Post 128, Rye, NY 10580         ○ Other)         4. AUTHORIZATION SIGNATURE: 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 and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No	<ul> <li>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.</li> <li>An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.</li> <li>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:</li> <li>Other (Specify):</li> <li>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.)</li> <li>Benefits (explain)   KA Loan Programs   Medical   Medical    Genealogy   Correction   Personal   Other (explain)</li> </ul>							
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(Relationship to deceased veteran)       (Specify type of Other)         3. SEND INFORMATION/DOCUMENTS TO:       4. AUTHORIZATION SIGNATURE: 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 and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No given the information is not be released unless the request is archival. No giv	1. REQUESTER NAME: Chris Maloney         2. 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.)         I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)						SENTATIVE ( <i>MUST submit copy</i>	
(Please print or type. See item 4 on accompanying instructions.)       State)       State)       State)       State       State)       State       State <td< td=""><td colspan="3">(Relationship to deceased veteran)</td><td colspan="4"></td></td<>	(Relationship to deceased veteran)							
signature is required if the request if for archival records	(Please print or type. See item 4 on accompanying instructions.)         Chris Maloney         Name         74 Davis Ave         Street       Apt.         Rye       NY       10580			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 and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only				
records/standard-form-180.html     on the National Archives and Records       Administration (NARA) web site. *     Signature Required - Do not print       914-967-0372       Daytime phone	* This form is availa records/standard-fo	able at <i>http://www.archives.gov/veterans/milite rm-180.html</i> on the National Archives and Rec	iry-service-	signature is required if the request if for archival records. ) Signature Required - Do not print Date 914-967-0372				

Email address