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 1 - INFORMATION NEEDED TO 1.0 CATE RECORDS (Farnish as much as possible.) 1. NAME USED DERNG SERVICE (ust. fist. bill middle) 2. SOCIAL SCURITY # 1. DATE OF BIRTH New York S. SERVICE, YATE BBAACG OF SERVICE DATE OF DIRTH New York S. SERVICE, YATE BBAACG OF SERVICE DATE OF DIRTH SERVICE NUMBER MATE USED DATE OF SERVICE DATE OF DIRTH SERVICE NUMBER MATE USED DATE OF SERVICE DATE OF DIRTH SERVICE NUMBER SERVICE NUMBER Internet of the data data of the data	To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.							
Brown, Lyndon M. 108-14-5874 111 May 1892 New York 5. SERVICE, PAT AND PRESENT For an effective records search, it is supprised that ALL service he shows helow.) SERVICE NUMBER (() and non-specific records search, it is supprised that ALL service he shows helow.) SERVICE NUMBER (() and non-specific records search, it is supprised that ALL service he shows helow.) a. ACTIVE U.S. Army 14-Dec-1942 21-Sep-1945 Image: Im		SECTION I - INFORMATION N	EEDED TO LO	CATE RECORDS (Furnish as much as possible.)				
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b. RESERVE			DATE	DATE		ENLISTED		
c. STATE NUTONAL GUARD 6. IS THIS PERSON DECEASED? NO WES-MEXT provide Date of Death if yeteran is deceased: 11: DETERSON DECEASED? NO NO SECTION III- 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 zuthorized in Section III, below. A UNDEL IETED DOP14 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, and year() for FACH admission MUST be provided: I where item is faster up, 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 up, 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 up, information in ovary bu used to strictly voluntary; however, it may help to provide the best possible response and may result in a faster up, information provided will in oway be used to make a decision to dary the request.) Penefits (explain) Explain here: 1: PROUESTER NAME: Chris Maloney I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Cantary applications) I am the DECLASED VETERAN'S NEXT-OF-KIN (MUST submit Poord	a. ACTIVE	U.S. Army	14-Dec-1942	21-Sep-1945	\boxtimes		unknown	
National GUARD	b. RESERVE							
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. Yar(s) in which form(s) issued to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other presons or organizations, fauthorized in Section III, below, an UNDELETED DD214 is operation, action from a solution of the section III below. An UNDELETED DD214 is operation and dates of time lost. An UNDELETED copy, the following items will be blacked out: authorify for separation and dates of time lost. 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 EACIH admission MUST be provided: I want a DELETED copy. Other (Specify): 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 dary the request.) Benefits (explain) Benefits (explain) EXECTION III - RETURN ADDRESS AND SIGNATURE 1. REQUESTER NAME: Chris Maloney I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Guard Applainmenty or AUTHORY EXERNICE MEMBER OR VETERAN identified in Section I. Store and the top corect and that 1 authorize the release of the request is derively, or state of the request of the request is deadivication states of the request of the r	NATIONAL							
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I. 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 UNDELFTED DD214 is ordinarity required to determine eligibility for benefits. If you request a DELFTED copy, which following times will be blacked out: authority for separation and dates of time lost. An UNDELFTED 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: I want a DELETED copy. Cher (Specify):								
Model DD Form 214 or equivalent. Year(s) in which form(s) issued to vertran: This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's newt-of-kin, or other persons or organization, reason for separation and the 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, and dates of time lost. An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this bax: 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: . Other (Specify): . . . Puter (Specify): . . . Puter (Specify): . . . DECTION III - RETURN ADDRESS AND SIGNATURE I. and the MILLTARY SERVICE MEMBER OR VETERAN identified in Section II, bore. I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Authorization Letter or Power of Autorney) of Dueth. See item 2a on instruction sheel.) . . Relationship to deceased veteran) I and t								
I. REQUESTER NAME: Chris Maloney 2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. 1 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 cleationship to deceased veteran) I cleationship to the veteran veteran is cleation the section III is true and correct and that I authorized the requested information. (See items 2a or 3a o	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: Other (Specify): 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)							
I. REQUESTER NAME: Chris Maloney 2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. 3. Section I, above. 1 am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.) 1 am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.) 1 (Relationship to deceased veteran) 3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) Chris Maloney Name 74 Davis Ave Street Apt. Rye Ny City State Y 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. *	SECTION III DETHION ADDESS AND SIGNATURE							
Street Apt. Rye NY 10580 City State Zip Code * This form is available at http://www.archives.gov/veterans/military-service-records/standard-form-180.html State Zip Code Administration (NARA) web site. * Image: State 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 signature is required if the request if for archival records. Administration (NARA) web site. * Signature Required - Do not print 194-967-0372	1. REQUESTER NAME: <u>Chris Maloney</u> 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>(Relationship to deceased veteran)</i> 3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) Chris Maloney Name			 I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) OTHER American Legion Post 128, Rye, NY 10580 (Specify type of 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 				
	Street <u>Rye</u> City * This form is availa records/standard-fo	State ble at <i>http://www.archives.gov/veterans/milita</i> <i>rm-180.html</i> on the National Archives and Rec	10580 Zip Code ry-service- ords	authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request if for archival records.) Signature Required - Do not print Date				

chris@rapidsupplies.com

Email address