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.

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b. RESERVE			DATE	DATE		ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
c. STATE ANTIONAL GUARD 6. IS THIS FERSON DECEASED? NO YES SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED 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 it deceased veteran's next-of-kin, or oth persons or organizations, if authorized in Section II, blow. An UNDELETED DD1214 is ordinarily required to determine eligibility code, separation and dates of time lost. An UNDELETED copy. Indicat 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: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST be provided: DATE (month and year) for EACH admission MUST submit Proof other (Specify): College (Specify): College (Specify): College (Specify): College (Specify): College (Specify): College (Specif	a. ACTIVE	U.S. Army	12-Mar-1942	9-Oct-1945		\boxtimes	32226966	
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7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED I. CHECK THE ITEM(S) YOU ARE REQUESTING: IMAGE: Colspan="2">Model is which form(s) issued to verteran:	NATIONAL							
SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED I. CHECK THE ITEM(S) YOU ARE REQUESTING: DD Form 214 or equivalent, Year(s) in which form(s) issued to vertig military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or oth persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility code, separation, reason for separation, realistment eligibility code, separation, separation, reason for separation in this sector for separation and dates of time lost. An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: </td <td colspan="8">6. IS THIS PERSON DECEASED? INO YES - MUST provide Date of Death if veteran is deceased: <u>4/30/1990</u></td>	6. IS THIS PERSON DECEASED? INO YES - MUST provide Date of Death if veteran is deceased: <u>4/30/1990</u>							
I. CHECK THE ITEM(S) YOU ARE REQUESTING: DD Form 214 or equivalent, Year(s) in which form(s) issued to veteran:	7. DID THIS PERSON RETIRE FROM MILITARY SERVICE?							
Model: Section Sectind Section Section Section Section Section	SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED							
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.) □ 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 App. Rye NY Name 74 Davis Ave Street City State Zip Code	 DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran:							
2. □ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. 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 VETERAN'S LEGAL GUARDIAN (MUST submit copy of Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Authorization Stepsentative (MUST submit copy of Authorization Letter or Power of Attorney) I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Cher) 3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) Chris Malonev Name 74 Davis Ave Street Apt. Rye NY Street Apt. Rye NY City State State Zip Code	SECTION III - RETURN ADDRESS AND SIGNATURE							
* This form is evoluted of http://www.gashings.gov/hotogage/military samiles signature is required if the request if for archival records.)	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.) (Relationship to deceased veteran) 3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) Chris Maloney Name Apt. My 10580 City			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 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				
* This form is available at <i>http://www.archives.gov/veterans/military-service-</i> records/standard-form-180.html on the National Archives and Records Administration (NARA) web site. * Signature Required - Do not print Date 914-967-0372 Davtime phone Fax Number	records/standard-fo	rm-180.html on the National Archives and Rec	914-967-0372	Do not print Date				

chris@rapidsupplies.com

Email address