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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NTIONAL GUARD	b. RESERVE								
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SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED I.CHECK THE ITEM(S) YOU ARE REQUESTING: DD Form 214 or equivalent. Verify in which form(s) issued to vetrim:	6. IS THIS PERSON DECEASED? IN O YES - MUST provide Date of Death if veteran is deceased: 6-Jun-2002								
I. CHECK THE ITEM(s) YOU ARE REQUESTING: DD Form 214 or equivalent. Y car(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 UNDELETED DD214 is ordinarily required to determine 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: want a DELETED copy. Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inputient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided: 2. Other (Specify):	7. DID THIS PERSON RETIRE FROM MILITARY SERVICE?								
Motion DD Form 214 or equivalent. Year(s) in which form(s) issued to verterm: This form contains information normally needed to verify millipoin. 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 datas 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 (inputient) the FACILITY NAME and DADTE (month and year) for EACH admission MUST be provided: Dother (Specify):									
I. 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 2 a on instruction sheet.) □ I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2 a on instruction sheet.) □ 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) Of Death. See item 2 a on instruction sheet.) □ 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) Of Death. See item 2 a on instruction sheet.) □ 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) Of Death. See item 2 a on instruction sheet.) □ 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) Of Death. See item 2 a on instruction sheet.) □ I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorized presentative, (MUST submit copy of Authorized presentative, I declare to Power of Attorney) Of Her ■ I an the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Other) A. 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 i	 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 Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) 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 Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) 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 Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) 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 Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) I am the VETERAN'S NEXT-OF-KIN (MUST Submit Proof of Death Deate item 2a on instruction sheet.) 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) I am the VETERAN'S NEXT-OF-KIN (MUST Submit Proof of Deatematic Proof Post 128, Rye, NY 10580 I am the VETERAN'S LEGAL GUARDIAN (MUST submit Copy of Other) Annor Authorize	SECTION III - RETURN ADDRESS AND SIGNATURE								
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, 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. Yee NY Ny 10580 City State Yein 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. * Signature Required - Do not print Date 914-967-0372 Daytime phone Fax Number	 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.) 			Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney) OTHER American Legion Post 128, Rye, NY 10580					
Administration (NARA) web site. * Signature Required - Do not print Date 914-967-0372 Daytime phone Fax Number	(Please print or type. See item 4 on accompanying instructions.) Chris Malonev Name 74 Davis Ave Street Apt. Rye Other Street Apt. City State City State Viewww.archives.gov/veterans/military-service-records/standard-form-180.html				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				
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Email address