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 LOCATE RECORDS (Furnish as much as possible.) I. NAME USED DERING SERVICE (last, find, find aiddle) DENDERING SERVICE (last, find, find aiddle) DENDERING SERVICE (last, find, find aiddle) SERVICE, PAST AND PRINENT <i>For an effective records</i> earch is 1: important that (LL service the shown below) DENDERING SERVICE SERVICE NUMBER BRANCH OF SERVICE DENTERED OFFICER ENLISTED SERVICE NUMBER BRANCH OF SERVICE DENTERED OFFICER ENLISTED SERVICE NUMBER ACTIVE U.S. Army I3-Feb-1942 I2-Dec-1944 O O 1185225 BRESERVE DESENVE Desenve Desenve Desenve Desenve Desenve State Arman NATIONAL Desenve Desenve Desenve Desenve Desenve Desenve SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED I.CHECK THE ITEM(S) VOU ARE REQUESTING: Desenve Desenvetoring in which form(s) insolito for secords. Head in seconds i | 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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| Itertz, James Armstrong 15 Oct-1921 Canada 5. SERVICE, PAST AND PRESENT For an effective records survey, it is happeneter that JLL service he shown below. SERVICE, NUMBER 6. SERVICE DATURED PRICER ENLISTED OFFICER OFFICER ENLISTED OFFICER | SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.) | | | | | | | | |
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| BRANCH OF SLRVICE ENTERED RELEASED OFFICE ENTERED ((Transausen, write "unknowen") a. ACTIVE U.S. Army 13-Feb-1942 12-Dec-1944 □ 0 0-1185225 b. RESERVE □ □ □ □ □ 0 0-1185225 c. STATE NATIONAL □ □ □ □ □ □ 0 | 5. SERVICE, PAST AND PRESENT For an effective records search, it is important that ALL service be shown below.) | | | | | | | | |
| b. RESERVE | | BRANCH OF SERVICE | | | | OFFICER | ENLISTED | | |
| STATE NATIONAL GUARD STATE NATIONAL STATE STATE STATE NATIONAL STATE NATIONAL STATE STATE STATE NATIONAL STATE STATE NATIONAL STATE STATE NATIONAL STATE STATE | a. ACTIVE | U.S. Army | 13-Feb-1942 | 12-1 | Dec-1944 | X | | 0-1185225 | |
| 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: □ DJ Form 214 or equivalent. Yen(s) in which form(s) issued to vertram: □ □ request a DIL or Equivalent. Yen(s) in which form(s) issued to vertram: □ □ presons or organizations, if autorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility code, separation (BPD/SPN) code, and, for separation and takes of duta authority for separation and takes of time lost. △ <i>A UNDELETED capy 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 FACH admission HOST 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 faits more provided will in on way be used to make a decision to deny the request.) Exploring (Cryptic): □ 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 faits reply. Information provided will in on way be used to make a decision to deny the request.) Benefits (explain) Employment □ VA Loan Programs Medical | 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 veteran:::::::::::::::::::::::::::::::::::: | 6. IS THIS PERSON DECEASED? INO YES - MUST provide Date of Death if veteran is deceased: <u>12-Dec-1944</u> | | | | | | | | |
| I. CHECK THE ITEM(S) YOU ARE REQUESTING: D) Form 214 or equivalent, Year(s) in which form(s) issued to veteran: This form contains information normality mediated 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 ordinarity required to determine eligibility for benefits. If you request a DELETED copy, the following tiens will be blacked out authority for separation, reanistment 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: □ twant a DELETED copy. Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. In House Service Treatment Records, Health (outpatient) and Dental Records. I want a DELETED copy. 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.) I section 1, above. SECTION III - RETURN ADDRESS AND SIGNATURE I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointmenty or AUTHORIZED REPRESENTATIVE (MUST submit copy of Court Appointmenty or AUTHORIZED REPRESENTATIVE (MUST submit copy of Court Appointmenty or AUTHORIZED REPRESENTATIVE (MUST submit copy of Court Appointmenty or AUTHORIZED REPRESENTATIVE (MUST submit copy of Meridian Lefter or Power of Autorization Lefter or Power of Autorization Lefter or Power of Autorization Section 1 <td colspan="9">7. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE?</td> | 7. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE? | | | | | | | | |
| MD 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 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 to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other (SPDSTN) code, and, for separation and dates of time lost. M 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. <i>IF HOSPITALIZED (inpatient) the FACILITY NAME and DLTE</i> (nonth and year) for EACH admission MUST be provided: Image: Image: the 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. <i>IF HOSPITALIZED (inpatient) the FACILITY NAME and DLTE</i> (septian) EXPROSE: (Providing information novide will in no way be used to make a decision to deny the request.) Image: the sequence 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.) Image: Image: the MILTARY SERVICE MEMBER OR VETERAN addentified in Section III accords. Image: the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointement) or AUTHORIZED REPRESENTATIVE | SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED | | | | | | | | |
| 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) 0 Greath. 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) 0 Greath. See item 2 a on instruction sheet.) □ OTHER 0 (Please print or type. See item 4 on accompanying instructions.) 0 OTHER 0 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.) 10 Signature Required - Do not print Date 914-967-0372 11 Daytime phone Fax Number | 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) | | | | | | | | |
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| (Please print or type. See item 4 on accompanying instructions.) Chris Malonev Name 74 Davis Ave Street Apt. Rye Ny City State Zip Code * 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. * Stignature Required - Do not print 914-967-0372 Daytime phone | REQUESTER NAME: Chris Maloney 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) 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 NY 10580 City State Zip Code * This form is available at http://www.archives.gov/veterans/military-service- | | | | 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 | | | | |
| | | | | | 914-967-0372 | | | | |

Email address