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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NATIONAL GUARD	b. RESERVE							
2. DID THIS PERSON RETIRE FROM MILITARY SERVICE? □ N0 □ YES SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED 1. CHECK THE ITEM(S) YOU ARE REQUESTING: □ DD Form 214 or equivalent. Yean(s) in which form(s) issued to vetram:	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 UNDELETED DD214 is ordinarily required to determine eligibility code, separation (SPDSPN) 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 FACH admission MUST be provided: Coher (Specify):	7. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE?							
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DATE (month and year) for EACH admission MUST be provided:								
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.)								
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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) Explain here:								
Explain here: SECTION III - RETURN ADDRESS AND SIGNATURE I. REQUESTER NAME: Chris Maloney	result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)							
SECTION III - RETURN ADDRESS AND SIGNATURE I. REQUESTER NAME: Chris Maloney								
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 2 a on instruction sheet.) □ Required in the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2 a on instruction sheet.) □ Required in the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2 a 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 Apt. Ryce 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. *								
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. 1 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) 0 THER OTHER 3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) Chris Maloney Apt. Name Apt. 74 Davis Ave Apt. Street Apt. Rive 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. * Date 914-967-0372 Daytime phone Fax Number	SECTION III - RETURN ADDRESS AND SIGNATURE							
Section I, above. 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.) OTHER (Relationship to deceased veteran) (Relationship to deceased veteran) Section I, above. S. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) (Specify type of Other) Chris Maloney Apt. Name Apt. 74 Davis Ave Apt. Street Apt. Ryve 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 Apt. Administration (NARA) web site. * Signature Required - Do not print Date 914-967-0372 Daytime phone Fax Number	1. REQUESTER N	AME: Chris Maloney						
I am the DECEMBER VETTION FROM CONCUMENTS TO: (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 Otherse 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. *	Section I, above.			Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy				
American Legion Post 128, Rye, NY 10580 (Relationship to deceased veteran) (Specify type of Other) 3. SEND INFORMATION/DOCUMENTS TO: (Specify type of Other) (Please print or type. See item 4 on accompanying instructions.) 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.) Signature Required - Do not print Date 914-967-0372 Daytime phone Fax Number								
Relationship to deceased veteran) (Specify type of Other) 3. SEND INFORMATION/DOCUMENTS TO:	· · · · · · · · · · · · · · · · · · ·							
(Please print or type. See item 4 on accompanying instructions.) state state state under penalty of perjury under the laws of the United States of Name 74 Davis Ave Apt. Maerica that the information in this Section III is true and correct and Street Apt. Apt. Maerica that the information in this Section III is true and correct and 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 Stignature Required - Do not print Date Signature Required - Do not print Date 914-967-0372 Daytime phone Fax Number	(Relationship to deceased veteran)			(Specify type of Other)				
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Rye NY 10580 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 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 914-967-0372 Daytime phone								
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Daytime phone Fax Number				•			Date	
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Email address