## **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.

a. ACTIVE       U.S. Navy       14-Nov-1950       I-Sep-1953       Image: Control of the second	To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.								
MacHardy, Kenneth J       117-20-7459       SMay-1927       New York         S. SERVICE, PAST AND PRESENT for an effective records search, it is important that (L1 stroke he shown helow)       ERVICE	SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)								
BRANCH OF SERVICE         DATE DATE ENLISTED         PATE RALLASED         OFFICER         ENLISTED         SERVICE NUMBLER (fruinknown, write"unknown           a. ACTIVE         U.S. Navy         14-Non-1950         1-Sep-1953         Image: Service 1 mainter unknown         unknown           b. RESERVE         Image: Service 1 mainter unknown           c. STATE NATION M.         Image: Service 1 mainter unknown           c. STATE NATION M.         Image: Service 1 mainter unknown           C. DDTHIN FRESON RECEASED?         Image: Service 1 mainter unknown         Image: Service 1 mainter unknown <td colspan="2"></td> <td colspan="2"></td> <td></td> <td colspan="2"></td> <td></td>									
BRANCH OF SERVICE         DATE DATE ENLISTED         PATE RALLASED         OFFICER         ENLISTED         SERVICE NUMBLER (fruinknown, write"unknown           a. ACTIVE         U.S. Navy         14-Non-1950         1-Sep-1953         Image: Service 1 mainter unknown         unknown           b. RESERVE         Image: Service 1 mainter unknown           c. STATE NATION M.         Image: Service 1 mainter unknown           c. STATE NATION M.         Image: Service 1 mainter unknown           C. DDTHIN FRESON RECEASED?         Image: Service 1 mainter unknown         Image: Service 1 mainter unknown <td colspan="9">5. SERVICE, PAST AND PRESENT For an effective records search, it is important that ALL service be shown below.)</td>	5. SERVICE, PAST AND PRESENT For an effective records search, it is important that ALL service be shown below.)								
b. RESERVE			DATE		DATE		ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
e. STATF NATIONAL GUARD   c. STATF NATIONAL GUARD   c. STATF NATIONAL GUARD   c. IS THIS PERSON DECEASED?   NO   SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED   1. CHECK THE HTEM(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. A UNDELETED DD214 is ordinarily required to determine eligibility for henefits. If you request a DELETED copy, the following items will be blacked out; authority for separation, reanol for separation, recalistment eligibility code, separation (SPD/SPN) code, and, for separations after 1000 D1214 is ordinarily required to determine eligibility for henefits. If you request a DELETED copy, the following items will be blacked out; authority for separation, reason for separation, recalistment eligibility code, separation (SPD/SPN) code, and, for separations after 1000 D1214 is ordinarily required to deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, eleva. A UNDELETED COPY by checking this hos:   I medical Records Includes Service Treatment Records, Health (suppatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for ELCH administon MUST be provided:   2. PURPOSE: (Providing information about the purpose of the request is strictly volantary; however, it may help to provide the hest possible response and may result in a faster reply. Information provided Will more weat to deay the request.)   Benefits (explain) Employment   2. PURPOSE: (Providing information about the purpose of the request is strictly vo	a. ACTIVE	U.S. Navy	14-Nov-1950	1	-Sep-1953		$\mathbf{X}$	unknown	
NATIONAL GUARD         4. IS THIS PERSON DECEASEP?       NO       YES         SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED         1. CHECK THE ITEM(S) YOU ARE REQUESTING:       NO       YES         SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED       I. CHECK THE ITEM(S) YOU ARE REQUESTING:       NO       YES         I. CHECK THE ITEM(S) YOU ARE REQUESTING:       NO       YES         I. CHECK THE ITEM(S) YOU ARE REQUESTING:       NO       YES         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, resparations after store internine edigibility core baselins. If you request a DELETED copy, the following insms will be blacked out: authority for separation, after separation after separation after separations after separations after separations after laws. All NOVELETED DO OP by checking this bas:       I want a DELETED copy.         Medical Records Includes Service Treatment Records, Includes and DATE (month and year) for EACH admission MUST be provided:       I want a DELETED copy will be sent on the second III or the year of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. 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	b. RESERVE								
7. DID THIS PERSON RETIRE FROM MILITARY SERVICE?       □ N0 □ YES         SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED         I. CHECK THE HTEM(S) YOU ARK 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; indubrized in Section III, below. An UNDELETED DD2114 sortiant, reason for separation, realistment eligibility of codes (file). An UNDELETED copy, where the sequent is and the section 12, organized in and base of the request is strictly voluntary; however, it may help to provide the best possible response and may DATE (month and year) for EACH admission MUST be provided:         □ Other (Specify);       2. URPROSE; (Providing information noval way be used to make a decision to deny the request.)       □ Other (specify);         2. PURPOSE; (Providing information provided Will in to way be used to make a decision to deny the request.)       □ Other (explain)         Exection 11. RETURN ADDRESS AND SIGNATURE       I am the MILITARY SERVICE MIMBER OR VETERAN identified in Section 11, show.       □ I am the WETERAN'S LEGAL GUARDIAN (MUST submit copy of Com Appointment) or AUHORIZED REPRESENTATIVE (MUST submit copy of Com Appointment) or AUHORIZED REPRESENTATIVE (MUST submit copy of Com Appointment) or AUHORIZED REPRESENTATIVE (MUST submit copy of Com Appointment) or AUHORIZED REPRESENTATIVE (MUST submit copy of Com Appointment) or AUHORIZED REPRESENTATIVE (MUST submit copy of Com Appointment) or AUHORIZED REPRESENTATIVE (MUST submit copy of Com Appointment) or AUHORIZED REP	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:         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 DD114 is ordinarily required to determine eligibility for benefits. If your request a BUELTED copy, with for separation and dates of time to its section II, below. An UNDELETED DOTP by checking this baz:       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 by the checking this baz:       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.         Other (Specify):       2.       PURPOSE; (Providing information provided will in to way be used to make a decision to deny the request.)       Benefits (explain)       Employment III v RETURN ADDRESS AND SIGNATURE         I are the MILTARY SERVICE MEMBER OR VETERAN identified in Section 111 a. above:       I are the VETERAN'S IEGAL CUARDIAN (MUST submit copy of Course of Authorization Status as of the request of pe	6. IS THIS PERSON DECEASED? IN O YES - MUST provide Date of Death if veteran is deceased: 15-Oct-1996								
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 for benefits. If you request a DELETED copy, the following items will be backed out authority for separation, reasing reastion, realistment 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 (outpatinel) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:         Corter (Specify):	7. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE?								
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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.)         □ 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         Apt.         Rye       Ny         City       State         Y       Top State         Zip Code       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. *       *	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)								
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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. *    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. )	1. REQUESTER NAME: <u>Chris Maloney</u> 1 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	(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-records/standard-form-180.html on the National Archives and Records				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