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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Mazzeo, Ralph A. 080-07-1146 3-May-19/4 New York 5. SERVICE, PAST AND PRESENT For an effective records accords, it is apportant that ALL survice for shown below.] SERVICE, PAST AND PRESENT For an effective records accords, it is apportant that ALL survice for shown below.] SERVICE, PAST AND PRESENT For an effective records accords, it is apportant that ALL survice for shown below.] SERVICE, PAST AND PRESENT For an effective records accords, it is apportant that ALL survice for shown below.] a. ACTIVE U.S. Army 3-May-1935 Image: SERVICE NUMBER (function on the second structure) accords accords.] SERVICE NUMBER (function on the second structure) accords accords.] SERVICE NUMBER (function on the second structure) accords accords.] b. RESERVE Image: SERVICE NUMBER (function on the second structure) accords accords accords.] SERVICE NUMBER (function on the second structure) accords acco	SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)							
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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: □ DD Forn 214 or equivalent. Year(s) in which form(s) issued to vetram:	NATIONAL							
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 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 UNDFLETED DD214 is ordinarily required to determine eligibility cole, separation (SPDSPN) cole, and, for separation, the blow issued dott authority for separation, reason for separation. Tealisment eligibility cole, separation (SPDSPN) cole, and, for separation. SECS JOV SPECPT / A DLETED COPY by checking this bay: I want a DELETED copy. M UNDELETED op ult be set UVLESS VO SPECPT / A DLETED COPY by checking this bay: I want a DELETED copy. Medical Records Includes Service Treatment Records, Health (outpraient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided: Other (Specify):	6. IS THIS PERSON DECEASED? INO YES - MUST provide Date of Death if veteran is deceased: 15-Feb-1991							
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 (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. Wedical 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 verterma: This form contains information normally needed to verify mility 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 DD14 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:] want a DELETED copy. Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inputient) the FACILITY NAME and DATE (separation and datas) 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 n no way be used to make a decision to deny the request.] 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 n 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: SECTION III - RETURN ADDRESS AND SIGNATURE 1. and the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Decessed veteran) I and the DUCTR (MUST submit copy of Court Appointment) or ATHONIZED REPRESENTATIVE (MUST submit copy of Court Appointment) or ATHONIZED REPRESENTATIVE (MUST submit copy of Gourt Appointene								
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) Ø TDEATH. 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) Ø TDEATH. 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) Ø TDEATH. 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 Context and the Section III is true and correct and that I authorize the release of the network of Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized representative, only limited information can be released unless the request is archival. No signature is required if the request if for archival records.) Rve NY 10580 City State Zip Code * This form is available at http://www.archives.gow/veterans/military-service-records/standard-form-180.html on the National Archiv	1. CHECK THE ITEM(S) YOU ARE REQUESTING: 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. 2. □ 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) 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. Rye NY O The R 3 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 (NARA) web site. * Y Not the National Archives and Records Administration (NARA) web site. *	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.) Street Apt. Rye NY City State Y 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. * 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	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 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			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				
				914-967-0372 Daytime phone	Fax Number			

Email address