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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b. RESERVE		BRANCH OF SERVICE		F		OFFICER	ENLISTED		
c. STATE NITONAL GUARD a. R. THIS PERSON DECEASED? NO S. STATE NO YES SECTION II - INFORMATION ADJOR DOCUMENTS REQUESTED 1. CHECK THE ITEM(S) YOU ARE REQUESTING: Image: Section of the information normally needed to vertran: This form contains information normally needed to vertran: In GENERATION II INFORMATION ADJOR DOCUMENTS REQUESTED 1. CHECK THE ITEM(S) YOU ARE REQUESTING: Image: Section of the information normally needed to vertran: This form contains information normally needed to vertran: This form contains information normally needed to vertran: In the December of the information normally needed to vertran: Image: Section of the information normally needed to vertran: A UNDELETED copy will be sent UNDELETED DOPY by checking this box: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normality needed to vertran: Image: Section of the information normation normation normality needed to vertran: Image: Section of the info	a. ACTIVE	U.S. Army	14-Jan-1943	22	2-Jan-1946		\mathbf{X}	unknown	
NATIONAL GUARD	b. RESERVE								
7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? □ N0 □ YES SECTION 11 - INFORMATION AND/OR DOCUMENTS REQUESTED 1. CHECK THE ITEM(S) YOU ARE REQUESTING: □ DD Form 214 or equivated. Year(s) 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, realisting information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other request a DELETED copy, the following items will be blacked out authority for separation and taxes of time lost.	NATIONAL								
SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED I.CHECK THE ITEM(S) YOU ARE REQUESTING: DD Form 214 or equivalent. Ver(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>18-May-1988</u>								
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 UNDELFTED DD214 is ordinarity required to determine eligibility for benefits. If you request a DELFTED 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 Denial Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:	7. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE?								
More and the sequence of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster rept. Information provided will in no way be used to make a decision to deny fine request.) Image: the	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 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) Of Death. See item 2a on instruction sheet.) ○ GAuthorization Letter or Power of Attorney) Of Death. See item 2a on instruction sheet.) ○ OTHER Age: ○ Chris Maloney Name ○ Chris Maloney Name ○ Apt. 74 Davis Ave ○ Apt. Street Apt. Rve 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. * Administration (NARA) web site. * ○ Date Signature Required - Do not print Date 914-967-0372 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 Maloney Name 74 Davis Ave Street Apt. Rye Apt. Origon (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 Maloney Name 74 Davis Ave Street Apt. Rye NY 10580 City State Zip Code			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