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 I - INFORMATIO	N NEEDED TO LO	OCATE RECORDS	S (Furnish :	as much as	possible.)
1. NAME USED DURING SERVICE (last, first, full middle) Treat, Robert S.		2. SOCIAL SECURITY # 128-14-4979			4. PLACE OF BIRTH New York
T AND PRESENT For an effective reco	rds search, it is importan	t that ALL service be sho	wn below.)		
BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
U.S. Marine Corps				\boxtimes	972675
		_	6-Jun-2008	•	
	_	_	IMA DRAM	namen	
		ND/OR DOCUMEN	NTS REQU	ESTED	
ELETED copy, the following items will code, and, for separations after June 30, ETED copy will be sent UNLESS YOU cords Includes Service Treatment Recoth and year) for EACH admission MUS cify): reviding information about the purpose eply. Information provided will in no was plain) Employment VA Loan	be blacked out: authorit 1979, character of sepa VSPECIFY A DELETE rds, Health (outpatient) T be provided: of the request is strictly y be used to make a dec Programs Medical	ry for separation, reason ration and dates of time ED COPY by checking a and Dental Records. IF voluntary; however, it ision to deny the reques	for separation e lost. this box: FHOSPITALI may help to pst.)	I want a DE	LETED copy. ent) the FACILITY NAME and est possible response and may
	N III - RETURN A	DDRESS AND SIG	GNATURE		
MILITARY SERVICE MEMBER OR VET above. DECEASED VETERAN'S NEXT-OF-KIN See item 2a on instruction sheet.)		Appointment of Authorizate OTHER	or AUTHOR tion Letter or I Post 128, Rye	IZED REPRE Power of Attor 2, NY 10580	SENTATIVE (<i>MUST submit copy</i> ney)
IATION/DOCUMENTS TO: e. See item 4 on accompanying instruction NY State	Apt. 10580 Zip Code	America that the info that I authorize the re 3a on accompanying in of the veteran, next-of- authorized government limited information can	N SIGNATUP of perjury und ormation in the elease of the re- nstruction sheet kin of deceased t agent, or other n be released u	RE: I declare ler the laws or is Section III equested info t. Without the d veteran, vete er authorized i unless the requ	(or certify, verify, or f the United States of is true and correct and rmation. (See items 2a or Authorization Signature eran's legal guardian, representative, only lest is archival. No
	SECTION I - INFORMATIO DURING SERVICE (last, first, full middle T AND PRESENT For an effective reco. BRANCH OF SERVICE U.S. Marine Corps U.S. Marine Corps SECTION II - IN ITEM(S) YOU ARE REQUESTING: 14 or equivalent. Year(s) in which formontains information normally needed to organizations, if authorized in Section III editered to companizations, if authorized in Section III editered copy, the following items will code, and, for separations after June 30, ETED copy will be sent UNLESS YOU excords Includes Service Treatment Reco th and year) for EACH admission MUS excity): Evolding information about the purpose of the pur	SECTION I - INFORMATION NEEDED TO LO DURING SERVICE (last, first, full middle) 2. SOCIAL SEC 128-14-4979 TAND PRESENT For an effective records search, it is important BRANCH OF SERVICE DATE ENTERED U.S. Marine Corps U.S. Marine Corps SECTION II - INFORMATION AN ITEM(S) YOU ARE REQUESTING: 14 or equivalent. Year(s) in which form(s) issued to veteran: organizations, if authorized in Section III, below. An UNDELE: ELETED copy, the following items will be blacked out: authorite code, and, for separations after June 30, 1979, character of sepa interest of the cords includes service Treatment Records, Health (outpatient) the and year) for EACH admission MUST be provided: Eify): Froviding information about the purpose of the request is strictly poly. Information provided will in no way be used to make a decolain) Employment VA Loan Programs Medical SECTION III - RETURN A NAME: Chris Maloney III. TARY SERVICE MEMBER OR VETERAN identified in above. (Relationship to deceased veteran) IATION/DOCUMENTS TO: e. See item 2 on instruction sheet.) Apt. NY 10580	SECTION I - INFORMATION NEEDED TO LOCATE RECORDS DURING SERVICE (last, first, full middle) 2. SOCIAL SECURITY # 128-14-4979 TAND PRESENT For an effective records search, it is important that ALL service be sho BRANCH OF SERVICE DATE ENTERED RELEASED U.S. Marine Corps U.S. Marine Corps U.S. Marine Corps DON DECEASED? NO YES - MUST provide Date of Death if veteran is deceased: SON RETIRE FROM MILITARY SERVICE? SECTION II - INFORMATION AND/OR DOCUMENT ITEM(S) YOU ARE REQUESTING: 14 or equivalent. Year(s) in which form(s) issued to veteran: ontains information normally needed to verify military service. A copy may be sent to traganizations, if authorized in Section III, below. An UNDELETED DD214 is ordinar selection of a contractor of separation, reason code, and, for separations after June 30, 1979, character of separation and dates of time. ELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking, reords Includes Service Treatment Records, Health (outpatient) and Dental Records. If the and year) for EACH admission MUST be provided: Eiffy): TOTAL TRANSITION OF ACH admission MUST be provided: SECTION III - RETURN ADDRESS AND SIGNAME: CHAME: Chris Maloney III.TTARY SERVICE MEMBER OR VETERAN identified in above. SECTION III - RETURN ADDRESS AND SIGNAME: CHECKASED VETERAN'S NEXT-OF-KIN (MUST submit Proof See item 2 on instruction sheet.) Apt. (Relationship to deceased veteran) IATION/DOCUMENTS TO: E. See item 4 on accompanying instructions.) State Zip Code State Zip Code	SECTION 1 - INFORMATION NEEDED TO LOCATE RECORDS (Furnish EURING SERVICE (last, first, full middle) 1. 2. SOCIAL SECURITY #	TAND PRESENT For an effective records search, it is important that ALL service be shown below.) BRANCH OF SERVICE U.S. Marine Corps U.S. Marine Corps U.S. Marine Corps DATE ENTERED RELEASED OFFICER ENLISTED DATE ENTERED U.S. Marine Corps U.S. Marine Corps DO DECEASED? NO YES - MUST provide Date of Death if veteran is deceased: 6-Jun-2008 SON RETIRE FROM MILITARY SERVICE? NO YES SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED ITIEM(S) YOU ARE REQUESTING: 14 or equivalent. Year(s) in which form(s) issued to veteran: ontains information normally needed to verify military service. A copy may be sent to the veteran, the deceased verganizations, if authorized in Section III, below. An UNDELTED DD214 is ordinarily required to determine ELETED copy, the following items will be blacked out: authority for separation, reason for separation, realistmer code, and, for separations and tests of time lost. ETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DE cords Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatit th and year) for EACH admission MUST be provided: ESTIP: OVIDENTIAL SERVICE MEMBER OR VETERAN identified in above. SECTION III - RETURN ADDRESS AND SIGNATURE VAME: Chris Maloney IILITARY SERVICE MEMBER OR VETERAN identified in above. SECTION III - RETURN ADDRESS AND SIGNATURE VAME: Chris Maloney IILITARY SERVICE MEMBER OR VETERAN identified in above. Apt. Apt. NY 10580 State Zip Code State Jip Code III in the VETERAN'S LEGAL GUANDI Appointment) or AUTHORIZED REPRESORATION of Developed veteran, veteration the information in this Section III that I authorize the release of the requested info 3a on accompanying instructions sheet. Without seather authorized by correction of deceased veteran, veteration and provided veteran, veteration and provided veteran, or or and authorized sort on other authorited sort on the authorited of the laws of the veteran, next-of-kin of deceased veteran, veteration and