

**REQUEST PERTAINING TO MILITARY RECORDS**

PLEASE PRINT

VETERAN'S NAME: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SEX: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

APPLICANTS MAILING ADDRESS: \_\_\_\_\_

APPLICANTS PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO VETERAN: \_\_\_\_\_

PURPOSE FOR OBTAINING RECORD: \_\_\_\_\_

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.

\_\_\_\_\_  
SIGNATURE REQUIRED- DO NOT PRINT \_\_\_\_\_ DATE \_\_\_\_\_

=====  
<<<<FOR OFFICE USE ONLY>>>>

VOLUME: \_\_\_\_\_ PAGE: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

NUMBER OF COPIES ISSUED: \_\_\_\_\_

DEPUTY CLERK SIGNATURE \_\_\_\_\_