Standard Form 180 (Rev. 09/08) (Page 1) Authorized for local reproduction

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| 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/evetrecs/> \* |
| ***(****To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.****)***  |
| **SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)** |
| **1**. NAME USED DURING SERVICE (last, first, and middle) | **2.** SOCIAL SECURITY NO. | **3.** DATE OF BIRTH | **4.** PLACE OF BIRTH |
|  |  |  |  |
| **5.** SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.) |
|  | BRANCH OF SERVICE | DATE ENTERED | DATE RELEASED | OFFICER | ENLISTED | SERVICE NUMBER(If unknown, write “unknown”) |
| **a. ACTIVE****COMPONENT** |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **b. RESERVE****COMPONENT** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **c. NATIONAL**GUARD |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 6. IS THIS PERSON DECEASED? If “YES” enter the date of death.  |  7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? |
|  [ ]  NO [ ]  YES  |  |  |  [ ]  NO [ ]  YES |
|  |  |
| **SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED** |
| **1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:** |
| [ ]  | **DD Form 214 or equivalent.** 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. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy**. When was the DD Form(s) 214 issued? YEAR(S):  |
|  | **[ ]  UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.  |
|  |  [ ]  **DELETED:** The following items are deleted: 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. |
| **[ ]**  | **All Documents in Official Military Personnel File (OMPF)**  |
| **[ ]**  | **Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission **must** be provided:  |
| [ ]  | **Other** (Specify): |  |
| **2. PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information 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.) Check appropriate box: |
|  [ ]  Benefits  | [ ]  Employment | [ ]  VA Loan Programs | [ ]  Medical | [ ]  Medals/Awards | [ ]  Genealogy  | [ ]  Correction | [ ]  Personal  |
|  [ ]  Other, explain: |  |
|  |
| SECTION III - RETURN ADDRESS AND SIGNATURE |
| **1. REQUESTER IS: (***Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or ”other” authorized representative. If “other” authorized representative, provide copy of authorization letter.)*  |
|  [ ]  Military service member or veteran identified in Section I, above |  [ ]  Legal guardian (Must submit copy of court appointment.) |
|  [ ]  Next of kin of deceased veteran  | **(Must provide proof of death)**. |  |  [ ]  Other (specify) |  |
|  ***Show relationship:***  |  |  |  |
| (See item 2a on accompanying instructions.) | **3. AUTHORIZATION SIGNATURE REQUIRED** *(See items 2a or 3a on accompanying instructions.)* 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.  |
| **2. SEND INFORMATION/DOCUMENTS TO:***(Please print or type. See item 4 on accompanying instructions.)* |
|  |  |  |
| Name |  | **Signature Required** - Do not print |
|  |  |  | ( ) |
| Street Apt. |  | Date of this request Daytime phone |
|  |  |  |
| City State Zip Code |  | Email address |

\*This form is available at *http://www.archives.gov/research/order/standard-form-180.pdf* on the National Archives and Records Administration (NARA) web site.\*