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** | |  | | | | | | | |  | | | |  | | | | |  | | | |  | | |  | |
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| **b. RESERVE**  **COMPONENT** | |  | | | | | | | |  | | | |  | | | | |  | | | |  | | |  | |
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| **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: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.\*