

QUESTIONNAIRE ABOUT MILITARY SERVICE

1. WHY WE ARE SENDING YOU THIS FORM: We are unable to locate a record with the information provided in your original inquiry **OR** the record needed to answer your inquiry was lost in the July 1973 fire that destroyed millions of records at the National Personnel Records Center. The records stored in the area which suffered the most damage in the fire were those of Army veterans discharged or deceased between November 1, 1912, and December 31, 1959, **AND** Air Force veterans discharged, deceased, or retired before January 1, 1964, whose names come alphabetically after Hubbard, James E.

The information you provide on page 2 of this form may help locate the record, if it is available; or, if the record is not available, it may enable the Center to make use of various alternate sources to reconstruct some of the basic service record data. Please note that if the *only* document you need is the Report of Separation (DD Form 214, WDAGO Form 53-55, etc.), it may be available from a former employer or from the recorder's office of the city or county where the veteran lived just after separation/discharge.

2. WHAT YOU NEED TO DO:

- Fill out page 2 of this form (NA Form 13075) as completely as possible, as well as any other form(s) you may have received with this one, such as Standard Form (SF) 180 and NA Form 13055;
- Attach copies of any papers you have that relate to the requested military service, such as military orders, award citations, and military addresses as shown on letters mailed home; and
- Send the above item(s) to the National Personnel Records Center at the address shown below or fax to (314) 801-9195. If we do not receive this information from you within 30 days, your request will be closed without further reply.

3. FEE FOR ARCHIVAL RECORDS: A fee is often required for copies of documents from an archival record. An archival record is one that was transferred to the legal custody of the National Archives and Records Administration (NARA) 62 years after the subject of the record was discharged or retired, or died in service. Archival records are open to the public. Access to archival records does not require written authorization from the veteran or next-of-kin. You will be notified if there is a charge associated with information from the record you are requesting.

4. MEDALS INFORMATION: Are you requesting military service medals only? If so, do you have a copy of the Report of Separation (DD Form 214, WDAGO Form 53-55, etc.) and other military papers that show which medals were earned? If you send such information about medals, you do not need to fill out this NA Form 13075; however, you must return page 2 (with the barcode) so that we can locate your original request. Finally, if possible, please send a list of the names and locations of all military units or "outfits" to which the veteran was assigned, including dates, while on active duty. This may help determine eligibility for "unit" awards.

Special provisions when a record is archival: Only requests from veterans for replacements of awards will be processed without a fee. All other requesters will be given the opportunity to purchase copies of available archival records in the custody of the National Archives and Records Administration (NARA). We will not verify entitlement to medals, provide specific documents, or extract awards information for anyone other than the veteran when the record is archival.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e) (3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the National Personnel Records Center may not have all of the information needed to locate the record(s) sought. The purpose of the information on this form is to assist the National Personnel Records Center in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may be disclosed to the Department of Defense components or the Department of Homeland Security (DHS, U.S. Coast Guard), if the National Personnel Records Center transfers all or part of those records to such agency. If the service member was a member of the National Guard, the form may be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served. The form may also be disclosed when the military service member or, in the case of a deceased service member, the military service department, authorizes a specific individual or organization to have access to the military service record.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. The information requested on this form is being collected and used by the National Personnel Records Center to identify and locate military service records that could not be identified and located in response to the original inquiry. Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS BELOW.**

Date

Prepared by
AFN-M_____

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
1 Archives Drive
St. Louis, MO 63138-1002

QUESTIONNAIRE ABOUT MILITARY SERVICE

Please complete this form to the best of your ability.

Name(s) used during service (and nicknames, if any): Last First Middle			Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard
--	--	--	---

Veteran's Social Security Number: _____	Date of Birth: _____	City and State (Country) of Birth: _____
--	-----------------------------	---

Served as: <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted If enlisted: <input type="checkbox"/> volunteered <input type="checkbox"/> drafted	Serial/Service number(s): _____	Home Address: When entered service: _____ <div style="text-align: right; margin-right: 100px;">Street</div> _____ <div style="display: flex; justify-content: space-between; margin-right: 100px;"> City County State </div> When released from active duty: _____ <div style="display: flex; justify-content: space-between; margin-right: 100px;"> City County State </div>
Was service six months active duty for training only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Rank: _____	

Selective Service: _____

Local Board Number
City
State
Veteran's Selective Service Number

Names of close relatives when military service began (parents, siblings, spouse, children): _____

Place of Enlistment or Induction (where veteran took oath of service, such as examining station, reception center, or place of basic training.) Show name of military facility, city, state: _____	Month/Day/Year began active duty: _____
---	--

Place of basic training and month/day/year began (if different from place and date shown on line above): _____

Unit at time of Entry (the unit assigned to at time of entry into service): _____	Type of military assignment (infantry, airborne, engineer, bombers, fighters, supply, maintenance, food service, etc.): _____
--	--

Last military organization and location (show full unit designations, such as army, division, regiment, battalion, company): _____

Separation Station (if this service member was released at a separation station after leaving the last "permanent" organization or "unit", include location of separation station): _____	Date Released from Active Duty (Month/Day/Year): _____
--	---

Month/Day/Year of any reenlistment(s) (include full designation and location of unit to which assigned at that time): _____	Date of Death (if veteran is deceased): _____
--	--

Did the veteran ever:

a. File a claim for VA benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show VA Claim Number: _____
b. Serve in the Reserves after release from active duty period shown above?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/yr from _____ to _____
c. Receive a state bonus for military service?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show state _____ mo/yr paid _____
d. Serve in the National Guard?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show state _____ <input type="checkbox"/> Army <input type="checkbox"/> Air show mo/day/yr from _____ to _____
e. Retire from any military service branch?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/yr retired _____
f. Spend time on the Temporary Disability Retired List (TDRL)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/day/yr from _____ to _____
g. Serve active duty in any other military service branch in later years?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show branch of service _____ show mo/day/yr from _____ to _____
h. Work for the Federal Government as a civilian?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	If yes, show agency name _____ show city/state _____ show mo/day/yr from _____ to _____

Purpose: (Optional – An explanation of the purpose of this request is strictly voluntary.) _____	Relationship to veteran in question: _____
---	---

SIGNATURE:

**TODAY'S
DATE:**

**DAYTIME
PHONE NUMBER: ()**