OMB Control No. 3095-0071

Expiration Date: 09-30-2021

SELECTIVE SERVICE SYSTEM RECORDS REQUEST Year of Birth Prior to 1960

Provide the following information and mail this form with any attachments to:

National Archives & Records Administration National Archives – Saint Louis P.O. Box 38757 Saint Louis, MO 63138-0757

DO NOT PROVIDE CREDIT CARD INFORMATION; IF RECORDS ARE FOUND, YOU WILL RECEIVE A REQUEST FOR PAYMENT

A. REGISTRANT INFORMATION	(PLEASE PRINT)			
Name:				
Last		First		le
Selective Service Number (if k	nown):			
Date of Birth (MM/DD/YYYY):				
Home Address at Time of Reg	istration:			
		Stree	t Address	
City				
Place of Registration (if know	n)·		•	
riace of neglociation (il know			t Address	
City				State
B. RECORD REQUESTED	Registration Card			
Please check one block	Classification Ledger			
	Registration Card ANI	O Classification Led	ger	
C. REQUEST PURPOSE				
D. CONTACT INFORMATION (PL	EASE PRINT)			
Name:		Telephone Number:		
Email Address:		Street Address:		
City:		State:	Zip Code:	
E. REQUESTER SIGNATURE				

EQUESTER SIGNATURE

(Only if the Requester is the Registrant)

PRIVACY ACT AND PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENTS

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