OMB Control No. 3095-0071

Expiration Date: 09-30-20XX

## 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

Name:		<b></b>			
Last		First	Middle	Middle	
Selective Service Number (if kn	own):				
Date of Birth (MM/DD/YYYY):					
Home Address at Time of Regis	tration:				
		Street Address			
City		County		State	
Place of Registration (if known	):				
		Street Address			
City		County		State	
RECORD REQUESTED	<b>Registration Card</b>				
Please check one block	Classification Ledger				
	Registration Card AND	O Classification Ledger			
REQUEST PURPOSE					
CONTACT INFORMATION (PLE	ASE PRINT)				
Name:		Telephone Number:		-	
Email Address:		Street Address:			
City:		State: Zip Co	de:		

## **E. REQUESTER SIGNATURE**

(Only if the Requester is the Registrant)

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