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

A. REGISTRANT INFORMATION (PLEASE PRINT)

Name: _____ _____ _____
Last **First** **Middle**

Selective Service Number (if known): _____

Date of Birth (MM/DD/YYYY): _____

Home Address at Time of Registration: _____
Street Address

_____ _____ _____
City **County** **State**

Place of Registration (if known): _____
Street Address

_____ _____ _____
City **County** **State**

B. RECORD REQUESTED
Please check one block

- ◯ **Registration Card**
- ◯ **Classification Ledger**
- ◯ **Registration Card AND Classification Ledger**

C. REQUEST PURPOSE

D. CONTACT INFORMATION (PLEASE PRINT)

Name: _____ **Telephone Number:** _____

Email Address: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

E. REQUESTER SIGNATURE
(Only if the Requester is the Registrant)

PRIVACY ACT AND PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENTS

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