

# Online service records requests

Using this tool you can make a new request for a Veteran's records or check the status of existing request.



Do you want to check the status of previous request, or make a new request?

Check status of existing request

Make a new request

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## 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 collection of information. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because NPRC may not have all of the information needed to locate the veteran's record. The purpose of the information collected is to assist NPRC in locating the correct military service record(s) or information to answer your inquiry. The information collected will serve as a record of disclosure. The information collected may also be disclosed to the Department of Defense components, The Department of Veterans Affairs, the Department of Homeland Security (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or parts of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

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## Privacy Act of 1974 Compliance Information



## Paperwork Reduction Act Public Burden Statement

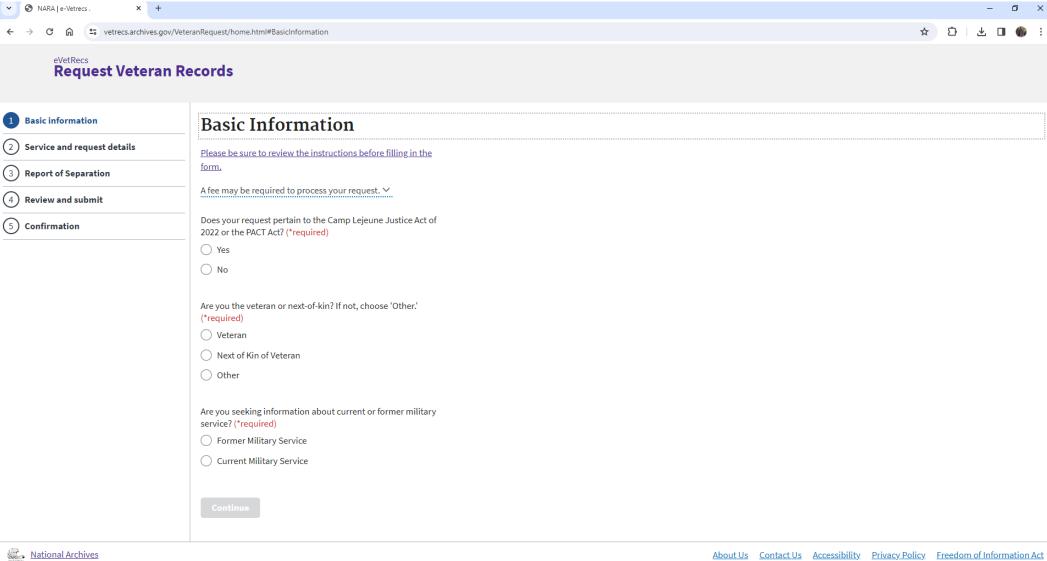
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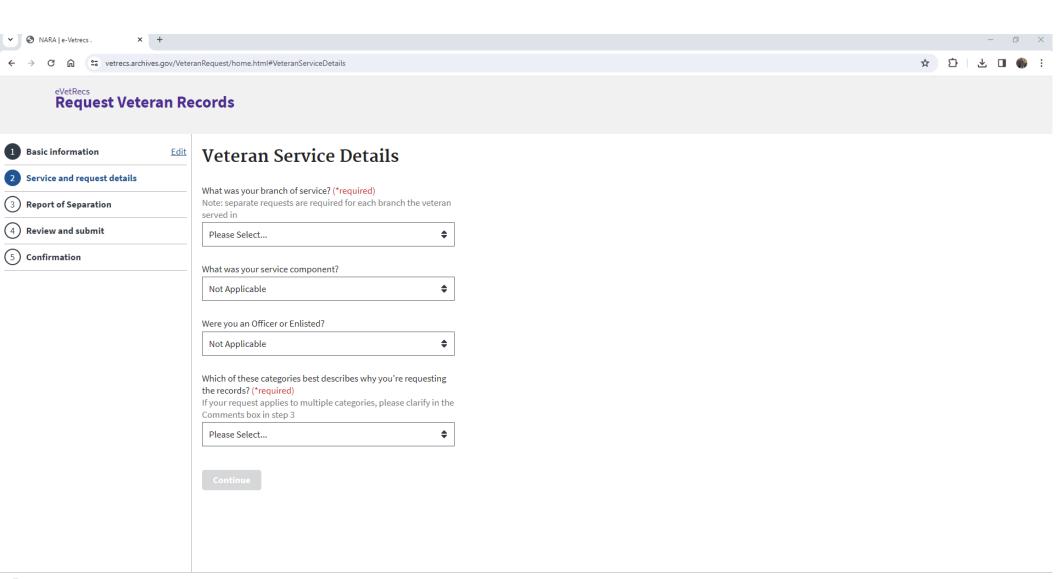
A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. The OMB Control No. for this information collection is 3095-0029 and the current expiration date is 04/30/2024. Public burden for this collection of information is estimated to be five minutes, 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.

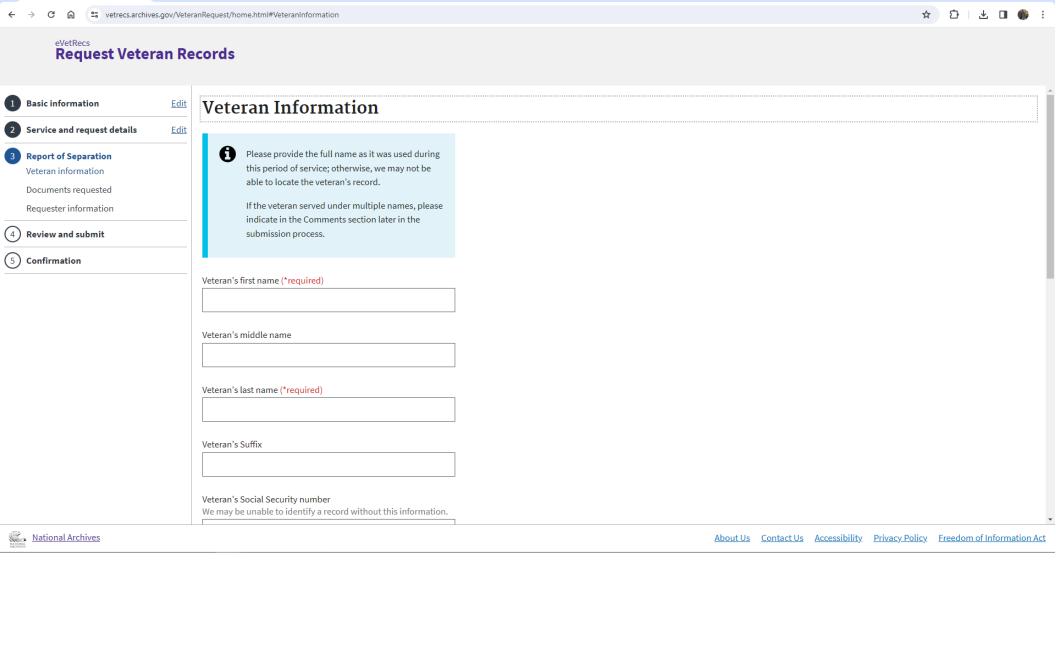
Do you want to check the status of previous request, or make a new request?

**Check status of existing request** 

Make a new request







✓ S NARA | e-Vetrecs.

# eVetRecs Request Veteran Records

Basic information	<u>Edit</u>	Veteran's Social Security number We may be unable to identify a record without this information.
Service and request details	Edit	
Report of Separation Veteran information Documents requested Requester information  Review and submit		Veteran's date of birth  We may be unable to identify a record without this information.  Include just the year if full date is unknown, otherwise - leave blank.  Month Day Year
Confirmation		Veteran's place of birth
		Please provide city and state/province  Service (or serial) number Service numbers are 4 to 9 digits and only for service before 1971.  Date the veteran entered the service
		We may be unable to identify a record without this information. Include just the year if full date is unknown, otherwise - leave blank.  Month Year
		Date the veteran left the service



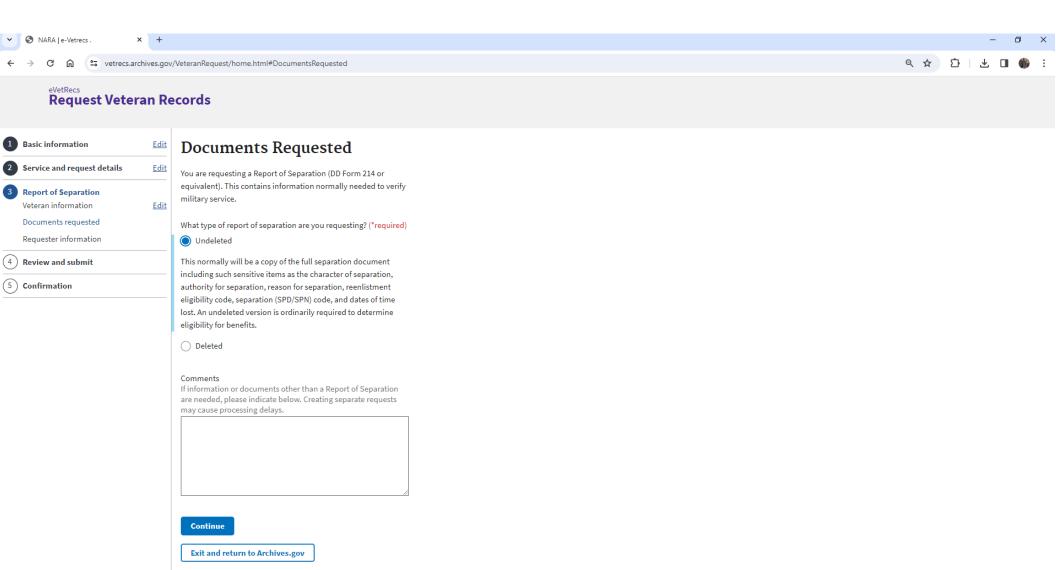
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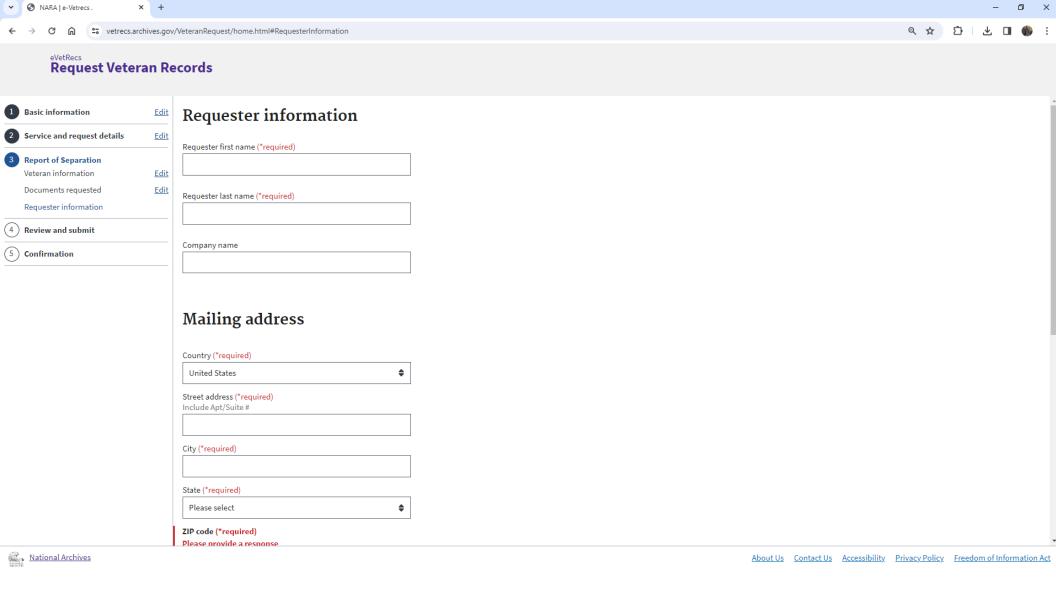
# eVetRecs Request Veteran Records

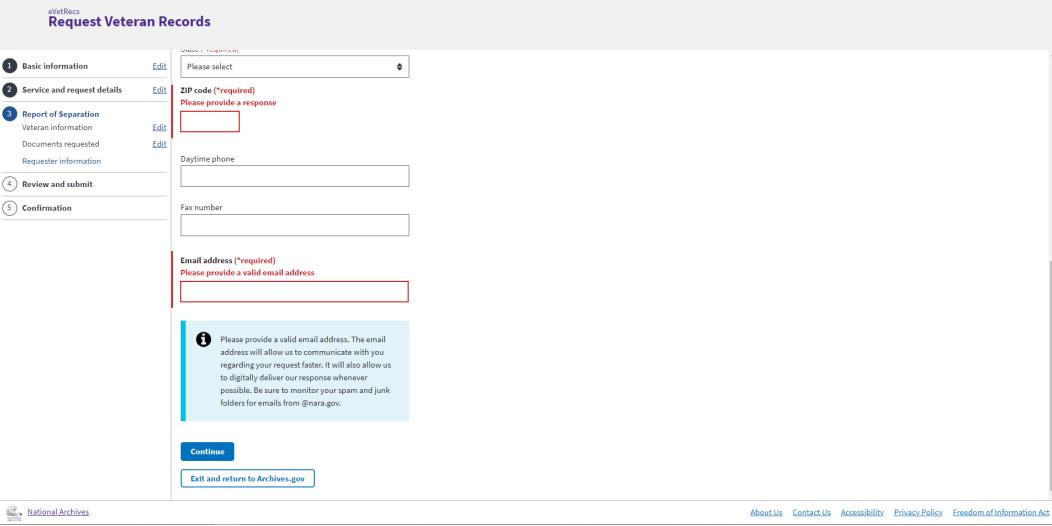
Basic information	<u>Edit</u>	Veteran's place of birth
Service and request details	Edit	Please provide city and state/province
Report of Separation Veteran information Documents requested Requester information		Service (or serial) number Service numbers are 4 to 9 digits and only for service before 1971.
Review and submit  Confirmation		Date the veteran entered the service  We may be unable to identify a record without this information.  Include just the year if full date is unknown, otherwise - leave blank.  Month Year
		Date the veteran left the service  We may be unable to identify a record without this information.  Include just the year if full date is unknown, otherwise - leave blank.  Month Year
		Continue  Exit and return to Archives.gov

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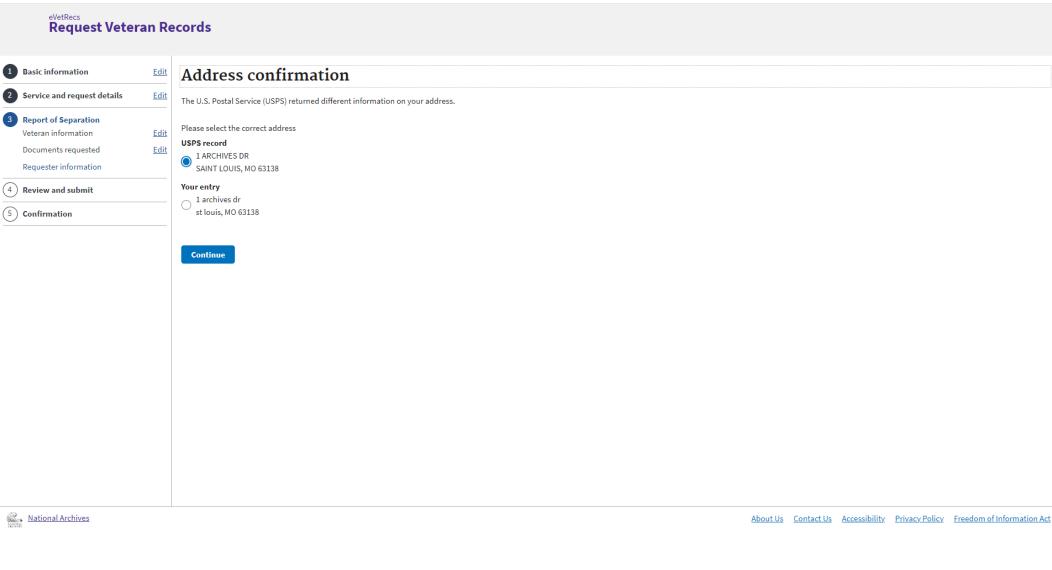
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vetrecs.archives.gov/VeteranRequest/home.html#RequesterInformation



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C 🕯 vetrecs.archives.gov/VeteranRequest/home.html#AddressConfirmation



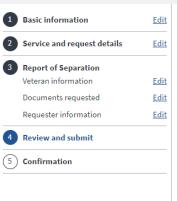








# eVetRecs Request Veteran Records



## Review and submit

25 vetrecs.archives.gov/VeteranRequest/home.html#ReviewAndSubmit

Please review the information you have entered. If you wish to change something, use the Edit links on the left to go back to a particular step. Retain this information, you may need it to download your response document(s).

Request Informatio	on	Veteran Information		
Requested by	Veteran	Veteran name	Test McTester	
Relationship to Veteran	Self	Branch of service	Army	
Military service status	Former Military Service	Service component	Active	
Request regarding	Benefits	Officer or enlisted	Enlisted	
Request category	Not Applicable	Date of birth	02/02/1942	
Requester name	Test McTester	Place of birth	St Louis	
Company		Date entered service	02/1962	
Requester address	1 ARCHIVES DR SAINT LOUIS, MO 63138	Discharge date	02/1964	
Requester phone	3148010515	Social Security number	856971248	
Requester fax		Service number	052452758	
Requester email	kyle.modde@nara.gov	Deceased date		
Comments	Test, please send all records,	Burial date		
Comments	sepdocs, and medals.			

(5) Confirmation

# eVetRecs Request Veteran Records

1	Basic information	<u>Edit</u>
2	Service and request details	<u>Edit</u>
3	Report of Separation	
	Veteran information	<u>Edit</u>
	Documents requested	Edit
	Requester information	<u>Edit</u>
4	Review and submit	

Requester email	kyle.modde@nara.gov
Comments	Test, please send all records, sepdocs, and medals.
Authorization documentation	Not Applicable

Burial date

# **Electronic signature**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code). By typing my name in the box below I am also explicitly declaring that my identity and relationship with this veteran have been truthfully presented. Fraudulent authorizations will be referred to NARA's Office of Inspector General for investigation and criminal prosecution.

Type your name (Format: Firstname Lastname) to sign this request and agree to the above terms (\*required)

I'm not a robot **Submit Request** 

Exit and return to Archives.gov

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