

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 StatePlace 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: _____

E-Mail 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**

Collection of this information is authorized by 44 U.S.C. 2104(a). Disclosure of this information is voluntary; however, we will be unable to respond to your request if you do not furnish your name and address, and the minimum required information regarding the record. The information is used by NARA employees to search for the record, to respond to you, to maintain control over requests received and answered, and to facilitate preparation of internal statistical reports. 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. Public burden reporting for this collection of information is estimated to be two minutes per response. 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