## REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/evetrecs/*								
(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)								
SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)  1. NAME USED DURING SERVICE (last, first, and middle)  2. SOCIAL SECURITY NO. 3. DATE OF BIRTH  4. PLACE OF BIRTH								
1, 11 2, 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2				64 8091	07021968		NA NA	
5. SERVICE, PA	ve records search, it is i		all service be sh	nown below.)				
5. BER 110E, 17	BRANCH OF SERVICE	DATE ENTE	1	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
		1000		1990		~	356 64 8091	
a. ACTIVE	United States Army	1988		1985		X	356 64 8091	
COMPONENT	United States Marine Corps	1985		1903		^	ן פטו דעו שככ	
<u>.</u>								
b. RESERVE COMPONENT								
c. NATIONAL								
GUARD								
6. IS THIS PER	7. IS (WAS)	7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?  NO YES						
SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED								
1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:								
DD Form 214 or equivalent. This form contains information normally needed to verify military service. A copy may be sent to the veteran, the								
deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below, NOTE: If more than one period of service								
was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S): 1990								
<b>VNDELETED:</b> Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority								
for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.								
DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation								
(SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.								
All Documents in Official Military Personnel File (OMPF)								
Medical Records (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission must be provided:								
Other (Specify):								
2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:								
Benefits								
Other, explain: To confirm whether the said person is entitled to preference of employment.								
SECTION III - RETURN ADDRESS AND SIGNATURE								
1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)								
Milit	Military service member or veteran identified in Section I, above				Legal guardian (Must submit copy of court appointment.)  Note: (Specify) Law Firm - FOIA Request			
Next of kin of deceased veteran (Must provide proof of death).					her (specify)	Law Firm -	- FOIA Request	
Show relationship:  (See item 2s on accompanying instructions)  3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on								
accompanying instructions.) I declare (or certify, verify, or state) under								
2. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)					penalty of perjury under the laws of the United States of America that the information in this Section III if true and correct.			
Neal A. Puckett, Esq.  Name Signature Required - Do not print								
Name 1800 D	iagonal Road, Suite 210	-		01050011	Signat	_		
	-	Α.	pt.	01252011  Date of this re	mest	(703) 700 Daytime phor		
Street Alexandria,	VA 22314	A	l	neal@pucket	•	Day time prior	<del></del>	
City	Stat	e Zip Coo	le	Email address				

<sup>\*</sup>This form is available at http://www.archives.gov/research/order/standard-form-180.pdf on the National Archives and Records Administration (NARA) web site.\*