

# REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. IS THIS PERSON DECEASED?  NO  YES - *MUST provide Date of Death if veteran is deceased:* \_\_\_\_\_

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- DD Form 214 or equivalent:** Year(s) in which form(s) issued to veteran (Date of Separation): \_\_\_\_\_  
This form contains information used to verify military service. **An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: 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. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>  
*An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:*  I want a **DELETED** copy.
- Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.  
 I request inpatient/hospitalization records from \_\_\_\_\_ (facility), last treated in \_\_\_\_\_ (year). (**NOTE: Fields are required**)  
If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- Dental Records:** Please check this box if **ONLY** dental records are needed from the medical record.
- Other (Please Specify):** \_\_\_\_\_

2. **PURPOSE:** (Providing information about the purpose of the request is **voluntary**; however, it 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.)

- Benefits (explain)  Employment  VA Loan Programs  Medical  Genealogy  Correction  Personal  Other (explain)

Explain here: \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: \_\_\_\_\_ 2. RELATIONSHIP TO VETERAN: \_\_\_\_\_

3.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.  
 I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death.** See item 2a on instruction sheet.)
4. SEND INFORMATION/DOCUMENTS TO: \_\_\_\_\_  
(Please print or type. See item 4 on accompanying instructions.)  
Polk County Veteran Affairs
5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Name \_\_\_\_\_  
2309 Euclid Ave \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
Des Moines IA 50310  
City State ZIP Code  
515-286-2106  
Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature Required – Do not print \_\_\_\_\_ Date \_\_\_\_\_

\* This form is available at <https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. \*

Email Address \_\_\_\_\_