

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/military-service-records/>*

(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) [REDACTED]		2. SOCIAL SECURITY NO. [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. PLACE OF BIRTH HOUSTON, TX		
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 COMPONENT	U.S. AIR FORCE	DEC 1972	DEC 1978		x	
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

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

- ☒ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): 1978
If more than one period of service was performed, even in the same branch, there may be more than one DD214.
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. **An UNDELETED DD214 is 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.
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214. ☐
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, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: _____
- ☒ **Other (Specify):** INCLUDING EVALUATIONS, ORDERS, AWARDS, ENL DOCUMENTS, ENL & SEP PHYSICAL

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 ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal
☐ Other, explain: VA BENEFITS

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.) No signature required for Archival records.

- ☒ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran: _____ (Relationship)
☐ Legal guardian (Must submit copy of court appointment.)
☐ Other (specify) _____

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

RICHARD W. ROUSSEAU

Name

100 W. CENTRAL TEXAS EXPRESSWAY, SUITE 106

Street

Apt.

HARKER HEIGHTS

TX

76548

City

State

Zip Code

3. **AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) 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 III is true and correct. No signature required for Archival records.

Signature Required - Do not print

(254) 699-9999

Daytime phone

rousseaur@aol.com

Email address

(254) 699-9996

Fax Number

30 Aug 2018
Date