

Instructions

This form is for use **ONLY** if you are a veteran requesting your own records, or the surviving next of kin (defined by law as the surviving spouse who has not remarried, father, mother, son, daughter, brother, or sister), and is for Military Records for veterans retired or discharged after World War I.

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 or make it impossible to locate the veteran's record. The purpose of the information collected is to assist in locating the correct military service record(s) or information to answer your inquiry.

1. **The application:** The first page is an Assignment of Personal Representative which authorizes us to act on your behalf, and is required by the Privacy Act to protect your personal information. You must enter the full name under which the veteran served, check the box showing your relationship to the veteran, date and sign the authorization and print your name and mailing address. The second page is for information about the veteran. Items 1 – 10 are required.
2. **What you receive:** You will receive a copy of the veteran's *Report of Separation (DD Form 214)* or its equivalent, with an official raised seal. If the records were destroyed in the 1973 NPRC fire (see below), you will receive a Certificate of Military Service with an official raised seal. Both may be used to meet any legal requirement for veterans' benefits. You will also receive a sheet of instructions concerning the use, care and protection of your official military papers.
3. **Processing time:** We cannot process your request until we receive the Authorization to Represent, the Veteran Questionnaire, and payment in full. We transmit your request to the Records Center the same day we receive it. Normal processing takes about four weeks for a DD-214. Please allow additional time for a complete OMPF; medical records may take 90-180 days.
If the records requested were destroyed in the 1973 fire, it may take longer. See our website for more information on what records were destroyed. http://familyresearchlibrary.com/resources/mil_records.htm#fire
4. **"Emergency" request and deadlines:** If there is an emergency or deadline associated with your request, please explain in Block #15, so the Records Center fully understands the situation and they will do their best. We try to meet your needs but cannot guarantee a delivery date; expedited service takes 10-14 days minimum.
5. **ORDER**

Name: _____		Daytime Telephone: _____	
Mailing Address: _____		Email Address: _____	
City: _____ State: _____ ZIP Code _____			
Item	Description (Highlight line 1, 2, or 3)	Fees	Total
	Report of Separation (DD Form 214)	\$39.95	
	Complete Official Military Personal File (OMPF)	\$99.95	
	Veteran Medical Records	\$99.95	
Shipping and Handling (Highlight 1, 2 or 3 and CLICK TO PRINT. Only affects shipping times – no affect on processing time)			
	First Class Mail	Free	Free
	Priority Mail (2-4 Day Delivery)	\$6.00	
	Express Mail (1-2 Day Delivery)	\$20.00	
Please include check or money order for the total amount – DO NOT SEND CASH		TOTAL ORDER	

Assignment of Personal Representative

To Whom It May Concern:

I hereby assign Carter L. Wilson III, acting on behalf of Family Research Group of Boise, Idaho, as my personal representative for the purposes of obtaining any and all Military Records of the veteran named below, including any pension or medical records, and their complete *Report of Separation (DD Form 214)*; and to obtain, copy, secure, or procure any and all documents, records or files to which I may be entitled under Federal, State or other rule, regulation, or statute.

Full Name of Veteran

I certify that I am the veteran named above or their surviving next of kin and my relationship to the veteran named above is (check one): I am the veteran named above

Surviving Spouse that has not remarried Father Mother Son Daughter Sister Brother

If you are not the veteran, please provide their date and place of death: _____

This authorization applies solely for the purposes named above and will automatically expire one (1) year from the date of my signature below. Where my signature or other written authorization is required to release any document, I authorize my representative named above, to sign on my behalf. A notarized copy of this document is to be considered as binding as the original.

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information that I provided is true and correct.

Signed this _____ day of _____ 200__.

Your Signature

Please Print or Type Your Name

Please Print or Type Your Mailing Address and Telephone Number

Veteran Questionnaire

Instructions: Please complete this questionnaire and return with your signed authorization and payment. Answer each question as completely as possible; an incomplete or incorrect response may make it difficult or impossible to locate the records. Questions 1 – 10 are required. The remaining may help the NPRC staff understand and fulfill your request:

1. Full Name of Veteran:	
2. Name under which they served: (if different)	
3. Veteran's Date of Birth:	
4. Veteran's Place of Birth:	
5a. Veteran's Service Number: (prior to 1969)	
5b. Veteran's Social Security Number:	
6. Branch of Service (check one*): Army Army Air Corps Army Air Force Air Force Marine Corps Navy Coast Guard Philippine Commonwealth Army Philippine Guerillas Philippine Scouts	
7. Rank (check one): Officer Enlisted	
8. Service Component (check one): Active Reserve National Guard	
9. Dates of Service: (requires at least an approximate month and year of discharge) Date Service began: _____ Date of Discharge: _____	
10. Purpose of request: (i.e., veterans benefits, VA loan, retirement, genealogy, history, etc.)	
11. Date and place of entry into service:	
12. Date and place of discharge:	
13. Last Unit of assignment:	
14. Any other specific information, documents or records you require from the Official Military Personnel File (OMPF) besides your Report of Separation (DD Form 214)	
15. If there is an emergency or deadline associated with your request, please explain so that the NPRC will fully understand the situation	

*Note: If the veteran has served in more than one branch of service, a separate request must be submitted for each branch.

Name and address where records are to be sent:	Mail Completed Agreement and Questionnaire to:
<div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 90%; margin-bottom: 5px;"></div>	<p>Family Research Group Attn: Military Records PO Box 140506 Boise ID 83714-0506</p>