



**PLEASE USE THIS PAGE AS YOUR FAX COVER SHEET.**

Please use this form fax as your fax cover. This will help us relate your records request to your order and payment.

FROM: \_\_\_\_\_ FAX # \_\_\_\_\_

TO: Touchstone Research Group, LLC FAX: 646-530-8701

RE: Order Number  (from your web order or order confirmation e-mail)

Name of person whose records are being obtained

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For speediest service, fax the form and your request to: 646-530-8701

OR mail originals to us. Our mailing address is:

Touchstone Research Group, LLC  
4847 Navy Road  
Unit 1167  
Millington, TN 38083  
Voice/Fax 800-At-DD214 (800-283-3214)

MONEY ORDER? If paying by money order, include a fax copy and indicate the date you mailed your money order  
\_\_\_\_\_

CHECK? No need to send your check. If you've paid by Echeck, just fax a copy of your check marked "VOID" and it will be processed electronically.

PAYMENT ON FILE? Please bill the following Touchstone account number: \_\_\_\_\_

Date you faxed these documents \_\_\_\_\_

If you've faxed your documents to us, you can retain the originals for your records. Upon receipt of your FAX or originals, your order will be queued for processing.

**DON'T FORGET TO SIGN THE REQUEST PAGE**

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

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
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.) SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
a. ACTIVE SERVICE
b. RESERVE SERVICE
c. NATIONAL GUARD
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This 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 Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: 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.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED (Touchstone researcher shall have access to any and all of my records.)

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.)

SECTION III - REQUESTER'S ADDRESS AND SIGNATURE

1. REQUESTER IS:

Military service member or veteran identified in Section I, above

Legal guardian (must submit copy of court appointment)

Next of kin of deceased veteran \_\_\_\_\_ (relation)

Other (specify) \_\_\_\_\_

2. To the NPRC and any other government agency in possession of any of my military and/or medical records: I hereby grant Touchstone Research Group LLC and their researchers a Limited Power of Attorney for the sole purpose of obtaining my records, and to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

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.

For questions or guidance concerning this request, contact: the Touchstone researcher who submitted this request; OR

Touchstone Rerch Grp Proc Ctr
4847 Navy Road, Unit 1167
Millington, TN 38083
800-AT-DD214 (800-283-3214)

Signature (Please do not print.)

Date of this request Daytime phone

Email address