



# Military Record Request Form

Date:

## Your Contact Information

Name:   
Address:   
City:   
State/Province:   
Zip/Postal Code:   
Daytime  
Phone Number:   
Email Address:

### Preferred Method of Contact:

Email

Phone

## Military Record Requested

Records to be searched:   
Full Name of Person to be Searched:   
County:   
Race:

**Notes:** Provide any additional detail you think will be helpful in finding the requested record

## If searching for Civil War records:

Civil War Affiliation:   
Civil War Unit Name, if known:   
Civil War Unit Name and Number if known:   
Widow/Veteran, complete name, if known:

### Preferred Method of Delivery:

Mailed copies

Certified Mailed copies

Electronic Scans

## If searching for World War I records:

Branch of Service:

**Submit only one form & one payment at a time.**

I have enclosed the required fee to process this request.

Select Fee Type