REQUEST FOR MILITARY RECORDS FOR VETERANS
BURIAL/FUNERAL BENEFITS

FAX TO 314-801-0764

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

VETERANS FULL NAME ____________________________

SSN/SERVICE NUMBER ____________________________

DATE OF BIRTH/PLACE OF BIRTH ____________________

BRANCH OF SERVICE ______________________________

APPROXIMATE DATES OF MILITARY SERVICE __________

NEXT OF KIN SIGNATURE __________________________

NEXT OF KIN PRINTED NAME AND RELATIONSHIP ________
(SPOUSE, CHILD, MOTHER, FATHER, BROTHER, SISTER)

****PROOF OF DEATH IS REQUIRED TO PROCESS REQUEST ******
(CAN BE COPY OF DEATH CERTIFICATE, VETERANS OBITUARY OR A SIGNED STATEMENT BY
THE FUNERAL DIRECTOR STATING VETERAN IS DECEASED)

RETURN FAX NUMBER AND MAILING ADDRESS: ____________

PLEASE REMEMBER TO INCLUDE:

___ NEXT OF KIN SIGNATURE
___ PROOF OF DEATH
___ RETURN FAX NUMBER

National Archives and Records Administration
http://www.archives.gov/facilities/mo/st_louis/military_personnel_records.html