QUESTIONNAIRE ABOUT MILITARY SERVICE

1. WHY WE ARE SENDING YOU THIS FORM: We are unable to locate a record with the information provided in your original inquiry OR the record needed to answer your inquiry was lost in the July 1973 fire that destroyed millions of records at the National Personnel Records Center. The records stored in the area which suffered the most damage in the fire were those of Army veterans discharged or deceased between November 1, 1912, and December 31, 1959, AND Air Force veterans discharged, deceased, or retired before January 1, 1964, whose names come alphabetically after Hubbard, James E.

The information you provide on page 2 of this form may help locate the record, if it is available; or, if the record is not available, it may enable the Center to make use of various alternate sources to reconstruct some of the basic service record data. Please note that if the *only* document you need is the Report of Separation (DD Form 214, WDAGO Form 53-55, etc.), it may be available from a former employer or from the recorder's office of the city or county where the veteran lived just after separation/discharge.

2. WHAT YOU NEED TO DO:

- Fill out page 2 of this form (NA Form 13075) as completely as possible, as well as any other form(s) you may have received with this one, such as Standard Form (SF) 180 and NA Form 13055;
- Attach copies of any papers you have that relate to the requested military service, such as military orders, award citations, and military addresses as shown on letters mailed home; and
- Send the above item(s) to the National Personnel Records Center at the address shown below or fax to (314) 801-9195. If we do not receive this information from you within 30 days, your request will be closed without further reply.
- 3. FEE FOR ARCHIVAL RECORDS: A fee is often required for copies of documents from an archival record. An archival record is one that was transferred to the legal custody of the National Archives and Records Administration (NARA) 62 years after the subject of the record was discharged or retired, or died in service. Archival records are open to the public. Access to archival records does not require written authorization from the veteran or next-of-kin. You will be notified if there is a charge associated with information from the record you are requesting.
- **4. MEDALS INFORMATION:** Are you requesting military service medals only? If so, do you have a copy of the Report of Separation (DD Form 214, WDAGO Form 53-55, etc.) and other military papers that show which medals were earned? If you send such information about medals, you do not need to fill out this NA Form 13075; however, you must return page 2 (with the barcode) so that we can locate your original request. Finally, if possible, please send a list of the names and locations of all military units or "outfits" to which the veteran was assigned, including dates, while on active duty. This may help determine eligibility for "unit" awards.

Special provisions when a record is archival: Only requests from veterans for replacements of awards will be processed without a fee. All other requesters will be given the opportunity to purchase copies of available archival records in the custody of the National Archives and Records Administration (NARA). We will not verify entitlement to medals, provide specific documents, or extract awards information for anyone other than the veteran when the record is archival.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e) (3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the National Personnel Records Center may not have all of the information needed to locate the record(s) sought. The purpose of the information on this form is to assist the National Personnel Records Center in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may be disclosed to the Department of Defense components or the Department of Homeland Security (DHS, U.S. Coast Guard), if the National Personnel Records Center transfers all or part of those records to such agency. If the service member was a member of the National Guard, the form may be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served. The form may also be disclosed when the military service member or, in the case of a deceased service member, the military service department, authorizes a specific individual or organization to have access to the military service record.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. The information requested on this form is being collected and used by the National Personnel Records Center to identify and locate military service records that could not be identified and located in response to the original inquiry. Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS BELOW.

Date
Prepared by
AFN-M
NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records) 1 Archives Drive
St. Louis, MO 63138-1002

QUESTIONNAIRE ABOUT MILITARY SERVICE														
Please complete this form to the best of your ability.														
Name(s) used during service (and nicknames, if any): Last First Mi						ddle		ich of Service:						
							_	rmy		,				
Vata		aial Caassuites Normalaans	Data a	f Diate			⊔№	larine Corps						
vete	eran s 500	cial Security Number:	Date 0	of Birth:	•			City and State	(Country) C	oi birui:				
	ved as:	Serial/Service number(s): Home A			ne Address:			<u> </u>						
	Officer				When	entered ser	vice:		Street					
☐ Enlisted														
If enlisted: volunteered drafted						City C				State				
Was service six months active duty for training only? ☐ Yes ☐ No			When released from active duty:											
Final Rank:				,			City		County		State			
Selective Service: Local Board Number City State Veteran's Selective Service Number														
Names of close relatives when military service began (parents, siblings, spouse, children):														
Place of Enlistment or Induction (where veteran took oath of service, such as examining station, reception center, or place of basic training.) Show name of military facility, city, state:														
Plac	e of basi	c training and month/da	y/year b	egan (i	if different t	from place and	d date s	shown on line above	e):					
Type of military assignment (infantry, airborne, engineer, bombers, fighters, supply, maintenance, food service, etc.):														
Last	t military	organization and location	n (show	/ full unit	designatio	ns such as ar	mv div	rision regiment hat	ttalion compa	nv).				
Luo	. mintary	organization and roodic	211 (3110W	rian arm	acsignatio	113, 30011 03 01	illy, alv	ision, regiment, but	italion, compa	, i y).				
		tation (if this service member			a separati	on station afte	er leavir	ng the last "perman	ent"		ased from Act	tive Duty		
organization or "unit", include location of separation station): (Month/Day/Year):														
Mon	Month/Day/Year of any reenlistment(s) (include full designation and location of unit to which assigned at that time): Date of Death (if veteran is deceased):													
WIOI	ilii/Day/Ti	ear or any reemistment	s) (Iliciui	de full de	esignation	and location o	i uiiit to	willcit assigned at	triat time).	Date of De	atii (ii veteran	is deceased).		
Did	the vetera	an ever:												
a.	File a cla	im for VA benefits?		☐ No	☐ Yes	☐ Don't K	now	If yes, show VA Claim Number:						
b.		the Reserves after releas ve duty period shown abo		□ No	☐ Yes	☐ Don't K	now	If yes, show branch of serviceshow mo/yr from		to				
C.	Receive service?	a state bonus for military		□No	☐ Yes	☐ Don't K	now	If yes, show s	tate		mo/yr paid			
d.		the National Guard?		□ No	☐ Yes	☐ Don't K	now	If yes, show s	tate		☐ Army	Air		
u.	Serve III	the National Guard:			□ 163	□ Don't K	IIOW	•	no/day/yr fro	m	to			
e. Retire from any military service No Yes						☐ Don't Kn	now	If yes, show b	ranch of ser	vice				
С.	branch?	on any military service			∐ Yes	_ Don't know	IIOW	•	no/yr retired					
									f yes, show branch of service					
f.		me on the Temporary Retired List (TDRL)?		☐ No	☐ Yes	☐ Don't K	now	If yes, show b	ranch of ser	vice				
	Disability	ritetiled List (TDITE):						show mo/day/yr from			to			
g.	Serve ac	tive duty in any other mili	tary	□ No	☐ Yes	s ☐ Don't Kn	now	If yes, show b	ranch of ser	vice				
	service b	ranch in later years?						show mo/day/yr from			to			
h. Work for the Federal Government as a No Yes Don't Know If yes, show agency name														
civilian?														
									 m	to				
Pur	oose. (O	ntional – An explanation	of the nu	rnose o	of this rea	uest is strictl	v voliii		no/day/yr fro			n:		
Purpose: (Optional – An explanation of the purpose of this request is strictly voluntary.) Relationship to veteran in question:														
SIGNATURE:						TODAY'S DATE:)			