

## Requests for Military Records, Discharges or Medals

Senator Brown's office assists veterans and families of deceased veterans in obtaining copies of military service records, discharges and/or replacement sets of medals and awards.

### If You Are a Veteran

Please complete the two attached forms and return them to Senator Brown's Cleveland office. Be sure to sign both forms. Please also include a copy of your discharge/separation, if possible.

### If the Veteran is Deceased

An immediate family member (parent, sibling, spouse, or adult child) may submit the request. That person should fill out the two attached forms and return them, along with a death certificate or other proof of death, to Senator Brown's Cleveland office. Be sure to sign both forms. Please also include a copy of the deceased veteran's discharge/separation, if possible.

Senator Brown's Office  
1301 East 9<sup>th</sup> Street, Suite 1710  
Cleveland, OH 44114

### If You Have Questions

Please contact the staff person in charge of military casework, Laura Pechaitis, at Senator Brown's Cleveland office (toll-free at 888-896-6446; [Laura\\_Pechaitis@brown.senate.gov](mailto:Laura_Pechaitis@brown.senate.gov)).



# Request for Assistance

SENATOR SHERROD BROWN

NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ EMAIL \_\_\_\_\_

SS# \_\_\_\_\_ Medicare# \_\_\_\_\_ CLAIM#/CASE# \_\_\_\_\_  
(Provide these numbers only if necessary to investigate your case.)

Dear Senator Brown:

I am seeking your assistance in a personal matter involving the federal government. I hereby authorize your office to request, on my behalf, that the appropriate federal agency or agencies investigate the following:  
(Use reverse side or additional paper, as needed.)

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I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator Sherrod Brown.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return this completed form and any other relevant information to:

**Senator Sherrod Brown, 1301 East 9<sup>th</sup> Street, Suite 1710, Cleveland, OH 44114**  
**Phone: 216-522-7272 Toll Free: 888-896-6446 (Press 1)**  
**Fax: 216-522-2239**

## REQUEST PERTAINING TO MILITARY RECORDS

\* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/cvcrecs/> \*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

### 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 <span style="float: right;">(For an effective records search, it is important that all service be shown below.)</span>						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

**1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:**

- DD Form 214 or equivalent.** This form 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 DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):
  - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
  - DELETED:** The following items are deleted: 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.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:
- Other** (Specify):

**2. PURPOSE:** (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits     Employment     VA Loan Programs     Medical     Medals/Awards     Genealogy     Correction     Personal
- Other, explain:

### SECTION III - RETURN ADDRESS AND SIGNATURE

**1. REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (Must provide proof of death).
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) \_\_\_\_\_

Show relationship: \_\_\_\_\_  
 (See item 2a on accompanying instructions.)

**2. SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 4 on accompanying instructions.)

Name: Senator Sherrod Brown  
1301 East 9th Street  
 Street: Suite 1710 Apt. \_\_\_\_\_  
Cleveland, Ohio 44114  
 City: \_\_\_\_\_ dc \_\_\_\_\_

**3. AUTHORIZATION SIGNATURE REQUIRED** (See items 2a or 3a on accompanying instructions.) 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.

Signature Required - Do not print  
 \_\_\_\_\_  
 ( )  
 Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Email address \_\_\_\_\_