

SHERROD BROWN
OHIO

COMMITTEES:

AGRICULTURE, NUTRITION,
AND FORESTRY

BANKING, HOUSING,
AND URBAN AFFAIRS

FINANCE

VETERANS' AFFAIRS

SELECT COMMITTEE ON ETHICS

United States Senate

WASHINGTON, DC 20510 - 3505

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 DD Form 214, 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 submit 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 DD Form 214, if possible.

You may send the documents by mail, fax, or as a scanned email attachment.

Office address: **Senator Brown's Office 801 West Superior Avenue, Suite 1400 Cleveland, OH 44113**

Fax: 216-522-2239

Email: casework@brown.senate.gov

If You Have Questions

Please call 216-522-7272, or toll-free 1-888-896-6446 (press option 1)



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.)

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:

Mail: Senator Sherrod Brown, 801 West Superior Avenue, Suite 1400, Cleveland, OH 44113

Fax: 216-522-2239

Email: casework@brown.senate.gov

If you have questions call: **Phone: 216-522-7272**

Toll-Free Number: 888-896-6446 (Press 1)

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/military-service-records/>*

(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 (For an effective records search, it is important that all service be shown below.)						
	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 ARE REQUESTING:

- DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): _____
 If more than one period of service was performed, even in the same branch, there may be more than one DD214.
 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. **An UNDELETED DD214 is 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.
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.
 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, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____
- 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 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.) No signature required for Archival records.

- | | |
|--|--|
| <input type="checkbox"/> Military service member or veteran identified in Section I, above | <input type="checkbox"/> Legal guardian (Must submit copy of court appointment.) |
| <input type="checkbox"/> Next of kin of deceased veteran: _____
(Relationship) | <input type="checkbox"/> Other (specify) _____ |

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

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

Office of Senator Sherrod Brown

Name _____

801 West Superior Avenue, Suite 1400 #

Street _____ Apt. _____

Cleveland OH 44113

City State Zip Code

3. AUTHORIZATION SIGNATURE WHEN 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. No signature required for Archival records.

Signature Required - Do not print	Date
()	()
Daytime phone	Fax Number
_____	_____
Email address	
