

DEPARTMENT OF MILITARY AFFAIRS  
MILITARY RECORDS AND RESEARCH BRANCH  
1700 LOUISVILLE ROAD  
BUILDING #317  
FRANK.FORT, KY 40601  
TELEPHONE (502) 607-6041 FAX (502) 607-6040  
REQUEST FOR MILITARY RECORDS

**INSTRUCTIONS FOR COMPLETING AGO 26-12 Request for Military Records**

Veterans Full Name: Print Name; Last, First and Middle name or NMI (No middle initial)

Social Security Number: Print full social security number.

Service Number: Is not required if Veteran Served post 1974.

Date of Birth: Print complete date of birth.

Branch: Print branch or component of branch such as National Guard.

Date of Entry and Date of Discharge: Print a date or an approximate year for date of entry and separation.

Signature of Veteran or next of Kin: Signature of the Veteran is Required or signature of next of Kin if Veteran is Deceased. If Veteran is deceased, indicate what the Next of Kin's relation is to the Deceased Veteran.

Requested By: Print the name of person requesting records and relationship to veteran.

Agency: This section pertains to the name of the Funeral Home, VA Hospital, etc. If the form is being filled out by an individual, leave blank.

Address: Print the full address of the requestor.

Fax: Print the fax number.

Email: Print the email address.

Telephone: Print the telephone number of the requestor.

Documents you are requesting: Print the documents you require.

**If you need assistance filling out the AGO 26-12, call the office at 502-607-6041.**

