

DEPARTMENT OF MILITARY AFFAIRS MILITARY RECORDS AND
RESEARCH BRANCH
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REQUEST FOR MILITARY RECORDS

VETERANS FULL NAME

LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY NUMBER _____

SERVICE NUMBER _____

DATE OF BIRTH _____

BRANCH OF SERVICE _____

DATE OF ENTRY _____

DATE OF DISCHARGE _____

**SIGNATURE OF VETERAN OR NEXT OF KIN IF VETERAN IS DECEASED. IF
VETERAN IS DECEASED, INDICATE THE NEXT OF KIN'S RELATIONSHIP TO
THE VETERAN.**

REQUESTED BY _____

AGENCY _____

ADDRESS _____

FAX# _____ EMAIL: _____

PHONE# _____

DOCUMENTS YOU ARE REQUESTING:

MRRB ACTION TAKEN BY

DATE
