

Aardvark Research Group
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REQUEST FOR MILITARY RECORDS

(Please print legibly or your request may be delayed)

1. Veteran's Full Name: _____
2. Social Security Number: _____
3. Branch of Service and Final Rank (If Known): _____ **
4. Military Serial Number (Pre-1970 only): _____
5. Present Military Status: _____
6. Service Dates (Estimates are fine): Active Duty: _____ Reserve: _____
7. Date of Birth: _____ Place of Birth _____
8. Documents You Need: _____
9. Have you made a prior request for your records within the past 90 days? _____
10. Are you up against a deadline? When is it? _____
11. How would you prefer to pay? PayPal/Credit or Debit Card () Check/Money Order ()

Delivery Options (Every Order Includes an Emailed Copy): First Class Mail (4-5 Days) \$89 ()

Express Mail: (Overnight for most locations) \$114 ().

If you have already paid what name was payment made under? _____

12. Purpose of your Request: _____

13. Anything Else We Need to Know? _____

****If you served in the National Guard was it Army or Air, and which state were you discharged from?**

CONTACT INFORMATION AND MAILING ADDRESS

Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Telephone: (Cell) : _____ (Home/Work): _____

Email: _____

The information contained in this facsimile is intended for the name recipient only, and may be privileged or confidential. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any use, dissemination or distribution of this communication is prohibited. If you receive this facsimile in error please notify us immediately and return the original message to us. Your cooperation is appreciated. Thank you.

**PLEASE REMEMBER TO SIGN THE POWER OF ATTORNEY FORM BELOW. THANK YOU.
YOU DO NOT HAVE TO PAY UP FRONT. FAX OR EMAIL US THE ORDER FORMS AND WE WILL
CONTACT YOU FOR PAYMENT PRIOR TO DELIVERING THE DD214'S.**

**LIMITED POWER OF ATTORNEY,
NEXT-OF-KIN OF DECEASED VETERAN
ACCESS TO MILITARY RECORDS**

As the lawful _____ (State Relationship--Son, Wife, etc) of the veteran named below,

Veteran's Full Name: _____

Veteran's Social Security Number: _____

Veteran's Date of Birth: _____

I hereby designate Aardvark Research and/or its researchers or employees, as my agent and authorize them to act on my behalf under the following limited terms and conditions:

**TO REQUEST, ACCESS AND DUPLICATE DOCUMENTS FROM
THE VETERAN'S OFFICIAL MILITARY PERSONNEL FILE**

- 1). **AUTHORITY TO ACT.** The agent is authorized to act for me under this Power of Attorney as described herein.
- 2). **POWERS OF AGENT.** The agent may act for me, and exercise authority my behalf under the following limited circumstances: To request, retrieve, duplicate and otherwise carry out such tasks as are necessary in the performance of the above enumerated authority.
- 3). **DURABILITY.** This Power of Attorney shall expire sixty (60) days from the date of its execution, or sooner if revoked by me in writing.
- 4). **ORIGINAL COUNTERPARTS.** Photocopies of this document shall be treated as original counterparts and maintain full validity.
- 5). **TRANSMITTAL OF PERSONALLY IDENTIFIABLE INFORMATION (PII) AND PRIVACY ACT (PA) INFORMATION.** By signing below I authorize the United States National Archives or Military Service Branch including the Department of the Navy, Army, USMC, USAF, USCG, and any other various unnamed federal entities who may have physical custody of records relative to my military career, education or training to release and transmit the documents listed above to Aardvark Research and/or its researchers or employees. I understand that these documents may be forwarded via the United States Postal Service, via fax, or via email, and authorize the military service branch and Aardvark Research to use any of these means in delivering the documents I have requested.

I declare under penalty of perjury under the applicable laws of the United States that the information listed above is true and correct.

X _____ (Sign and Print)

X _____ (Date)

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