Commonwealth of Massachusetts
Military Records Branch
P.O. Box 309
Milford, MA 01757

REQUEST FOR MILITARY RECORDS FORM

SERVICE MEMBER INFORMATION:

Name: _____ DOB: _____

Social Security#_____ and/or Service Number: _____

Date of Service - FROM: _____ TO: _____

Branch of Service: _____ *(Circle One)* Enlisted **or** Commissioned

Records/Documents Needed: _____

REQUESTER: (Check One)

☐Self/Military Service Member ☐Next of Kin ☐Vet Agent ☐VA ☐Funeral Home

*** Copy of Death Certificate required with request**

☐Other: _____

**** If you are a Power of Attorney for service member, POA documents required with request**

I declare (or certify, verify or state) under penalty of perjury under the laws of the United States of America that the information contained in this section is true and correct.

_____ _____ _____
Name (Please print clearly) Signature Date

_____ _____ _____
Phone Number Fax Number Email Address

PREFERRED METHOD OF RECEIPT:

☐Fax ☐Email ☐US Mail Address _____
(Street)

_____ MA _____
(City/Town) (State) (Zip Code)

Please send this request to:
Commonwealth of Massachusetts

Military Records Branch
P.O. Box 309
Milford, MA 01757
Attn: Mike P.

(OR): FAX to (508) 422-1997

NOTE: If you require a "certified" copy of your records, it is necessary to provide a US mailing address as certified copies cannot be sent via fax or electronic mail.