



Commonwealth of Massachusetts

Military Records Branch

50 Maple Street

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: _____ (Check 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)

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

Please send this request to:

Commonwealth of Massachusetts

Military Records Branch

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

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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.