



National Personnel Records Center

Military Personnel Records 1 Archives Drive St. Louis, Missouri 63138

REQUEST FOR MILITARY RECORDS FOR VETERANS BURIAL/FUNERAL BENEFITS

Funeral Date _____

FAX TO 314-801-0764

PHONE 314-801-0800

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

VETERANS FULL NAME _____

SSN/SERVICE NUMBER _____

DATE OF BIRTH/PLACE OF BIRTH _____

BRANCH OF SERVICE _____

APPROXIMATE DATES OF MILITARY SERVICE _____

NEXT OF KIN SIGNATURE _____

NEXT OF KIN PRINTED NAME AND RELATIONSHIP _____

(SPOUSE, CHILD, MOTHER, FATHER, BROTHER, SISTER)

******PROOF OF DEATH IS REQUIRED TO PROCESS REQUEST ******

(CAN BE COPY OF DEATH CERTIFICATE, VETERANS OBITUARY OR A SIGNED STATEMENT BY THE FUNERAL DIRECTOR STATING VETERAN IS DECEASED)

RETURN FAX NUMBER AND MAILING ADDRESS: _____

PLEASE REMEMBER TO INCLUDE:

_____**NEXT OF KIN SIGNATURE**

_____**PROOF OF DEATH**

_____**RETURN FAX NUMBER**