

Commonwealth of Massachusetts

JFHQ-MA Military Records Branch 2 Randolph Road, Bldg. 1505 Hanscom AFB, MA 01731-3001

REQUEST FOR MILITARY RECORDS FORM

SERVICE MEMBER INFORMATION:

Name:		DOB:		
Social Security#	curity# and/or Service Number:			
Date of Service - FROM:	TO:			
Branch of Service:	(Check	<i>One)</i> Enlisted <u>or</u> Com	missioned	
Records/Documents Needed:				
REQUESTER (Check One)				
Self/Military Service Member * Col	Next of Kin y of Death Certificate required with request	□Vet Agent □VA	□Funeral Home	
Other:	mber POA documents required with	request		
I declare (or certify, verify or state that the information contained in a Name (Please print clearly)	his section is true and cor		not accepted	
Phone Number	Fax Number	Email Address		
PREFERRED METHOD OF RE	CEIPT:			
□Fax □Email □US Mail Ad	ddress(Street)			
Please send this request to:		(State) (Zip	Code)	
Commonwealth of Massachuse JFHQ-MA Military Records Branch 2 Randolph Road, Bldg. 1505 Hanscom AFB, MA 01731-300				

* You may also email this form back to the individual who sent it to you *

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.