# **GENERAL INFORMATION SHEET**

1.	Are YOU the Veteran? *Circle One Answer* Yes / No	
2.	Do you have your DD-214? *Circle One Answer* Yes / No	
3.	What is your Social Security Number?	
4.	wriat is your name (First, Last)?	
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U.	will is your date of birth (MM/DD/YYYY)?	
7.	What is your phone number? ()	_
8.	What is your current address? (Note: must include city & zip)	
9.	When did you move to this address (MM/DD/YYYY)?	
10.	What is your email address?	
11.	If you are NOT the Veteran, what is your relationship to the Veteran?	
	a. What is YOUR Social Security Number?	
	b. What is your name (First, Last)?	
	c. What is your date of birth (MM/DD/YYYY)?	
	d. Where were you born? (City/State)	
	e. What is your address?	
	f. When did you move to this address (MM/DD/YYYY)?	
	g. What is your phone number? ()	
	h. What is your email?	
l2.	What is the reason for your visit today? *Circle One Answer* Service or Financi	ial
	How did you hear about our agency?	



## Cuyahoga County Veterans Service Commission

Ph: 216.698.2600 • Fax: 216.698.2650 1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

## **Dependent Indemnity Compensation (DIC)**

- If you need the veteran's military discharge document, please complete the attached Standard Form (SF 180). Widow/widower's please attach a copy of veteran's death certificate.
- Please review the attached DIC packet and place on pertinent documents reflected on the checklist in the envelope provided.
- Please complete the attached VA Form 21-0966, Intent to File and VA Form 21-22, Power of Attorney. The widow/widower must sign these documents. These documents are needed in order to initiate the process and allow the Service Officer access to the veteran's claim.



# **U.S. Department of Veterans Affairs** Veterans Benefits Administration

## **Dependency and Indemnity Compensation**

## What is Dependency and Indemnity Compensation?

Dependency and Indemnity Compensation (DIC) is a monthly benefit. It is paid to eligible survivors of:

- Service members who died while on active duty, active duty for training or inactive duty training, OR
- Veterans who died as a result of a service-connected injury or disease, OR
- Veterans who did not die as a result of a service-connected injury or disease, but were totally disabled by a service-connected disability:
  - o For at least 10 years before death, OR
  - O Since their release from active duty and for at least five years before death, OR
  - For at least one year before death, if they were a former prisoner of war and died after Sept. 30, 1999.

#### Who is eligible?

Surviving Spouses

You may be eligible for DIC benefits if you are a surviving spouse who:

- Married a Service member who died on active duty, active duty for training or inactive duty training, OR
- Married the deceased Veteran before Jan. 1, 1957, OR
- Married a Veteran who died from a service-connected injury or disease, as long as the marriage began within 15 years of discharge, OR
- Married the deceased Veteran for at least one year, OR
- Had a child with the Veteran and cohabitated with the Veteran until their death.
  - O Note: If you have a child with the Veteran but were separated, you must not be at fault for the separation and not be remarried in order to be eligible.

Note: If you remarried on or after Dec. 16, 2003 and were at least 57 years old, you may still be eligible.

#### Surviving Children

If you are a surviving child, you may be eligible for DIC if the Veteran parent:

- Died in the line of duty, OR
- Died as a result of a service-connected injury or disease.

You also must be unmarried and either:

- Under the age of 18, OR
- Between the ages of 18 and 23 and currently attending school.

Certain helpless adult children may also be eligible. You can call 800-827-1000 for eligibility requirements.

#### **Parents**

If you are a surviving parent, you may be eligible for DIC if the Veteran child:

- Died in the line of duty, OR
- Died as a result of a service-connected injury or disease.

You can find more information about Parents' DIC at <a href="https://www.benefits.va.gov/COMPENSATION/types-dependency">www.benefits.va.gov/COMPENSATION/types-dependency</a> and indemnity parents.asp.

#### **How Much Does VA Pay?**

- View the benefits tables for surviving spouses and children at www.benefits.va.gov/Compensation/current rates dic.asp.
- View the benefits table for parents at www.benefits.va.gov/Pension/current\_rates\_Parents\_DIC\_pen.asp.

### How Can You Apply?

Apply for DIC benefits by filling out:

- VA Form 21P-534EZ, "Application for DIC, Death Pension and Accrued Benefits."
   Access the forms at <a href="www.vba.va.gov/pubs/forms/VBA-21P-534EZ-ARE.pdf">www.vba.va.gov/pubs/forms/VBA-21P-534EZ-ARE.pdf</a>.
- VA Form 21P-535, "Application for Dependency and Indemnity Compensation by Parent(s)," accessed at <a href="https://www.vba.va.gov/pubs/forms/VBA-21P-535-ARE.pdf">www.vba.va.gov/pubs/forms/VBA-21P-535-ARE.pdf</a>.

Mail or fax your completed form to the Pension Management Center that covers your area. Find more information at <a href="www.benefits.va.gov/PENSION/resources-contact.asp">www.benefits.va.gov/PENSION/resources-contact.asp</a>. If you do not know which PMC has jurisdiction over your claim, submit your application to your closest VA regional benefit office. See the directory of VA regional benefit offices at <a href="www.benefits.va.gov/benefits/offices.asp">www.benefits.va.gov/benefits/offices.asp</a>.



### Cuyahoga County Veterans Service Commission

Ph: 216.698.2600 • Fax: 216.698.2650 1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

# Dependent Indemnity Compensation (DIC) CHECKLIST

Thank you for contacting the Cuyahoga County Veterans Service Commission Please bring with you the items checked below so your claim can be processed completely and efficiently.
□ Military Discharge Document - DD214 or WD AGO (Original if available)
□ Death Certificate
☐ Marriage Certificate and information on all prior marriages (divorce decrees, annulments etc.)
□ Spouse and dependents social security numbers and dates of birth: Include birth certificates for children under the age of 18 and 18-23 yrs old that are full time students.
□ Direct Deposit Information (ex. voided check)
Please bring these documents with you when you come into file for Dependent Indemnity Compensation (DIC)

REMEMBER APPLYING FOR VA BENEFITS IS ALWAYS FREE

OMB Control No. 2900-0826 Respondent Burden: 15 minutes Expiration Date: 08/31/2021

Department of Veterans Affairs

#### **VA DATE STAMP** (DO NOT WRITE IN THIS SPACE)

#### INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC

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ds are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

OMB Control No. 2900-0321 Respondent Burden: 5 minutes Expiration Date: 02/28/2022

Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

## APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, Appointment of Individual as Claimant's Representative. When completed you can mail or fax this form to the appropriate intake center address shown on Page 4. VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>.

shown on Page 4. VA forms are available at www.va.gov/vaforms.											
SECTION II VETERAN'S INFORMA	ATION										
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.											
1. VETERAN'S NAME (First, Middle Initial, Last)											
2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) 3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH										
	Month Day Year										
5. VETERAN'S SERVICE NUMBER (If applicable) 6. INSURANCE NUMBER(S) (If applicable)	e) (Include letter prefix)										
7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Count	ntry)										
No. & Street											
Apt./Unit Number City											
State/Province Country ZIP Code/Postal Code											
B. VETERAN'S TELEPHONE NUMBER (Include Area Code) 9. VETERAN'S EMAIL ADDRESS (Options)	al)										
SECTION II: CLAIMANT'S INFORMATION (If of	ther then veteran)										
10. CLAIMANT'S NAME (First, Middle Initial, Last)											
11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Con	unitry)										
No. & Street											
Apt./Unit Number City											
State/Province Country ZIP Code/Postal Code											
12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code) 13. CLAIMANT'S EMAIL ADDRESS (Option	onal) 14. RELATIONSHIP TO VETERAN										
SECTION IN SERVICE ORGANIZATION IN	SEORM STICK										
15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETE organization)											
American Legion (AMLEG) 074											
16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization	16B. JOB TITLE OF PERSON NAMED IN ITEM 16A										
and does not indicate the designation of only this specific individual to act on behalf of the organization)	Accredited CVSO										
9	Socialities CASA										
17 EMAN ADDRESS OF THE ODGANIZATION WAS A STATE ODGANIZATION W	(4)										
17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15 AL. VBACLE@va.gov	18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)										
vancing va. gov											

VETERAN'S SC	CIAL SECURITY NUMBER	-         -   _								
	SEC	TION IV: AUTHORIZA	ATION INFORMATIO	* 特別國家						
DOX DEIOW I	RIZATION FOR REPRESENTATIVE'S AC authorize VA to disclose to the service of ridrug abuse, alcoholism or alcohol abuse,	organization named on t	this appointment form	NON 7332, TITLE 38, U.S.C By checking the any records that may be in my file relating to s (HIV), or sickle cell anemia.						
Iter ims rep con filis exp	n 15 all treatment records relating nunodeficiency virus (HIV), or six resentative, other than to VA or the Casent. This authorization will remain ing a written revocation with VA; or (2) licit revocation or the appointment of	ng to drug abuse, the cell anemia. Recourt of Appeals for Van effect until the earl (2) I revoke the appoint another representative	alcoholism or alcoholism or alcoholism of these Veterans Claims, is notice of the following of the service e.	ose to the service organization named in hol abuse, infection with the human e records by my service organization to authorized without my further written events: (1) I revoke this authorization by organization named in Item 15, either by						
20. LIMITA	TION OF CONSENT- I authorize disclosure	of records related to tre	atment for all conditions	s listed in Item 19 except:						
	UG ABUSE COHOLISM OR ALCOHOL ABUSE	☐ INFECTION WITH		ODEFICIENCY VIRUS (HIV)						
21. AUTHO act on my b	RIZATION TO CHANGE CLAIMANT'S AD ehalf to change my address in my VA reco	DRESS - By checking the	ne box below, I authoriz	e the organization named in Item 15 to						
my aut app	VA records. This authorization doe thorization will remain in effect until	s not extend to any the earlier of the follo have been determined	other organization vowing events: (1) I fill the land to manage related to manage re	ct on my behalf to change my address in without my further written consent. This ile a written revocation with VA; or (2) I my financial affairs and the individual or						
prepare service tax info appoint that the 20.6. A necessi valid fo	I, the claimant named in Items 1 or 10, hereby appoint the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.									
		SECTION V: SH	GNATURES							
	NOTE: THIS POWER OF ATTOR	NEY DOES NOT REC	QUIRE EXECUTION	BEFORE A NOTARY PUBLIC						
	TURE OF VETERAN OR CLAIMANT (Do )	Not Print)		22B. DATE SIGNED (MM/DD/YYYY)						
23A. SIGNA (Do Not	TURE OF VETERANS SERVICE ORGAN Print)	IZATION REPRESENTA	TIVE NAMED IN ITEM	16A 23B. DATE SIGNED (MM/DD/YYYY)						
NOTE: As preparation	s long as this appointment is in effect,  a, presentation and prosecution of you	the organization name or claim before the De	ed herein will be reco	ognized as the sole representative for Affairs in connection with your claim or						
any portion	thereof.		F	Triang in Composion with your claim of						
	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED (Date)	REVOKED (Reason and date)						
VA USE	VR&E FILE EDU FILE		1210							
ONLY	LG FILE INSURANCE FILE									
PENALTY: to be false or	The law provides severe penalties which include for the fraudulent acceptance of any payment to	le fine or imprisonment, or o which you are not entitled	both, for the willful subm	ission of any statement of a material fact, knowing it						

### INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at http://www.archives.gov/veterans/military-service-records/

- 2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service LESS THAN 62 YEARS AGO and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)
  - a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.
  - b. <u>Fees for records</u>: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.
- 3. Archival Records. Personnel records of military members who were discharged, retired, or died in service 62 OR MORE YEARS AGO have been transferred to the legal custody of NARA and are referred to as "archival records".
  - a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.
  - b. <u>Fees for Archival Records</u>: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html.
- 4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/umit/lot/space/etc. number.
- 5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.
- 6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by email from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

#### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

#### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.

## REQUEST PERTAINING TO MILITARY RECORDS

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The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

	CURRENT STATUS OF SERVICE MEMBER  Discharged, deceased, or retired before 5/1/1994	Personnel Record	Medical or Service Treatment Record
	Discharged, deceased, or retired 5/1/1994 — 9/30/2004	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
AIR	Discharged, deceased, or retired 10/1/2004 – 12/31/2013  Discharged, deceased, or retired on or after 1/1/2014	1	11
FORCE	Active (including National County)	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	12
	Discharge, deceased, or retired before 1/1/1898	6	13
	Discharged, deceased, or retired 1/1/1898 - 3/31/1998	14	14
COAST GUARD	Discharged, deceased, or retired 4/1/1998 - 9/30/2006	14	11
GUAKD	Discharged, deceased, or retired 10/1/2006 - 9/30/2013	3	
	Discharged, deceased, or retired on or after 10/1/2013	3	11
	Active, Reserve, Individual Ready Reserve or TDRL	3	14
	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 - 4/30/1994	14	
MARINE	Discharged, deceased, or retired 5/1/1994 - 12/31/1998	14	14
CORPS	Discharged, deceased, or retired 1/1/1999 - 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	11
	Individual Ready Reserve	5	8
	Active, Selected Marine Corps Reserve, TDRL	4	
	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)		
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	6	16.
ARMY	Discharged, deceased, or retired 10/16/1992 - 9/30/2002		
	Discharged, deceased, or retired (including TDRL) 10/1/2002 - 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	11
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	9
	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)		30.
	Discharged, deceased, or retired 1/1/1886 - 1/30/1994 (enlisted) or 1/1/1903 - 1/30/1994 (officer)	6	
NAVY	Discharged, deceased, or retired 1/31/1994 12/31/1994		14
	Discharged, deceased, or retired 1/1/1995 - 12/31/2013	14	11
	Discharged, deceased, or retired on or after 1/1/2014	10	11
	Active, Reserve, or TDRL	10	8
PHS	Public Health Service - Commissioned Corps officers only	10	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) - Where to write/send this form Air Force Personnel Center National Archives & Records Administration Department of Veterans Affairs HQ.AFPC/DPSIRP 1 Records Management Center ATTN: Release of Information Research Services (RDT1R) 6 550 C Street West, Suite 19 700 Pennsylvania Avenue NW Washington, DC 20408-0001 11 Randolph AFB, TX 78150-4721 P.O. Box 5020 St. Louis, MO 63115-5020 Air Reserve Personnel Center US Army Human Resources Command's web page: Records Management Branch (DPTSC) https://www.hrc.armv.mil/TAGD/Accessing%20or%20 **Division of Commissioned Corps Officer Support** 2 18420 E. Silver Creek Avenue 7 ATTN: Records Officer Requesting%20Your%20Official%20Military%20Pers 12 Building 390 MS 68 1101 Wooton Parkway, Plaza Level, Suite 100 onnel%20File%20Documents Buckley AFB, CO 80011 Rockville, MD 20852 or 1-888-ARMYHRC (1-888-276-9472) Commander, Personnel Service Center AF STR Processing Center (BOPS-C-MR) MS7200 Navy Medicine Records Activity (NMRA) ATTN: Release of Information US Coast Guard 13 3 BUMED Detachment St. Louis 2703 Martin Luther King Jr Ave SE 8 3370 Nacogdoches Road, Suite 116 4300 Goodfellow Boulevard, Building 103 San Autonio, TX 78217 Washington, DC 20593-7200 St. Louis, MO 63120 MR CustomerService@uscg.mil National Personnel Records Center Headquarters U.S. Marine Corps (Military Personnel Records) 1 Archives Drive Manpower Management Records & Performance AMEDD Record Processing Center 14 St. Louis, MO 63138-1002 (MMRP-10) 3370 Nacogdoches Road, Suite 116 9 2008 Elliot Road San Antonio, TX 78217 eVetRecs: Quantico, VA 22134-5030 http://www.archives.gov/yeterans/military-service-records/ Marine Forces Reserve Navy Personnel Command (PERS-313) 2000 Opelousas Avenue New Orleans, LA 70146-5400 5 10 **5720 Integrity Drive** Millington, TN 38055-3120