





WWII MILITARY SEPARATION NOTICES FILED IN VIRGINIA REQUEST FORM

SECTION I: VETERAN'S SERVICE INFORMATION (PLEASE PRINT)

1. Veteran's Name (last, first, middle): _____
2. Date of Birth (mm/dd/yyyy): _____ 3. Place of Birth: _____
4. Service Number: _____
5. Dates of Service (mm/dd/yyyy): _____
6. Rank: _____ ☐ Enlisted ☐ Officer
7. Approximate Date of Discharge (mm/dd/yyyy): _____
8. Branch of Service: ☐ Army ☐ Navy ☐ Air Force (post-1947) ☐ Marines ☐ Coast Guard
9. Service Type: ☐ Active Duty ☐ Reserves ☐ National Guard ☐ Other: _____
10. Is the Veteran Deceased? ☐ Yes ☐ No If yes, date of death (mm/dd/yyyy): _____
- ☐ Certified Photocopy ☐ Digital Image

SECTION II: REQUESTOR INFORMATION

Name: _____ Date: _____

Street/Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

