

**APPLICATION FOR DISCHARGE OF MEMBER OR SURVIVOR OF MEMBER  
OF GROUP CERTIFIED TO HAVE PERFORMED ACTIVE DUTY  
WITH THE ARMED FORCES OF THE UNITED STATES**

OMB No. 0704-0100  
OMB approval expires  
Jun 30, 2011

*(Read Instructions on back before completing form.)*

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0100). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. SEND COMPLETED FORM TO THE APPROPRIATE SERVICE ADDRESS ON THE BACK OF THIS PAGE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Public Law 95-202, Sec. 401, and EO 9397.

**PRINCIPAL PURPOSE(S):** To assist the Secretaries of the Armed Forces in determining if applicant was member of a group which has been found to have performed active military service, and, after an affirmative finding as to the applicant, to assist the Secretary of an Armed Force in issuing an appropriate certificate of service.

**ROUTINE USE(S):** The information may be released to the civilian employer or contractual group or the Department of Homeland Security (for Coast Guard applicants) to support the member's claim. To the Department of Veterans Affairs to provide substantiation for benefit eligibility. To the Department of Justice in pending or potential litigation to which the record is pertinent.

**DISCLOSURE:** Voluntary; however, failure to provide identifying information may impede processing of this application. The use of Social Security Number is strictly to assure proper identification of the individual and appropriate records.

**I. GROUP MEMBER PERSONAL DATA**

<b>1.a. MEMBER'S NAME</b> <i>(Last, First, Middle and Maiden, if any)</i>		<b>b. ALIAS(ES)</b>		<b>2. SSN</b>	<b>3. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>
<b>4.a. PRESENT STREET ADDRESS</b> <i>(Incl. apartment number)</i>		<b>b. CITY</b>	<b>c. COUNTY</b>	<b>d. STATE</b>	<b>e. ZIP CODE</b>

**II. SERVICE GROUP DATA TO SUPPORT CLAIM**

<b>5. NAME OF GROUP SERVED WITH</b>		<b>6. IDENTIFICATION NO.</b>	<b>7. HIGHEST GRADE/RANK/RATING HELD</b>		<b>8. HIGHEST PAY GRADE</b> <i>(or actual pay)</i>
<b>9. ENTRY INTO SERVICE</b>			<b>10. ACTUAL MILITARY SERVICE BEFORE/AFTER THIS SERVICE</b>		
<b>a. DATE</b> <i>(YYYYMMDD)</i>	<b>b. PLACE</b> <i>(Include City and State of Military Installation)</i>		<b>a. DATES</b> <i>(YYYYMMDD)</i>	<b>b. DEPARTMENT(S)</b>	
<b>11. HOME OF RECORD AT TIME OF ENTRY</b>					<b>12. GRADE/RANK/RATING AT TIME OF ENTRY</b>
<b>a. STREET ADDRESS</b> <i>(Incl. apartment number)</i>	<b>b. CITY</b>	<b>c. COUNTY</b>	<b>d. STATE</b>	<b>e. ZIP CODE</b>	
<b>13. MILITARY INSTALLATION WHERE ORDERED TO REPORT</b> <i>(Include City and State)</i>			<b>14. SPECIALTY JOB TITLE(S)</b>		
<b>15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CAMPAIGN RIBBONS AWARDED/AUTHORIZED</b>					
<b>16. TERMINATION OF GROUP SERVICE</b> <i>(Separation, Discharge, Resignation, etc.)</i>					
<b>a. TYPE OF TERMINATION</b>	<b>b. REASON</b>	<b>c. STATION BASE/LOCATION</b>	<b>d. SERVICE COMMAND AFFILIATION</b>	<b>e. DATE SERVICE TERMINATED</b> <i>(YYYYMMDD)</i>	

**III. APPLICATION INFORMATION**

Applicant must sign in the space provided. If the record in question is that of a person who is deceased or incompetent, legal proof of death or incompetency must accompany this application. If the application is signed by the spouse, widow, widower, next of kin, or legal representative, give relationship or status in the appropriate box below.

<b>17. RELATIONSHIP TO APPLICANT</b> <i>(X one)</i>	<b>a. SPOUSE</b>	<b>c. WIDOWER</b>	<b>e. LEGAL REPRESENTATIVE</b>
	<b>b. WIDOW</b>	<b>d. NEXT OF KIN</b>	<b>f. OTHER</b> <i>(Specify)</i>

**I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM.** *(U.S. Code, Title 18, Sec. 287, 1001, provides a penalty of not more than \$10,000 fine or not more than five years imprisonment or both.)*

**18. APPLICANT**

<b>a. NAME</b> <i>(Last, First, Middle)</i>	<b>b. SSN</b>	<b>c. SIGNATURE</b>		<b>d. DATE SIGNED</b> <i>(YYYYMMDD)</i>
<b>e. MAILING STREET ADDRESS</b> <i>(Incl. apartment number)</i>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
				<b>f. TELEPHONE</b> <i>(Include area code)</i>

**IV. DISCLOSURE OF INFORMATION**

<b>19. I hereby authorize the release of copies of any official records maintained by the National Personnel Records Center to the appropriate military personnel office (listed on the reverse side) for the purpose of processing my application for discharge under Public Law 95-202.</b>	<b>a. SIGNATURE</b>	<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>
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## INSTRUCTIONS

1. Use typewriter or print information when completing this form. Submit in original copy only. Complete all items. If the question is not appropriate, write "NONE." Attach all documentation available to support information you enter on the form.
2. The burden of proof is on the applicant to show he or she was part of the group that provided the recognized services. List all attachments or enclosures. Use plain bond paper for additional explanation, if needed.
3. Include any supporting documents which support your claim. Supporting material may include, but is not limited to, separation discharge certificates, mission orders, identification cards, contracts or personnel action forms, employment record, education certificates, diplomas, pay vouchers, certificates or awards, casualty information, and any other supporting evidence of membership and character of service performed.
4. The appropriate service will not provide counsel representation for applicant, nor will it defray cost of such counsel under any circumstances.
5. In the event the service decides information provided by the applicant is incomplete, the application will be returned without prejudicing later information.

### **MAIL COMPLETED APPLICATION TO THE APPROPRIATE ADDRESS BELOW:**

<b>ARMY:</b>	US Army Resources Command ATTN: AHRC-PDR-VIB 1600 Spearhead Division Avenue Dept 420 Fort Knox, KY 40122-5402
<b>NAVY:</b>	Navy Personnel Command (PERS-312) Millington, TN 38054-5045
<b>MARINE CORPS:</b>	Commandant of the Marine Corps (Code: MMSB-12) 2008 Elliot Road, Suite 222 Quantico, VA 22134-0001
<b>AIR FORCE:</b>	AFPC/DPSOS 550 C Street West, Suite 3 Randolph AFB, TX 78150-4713
<b>COAST GUARD:</b>	United States Coast Guard National Maritime Center (NMC) 100 Forbes Dr. Martinsburg, WV 25401