

# MILITARY RECORDS INFORMATION REQUEST

NAME: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

TIME OF SERVICE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
ADDRESS OF APPLICANT

\_\_\_\_\_  
TYPE OF IDENTIFICATION PRESENTED

\_\_\_\_\_  
RELATIONSHIP

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)