

# SELECTIVE SERVICE RECORDS REQUEST

Year of Birth Prior to 1960

Please provide the following information as it pertains to the registrant and mail this form together with any attachment to:

**National Archives & Records Administration  
ATTN: Archival Programs  
P.O. Box 28989  
St. Louis, MO 63132-0989**

\* *Required to initiate a record search*

\* **Name of Registrant:** \_\_\_\_\_  
(Last) (First) (Middle)

**Selective Service Number, if known:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\* **Date of Birth:** \_\_\_\_\_

\* **Home address at time of registration:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State)

**Place of registration, if known:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (County) (State)

\* **Information requested (please explain):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* **Registrant Signature:** \_\_\_\_\_  
(If deceased, please provide proof of death.)

**Your telephone number:** \_\_\_\_\_

**Address where records should be mailed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_