

Return this form to: Mississippi Military Department
ATTN: Records Management
P. O. Box 5027
Jackson, MS 39296-5027
Phone: (601) 313-6217 DSN: 293-6217 Fax: (601) 313-6280

Request for MS National Guard Records

Name: _____

SSN/Service Number: _____

Date of Birth: _____

Approximate Date of Discharge: _____

Last Unit of Assignment: _____

Example: HQ 1/155th Inf, McComb, Ms 39648

Telephone #/Address: () _____
(Individual)

Name of Requester/Phone Number _____

- Documents Requested:
- NGB Form 22 Army/Air National Guard Report of Separation and Records of Service
 - NGB Form 23 – RPAM - AF 526 Retirement Points History
 - DD 214 – DD 220 Certificate of Release or Discharge from Active Duty
 - Medical Records if (LOD the dates/periods of injuries required
 - Other, please specify:

I declare under perjury of penalty under the laws of the United States of America that the foregoing is true and correct.

Signature

Date

Mail request to (if address is different from above) _____