



THE WAR MEMORIAL COMMISSION

WAR MEMORIAL
101 North Gay Street
Baltimore, Maryland 21202
Tel 410.396.8013|Fax 410.545.0192



Larry Hogan
Governor
George Owings
Secretary of Veteran Affairs
Edward Bauer
Vice Chairman

MILITARY SEPARATION RECORDS REQUEST
The War Memorial Commission houses records for WWI and WWII. The War Memorial Commission is governed by the Privacy Act P.L. 93-579 of 1974. There is a 3-day turn around for processing requests. If your request is urgent (e.g. upcoming surgery, funeral, etc.), please check the appropriate box below. This form must be notarized if mailed, faxed or if the applicant is not the Veteran.

Stephanie Rawlings-Blake
Mayor
Vacant
Executive Director
Marian James
Chairman

VETERAN INFORMATION Records Options: [] Pick-up [] Mail [] Fax [] Fax URGENT

Request Date:
Name of Veteran During Service:
Date of Birth: Place of Birth City/State:
If the Veteran is deceased [] Yes [] No If yes Date of Death
Service Number (If Known): SS#:
Branch: [] Air Force [] Air Force Reserve [] Air National Guard [] Army [] Army Reserve [] Army National Guard [] Coast Guard [] Coast Guard Reserve [] Marine Corps [] Marine Corps Reserve [] Navy [] Navy Reserve
Dates of Service: Date Entered Date Released
Are you a resident of the State of Maryland [] Yes [] No
Address: Street City State Zip Code
Tel: Fax: Cell:
Email: Fax:

APPLICANT INFORMATION (If different than Veteran)
Name of Applicant:
Relationship to Veteran:
Address: Street City State Zip Code
Tel: Fax: Cell:
Email: Fax:

If the Applicant is not the Veteran you must provide Proof of Authorization, Proof of Death such as a Death Certificate, Obituary, Death Notice or Coroner's Report.
Purpose of Request:

ACKNOWLEDGEMENT

I, _____ do solemnly swear and affirm that Print
your full name

I am the Applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing answers are true in substance and effect, and are made in good faith.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Applicant's Signature Date

Notary's Signature Date

Notary's Name Printed

Affix Notarial Seal Below: My Commission Expires: _____