Prescribed by NARA (36 CFR 1228.162(a)) NSN 7540-00-142-9360 OMB No. 3095- 0029 Expires 9/30/98.

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the instructions at the bottom before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (Last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATES OF SERVICE: DATE ENTERED	DATES OF SERVICE: DATE RELEASED	CHECK ONE: OFFICER	CHECK ONE: ENLISTED	SERVICE NUMBER DURING THIS PERIOD (If unknown, please write "unknown.")
a. ACTIVE SERVICE	UNITED STATES AIR FORCE					
b. RESERVE SERVICE						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? ☐ NO ☑ YES If "YES" enter the date of death. _____

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? ☐ YES ☐ NO

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent) This contains information normally needed to verify military service. It may be furnished to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year for which you need a copy.

☐ An **UNDELETED** Report of Separation is requested for the year(s) _____. This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

☐ A **DELETED** Report of Separation is requested for the year(s) _____. The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED LETTER FROM HQ, USAF, WASH DC. PURSUANT TO PROVISIONS OF CHAPTER 10, TITLE 37, U.S. CODE (CONSIDERATION OF FACTS AND CIRCUMSTANCES DETERMINING STATUS OF M.I.A. IN SOUTHEAST ASIA) OR RECORDS PERTAINING TO FINAL STATUS/ REPORT OF DEATH.

3. **PURPOSE** (OPTIONAL--An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) ESTABLISH EXACT CAUSE OF DEATH AND CIRCUMSTANCES TO INCORPORATE INTO U.H.P.A. DATA-BASE

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS

☐ Military service member or veteran identified in Section I, above

☐ Next of kin of deceased veteran _____ (relation)

☐ Legal guardian (must submit copy of court appointment)

☑ Other (specify) VIETNAM HELICOPTER PILOTS ASSN. KIA DATA-BASE

2. SEND INFORMATION/DOCUMENTS TO (Please print or type. See instruction 3, below.)

CW2 JOHN B. KONEK (RET.)

Name

[redacted]

Street Apt.

[redacted]

State ZIP Code

3. AUTHORIZATION SIGNATURE REQUIRED (See instruction 2, below.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

John B. Konek

Signature of requester (Please do not print.)

Info removed by VNCA

Date of this request Daytime phone