



Research Group, LLC
244 Fifth Avenue
2nd Floor, Suite 2571
New York, NY 10001-7604
Voice/Fax 877 846-4700

Re: Your Order for a certified copy of your DD Form 214

**INSTRUCTION SHEET
DD214 Express Service**

Dear Client,

Thank you for your order! We truly appreciate your business. But, to assure that we can acquire your DD214 in the fastest and most efficient manner, please follow these directions:

1. Complete in its entirety the following form. Provide as much information as you can. Incomplete and/or inaccurate information may cause a delay in acquiring your DD214.
2. **IMPORTANT:** If your need for your record is indeed urgent and critical, be sure to describe the basis for your urgent and critical need at the **3. Purpose** section. For example, "The DD214 is required by [date] for a burial service to be held on [date]." Or, "I need my DD214 by [date] for a VA Loan and real estate closing that will take place on [date]." Or, "I must submit my DD214 at my job interview, which will be held on [date]." Describe your particular urgent and critical need. Remember, making false statements on this form may subject you to criminal prosecution.
3. At the sentence beginning with "I hereby grant _____," leave BLANK. We will fill in this area with the name of the TRG researcher who is assigned to complete this order.
4. Print out the form, then SIGN and date the form.
5. For speediest service, fax the accompanying cover sheet and completed, signed form to us toll free at 877 846-4700.
6. **PAYMENT:** If you've paid by Echeck, be sure to fax us a copy of your check marked "VOID." If you've paid by Money Order, fax us a copy and indicate the date mailed. If you've paid by Western Union, indicate the Money Transfer control number.
7. Keep the signed originals in a safe place, for your records.
8. We will endeavor to provide your DD214 within the amount of time that you have specified within your order. Our interest is to provide you with the fastest possible delivery.

Thank You!

PLEASE USE THIS PAGE AS YOUR FAX COVER SHEET.

Please use this form fax as your fax cover. This will help us relate your records request to your order and payment.

FROM: _____ FAX # _____

TO: **Touchstone Research Group, LLC** FAX: **877 846-4700**

RE: Order Number (from your web order or order confirmation e-mail)

Name of person whose records are being obtained

Comments _____

For speediest service, fax the form and your request to: 877 846-4700

OR mail originals to us. Our mailing address is:

Touchstone Research Group, LLC
244 Fifth Avenue
2nd Floor, Suite 2571
New York, NY 10001-7604
Voice/Fax 877 846-4700

MONEY ORDER? If paying by money order, include a fax copy and indicate the date you mailed your money order

CHECK? No need to send your check. If you've paid by Echeck, just fax a copy of your check marked "Copy" and it will be processed electronically.

WESTERN UNION? If you've paid by Western Union, the Money Transfer control number is _____

Date you faxed these documents _____

If you've faxed your documents to us, you can retain the originals for your records. Upon receipt of your FAX or originals, your order will be queued for processing.

DON'T FORGET TO SIGN THE REQUEST PAGE

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions 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		CHECK ONE	SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER	
a. ACTIVE SERVICE				
b. RESERVE SERVICE				
c. NATIONAL GUARD				
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

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. A copy may be sent 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 that a Report of Separation was issued, 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

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.) _____

SECTION III - REQUESTER'S ADDRESS AND SIGNATURE

1. REQUESTER IS:

- | | |
|--|---|
| <input type="checkbox"/> Military service member or veteran identified in Section I, above | <input type="checkbox"/> Legal guardian (must submit copy of court appointment) |
| <input type="checkbox"/> Next of kin of deceased veteran _____ (relation) | <input type="checkbox"/> Other (specify) _____ |

2. To the NPRC and any other government agency in possession of any military records of the above named veteran: I hereby grant (the TRG assigned researcher) _____ a **Limited Power of Attorney** for the sole purpose of obtaining my records, and to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

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.

Name _____	Signature (Please do not print.) _____
Street _____ Apt. _____	Date of this request _____ () Daytime phone _____
City _____ State _____ Zip Code _____	Email address _____