Military Record Request Form



Date: Your Contact Information Name: Address: City: State/Province: Zip/Postal Code: Daytime Phone Number: **Email Address:** Military Record Requested Records to be searched: Full Name of Person to be Searched: County: Race: Please provide if searching for Civil War records: Civil War Affiliation: Civil War Unit Name, if known: Civil War Unit Name and Number if known: Widow/Veteran, complete name, if known: Please provide if searching for World War I records: Branch of Service: Submit only one form & one payment at a time.

I have enclosed the required fee to process this request.

Select Fee Type

Kentucky Dept. for Libraries and Archives P.O. Box 537, 300 Coffee Tree Road Frankfort, KY 40602

> Phone: 502.564.8300 Fax: 502.564.5773 http://kdla.ky.gov