

Date: _____

U.S. Total Army Personnel Command
ATTN: TAPC-ALP-A
200 Stoval St.
Alexandria, VA 22332

Pursuant to the Freedom to the Information Act, I hereby make a request for the "Individual Deceased Personnel File" for my below listed family member who died or was killed-in-action while serving in the military:

LAST NAME:

SERVICE NUMBER:

FIRST NAME:

BRANCH: ARMY NAVY
ARMY AIR CORPS MARINE CORPS

DATE OF BIRTH:

WORLD WAR II KOREAN WAR
VIETNAM WAR

DATE OF DEATH:

Please be advised that I will be responsible for any costs incurred over the allowed limits.

Signed

NAME OF REQUESTER

ADDRESS

CITY/STATE/ZIP CODE

AREA CODE/TELEPHONE NUMBER