



Department of Veteran Services
 294 Main Street • Greenfield, MA 01301
 Phone 413-772-1571 • Fax 413-772-1401
www.greenfield-ma.gov

Timothy Niejadlik, Director
Laura Thorne, Assistant
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UPPER PIONEER VALLEY VETERANS' SERVICES DISTRICT

Veteran Resource and Referral Center located in Greenfield, satellite locations throughout the district

REQUEST FOR MILITARY RECORDS FORM

Name: _____ DOB: _____

Social Security# _____ and/or Service Number: _____

Date of Service From: _____ To: _____

Branch of Service: _____ (Circle One) Enlisted Commissioned

Records/Documents Needed: _____

(Check One) Self Next of Kin * Funeral Home *

* Proof of Relationship and Death required with request (Death Cert, Obituary, Letter from Funeral Home)

Other**: _____

**** If you are a Power of Attorney for the service member, POA documents required with request**

I declare (or certify, verify or state) under penalty of perjury under the laws of the United States of America that the information contained in this section is true and correct.

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 Name (Please print clearly) Signature Date

 Phone Number Fax Number Email Address

Fax Email US Mail Address: _____

Please send this request to: Upper Pioneer Veterans' Services District
 294 Main Street
 Greenfield, MA 01301
 Fax: (413) 772-1401 Email: vsa@greenfield-ma.gov

NOTE: If you require a "certified" copy of your records, it is necessary to provide a US mailing address as certified copies cannot be sent via fax or electronic mail.