

**APPLICATION FOR A SEARCH OF  
UNITED STATES MILITARY  
“RETIREE” OR “ACTIVE DUTY”  
SERVICE MEMBER  
DEATH RECORD since January 1999  
SERVICE MEMBER DEATH RECORD ONLY**

**When mailing this form, include the following:**

- A copy of your photo ID
- Proof that the service member was a retiree or on active duty

**The first copy is free. Each additional copy is \$6.00.**

Date \_\_\_\_\_

Full Name of Deceased \_\_\_\_\_  
First Middle Last

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
City State



Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Your Relationship to the Deceased \_\_\_\_\_

Reason for Request of Certified Copies \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Photocopy of your ID (such as a driver's license) MUST accompany this document.**

**Proof the service member was a retiree or on active duty MUST accompany this document.**