## 1234653888

#### REOUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at http://www.archives.gov/veterans/military-service-records/ To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW. SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.) 3. DATE OF BIRTH 1. NAME USED DURING SERVICE (last, first, full middle) 2. SOCIAL SECURITY # 4. PLACE OF BIRTH Majewski, James, Richard Toledo, Ohio 5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.) DATE DATE SERVICE NUMBER BRANCH OF SERVICE OFFICER ENLISTED **ENTERED** RELEASED (If unknown, write "unknown") IIS Air Force 1999 2003 unknown a. ACTIVE b. RESERVE c. NATIONAL GUARD 6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 7. IS THIS PERSON DECEASED? YES - MUST provide Date of Death if veteran is deceased: 8. DID THIS PERSON RETTRE FROM MILITARY SERVICE? NO NO SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED 1. CHECK THE ITEM(S) YOU ARE REQUESTING: DD Form 214 or equivalent: Year(s) in which form(s) issued to veteran (Date of Separation): This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, recalistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: https://www.va.gov/records/get-military-service-records/ An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy. Official Military Personnel File (OMPF): The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record. Medical Records: Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below. I request inpatient/hospitalization records from (facility), last treated in (year). (NOTE: Fields are required) If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record. Dental Records: Please check this box if ONLY dental records are needed from the medical record. Other (Please Specify): Publicly releasable/redacted copy of OMPF per Freedom of Information Act statutes 2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) ☐ VA Loan Programs ☐ Medical ☐ Genealogy Correction Personal X Other (explain) Benefits (explain) X Employment Explain here: Services, awards, disciplinary history/records relevant to applicant's qualifications for (potential) position's duties, pay, and benefits SECTION III - RETURN ADDRESS AND SIGNATURE 1. REQUESTER NAME: Abraham Payton 2. RELATIONSHIP TO VETERAN: N/A I am the MILITARY SERVICE MEMBER OR VETERAN identified in I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Section 1, above. Authorization Letter or Power of Attorney)
OTHER (Specify): Background Investigation Analyst I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.) 4. SEND INFORMATION/DOCUMENTS TO: 5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) (Please print or type. See item 4 on accompanying instructions.) under penalty of perjury under the laws of the United States of America that Due Diligence Group, LLC the information in this Section 3 is true and correct and that I authorize the Name release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of 20711 Holt Avenue #982 deceased veteran, veteran's legal guardian, authorized government agent, or other Street Address Apt. # authorized representative, only limited information can be released unless the Lakeville MN 55044 request is archival. No signature is required if the request is for archival records.) City State ZIP Code 05/24/2022 (202) 747-7686 (571) 229-7325 Signature Required - Do not pant Date Daytime Phone Fax Number \* This form is available at http://www.archives.gov/veterans-military-servicerecords@duediligencegroupllc.com records/standard-form-180.pdf on the National Archives and Records Administration (NARA) Email Address web site. 4

Email Address

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	SECTION I - INFORMATION NEEDED							
	DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #		3. DATE OF BIRTH		4. PLACE OF BIRTH		
	• • • • •					Toledo, Ohio		
Majewski, Jam	es, Richard					Toledo,		
5. SERVICE, PA	ST AND PRESENT (For an effective records search, i					anny ron y	T T TO TO	
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c. NATIONAL GUARD		1	1	ļШ	l 🔲 .			
	LAST FOUR DUTY STATIONS, IF KNOWN: 1.	L	<u> </u>	<u>.                                    </u>				
2.	LASI FOUR DUTT STATIONS, IF KNOWN: 1.			·····	4			
7. IS THIS PERS	SON DECEASED? NO YES - M	UST provide De	ate of Death if ve	eteran is dece	eased:			
	RSON <u>RETIRE</u> FROM MILITARY SERVICE?	NO NO	L YES					
1 1.	SECTION II – INFORMA	ATION AND	OR DOCUM	IENTS RE	QUESTE	<b>D</b>		
1. CHECK THE	ITEM(S) YOU ARE REQUESTING:							
DD Form 2	14 or equivalent: Year(s) in which form(s) issued to vet	eran (Date of Sen	paration): 2003,	, 2004				
This form co	entains information used to verify military service. An I	UNDELETED D	D Form 214 is	ordinarily re	uired to det	ermine eligibility for	benefits. If you	
request a DE	ELETED copy, the following items will be blacked out: or separations after June 30, 1979, character of separation	authority for sepa	aration, reason fo	or separation, 1 re recent vet	eenlistment e	ligibility code, separati able to request a DD Fo	on (SPD/SPN)	
milConnect	by visiting: https://www.va.gov/records/get-military-serv	vice-records/	ic lost, I lease not	- 100ait 400	crans may be	iole w request a DD r	AM 214 tutougu	
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	inistrative remarks, enlistment and/or discharge information and their military					lent), and other persons	el actions. Detailed	
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	dable, you may receive copies of inpatient narrative sum			e summanes,	etc. contained	in the record.		
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Other (Plea	se Specify):							
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reply. Information	n provided will in no way be used to make a decision to	deny the request.)	)		_			
Benefits (	· / - · · · · ·				Correction	Personal X	Other (explain)	
Explain here: Ser	vices, awards, disciplinary history/records relevant to appli	cant's qualification	ns for (potential) p	osition's duties	s, pay, and ber	nefits.		
	SECTION III - R	ETURN ADI	DRESS AND	SIGNATU	JRE			
	Abroham Bouton	_			N/A			
1. REQUESTER	NAME: Abraham Payton	2.	RELATIONSE	IIP TO VET	ERAN: WA			
3. I am the	MILITARY SERVICE MEMBER OR VETERAN ide	entified in	I am the VETE	RAN'S LEG	AL GUARDI	AN (MUST submit co	py of Court	
Section	1, above.	Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of						
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	MATION/DOCUMENTS TO:		g OTTER (Spec					
	type. See item 4 on accompanying instructions.)					clare (or certify, verif		
Due Diligenc	e Group, LLC					the United States of A		
Name			the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying					
20711 Holt A	venue	#982 in	structions sheet.	Without the A	uthorization	Signature of the vetera	n, next-of-kin of	
Street Address						uthorized government ation can be released		
Lakeville	MN 5	5044 re	equest is archival	. No signatur	e is required i	f the request is for arc	hival records.)	
City	State ZI	P Code		//	1		05/24/2022	
(571) 229-73	25 (202) 747-7686		ignature Requir	red - Do not r	rint		Date	
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		FORMATION NEED							
		(last, first, full middle)		2. SOCIAL SECURITY #		F BIRTH	4. PLACE OF BIRTH		
Majewski, James, Richard								Toledo, Ohio	
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	BRAN	ICH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		CE NUMBER , write "unknown")	
a. ACTIVE	U.S. Air Force		1999	2003		X	unknow	n	
b. RESERVE									
c. NATIONAL GUARD									
	LAST FOUR DUTY	STATIONS, IF KNOW	N: 1		<u> </u>				
7. IS THIS PER	SON DECEASED?	NO 3.	ES - MUST provide	Date of Death if v	eteran is deci	4			
		M MILITARY SERVIC	E? NO	YES YES	cieran so acci	-шен.			
		SECTION II - INFO	RMATION AN	D/OR DOCUM	IENTS RE	QUESTE	D		
1. CHECK THE	E ITEM(S) YOU ARE	REQUESTING:							
This form c request a Di code, and, fo milConnect	ontains information us ELETED copy, the follor separations after Jur by visiting: https://ww	er(s) in which form(s) issued ed to verify military service lowing items will be blacke as 30, 1979, character of ser w.va.gov/records/get-milita int UNLESS YOU SPECIF	e. An UNDELETED d out: authority for s paration and dates of ry-service-records/	DD Form 214 is eparation, reason for time lost. Please not	e - recent vet	reenlistment e erans may be	ligibility code, sep able to request a D	aration (SPD/SPN)	
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	MATION/DOCUME type. See item 4 on ac	ENTS TO: ccompanying instructions.)		5. AUTHORIZA					
Due Diligence Group, LLC				under penalty of the information in					
Name				release of the req	nested inform	nation. (See it	tems 2a or 3a on t	he accompanying	
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City (571) 220 72	05	State (202) 747 7696	ZIP Code	flit	1	9/10		05/24/2022	
(571) 229-73 Daytime Phone	20	(202) 747-7686 Fax Number		Signature Requir	ed – Do not p	phi		Date	
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Email Address	go.100g10up110.01			records/standard-for web site. *	rm-180.pdf on	the National A	archives and Record	ls Administration (NARA)	

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1. REOUESTER	NAME: Abraham Payton	2.	RELATIONSH	IP TO VETE	RAN: N/A				
			_						
	MILITARY SERVICE MEMBER OR VETERAN ide	ntified in				AN (MUST submit co			
	1, above. DECEASED VETERAN'S NEXT-OF-KIN (MUST 8)	nhmit	Appointment) Authorization I			ESENTATIVE (MUST	submit copy of		
	f Death. See item 2a on instruction sheet.)		OTHER (Speci	fy): Backgrou	nd Investigatio	n Analyst			
4. SEND INFOR	MATION/DOCUMENTS TO:		_						
(Please print or	type. See item 4 on accompanying instructions.)					lare (or certify, verif			
Due Diligence Group, LLC				• •		the United States of . i correct and that I at			
Name		re	lease of the requ	ested inform	ation. (See it	ems 2a or 3a on the a	ccompanying		
20711 Holt A	venue					Signature of the vetera			
Street Address						uthorized government ation can be released			
Lakeville	MN 5					f the request is for arc			
City	State ZI	P Code	14	10			05/24/2022		
(571) 229-73	25 (202) 747-7686		gnature Require	ed - Dorbet m	rint		Date		
Daytime Phone	Fax Number		•						
records@duediligencegrouplic.com * This form is available at http://www.archives.grecords/duediligencegrouplic.com records/standard-form-180.pdf on the National A									
Email Address			eb site. *	r			, ,		