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## **RESEARCH REQUESTS**

### **Privacy Act Statement**

**AUTHORITY:** 10, USC3013, Secretary of the Army; Arm Regulation 870-5, Military History: Responsibilities, Policies and Procedures.

**PRINCIPAL PURPOSE:** To obtain historical information that focuses on persons, events and topic of historical interest to the U.S. Army.

**ROUTINE USES:** This information may be used by Department of Defense as source material for publications or other historical works. The DO Blanket Routine Uses may apply to this collection.

**DISCLOSURE:** Voluntary.

## **ABOUT THE RESEARCHER**

Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_ Mail \_\_\_\_\_ Telephone \_\_\_\_\_ Email

Interest in Person/Topic? (Genealogy, Dissertation, Personal Records, etc):

\_\_\_\_\_

\_\_\_\_\_

Do You Wish To Share This Collection With Our Museum?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **INFORMATION ON INDIVIDUAL OR TOPIC**

*If you want the Archives to search for an individual please fill out Section 1. If you want the Archives to find information on a topic please fill out Section 2. Again, please complete this form to the best of your ability.*

### **SECTION 1 – INDIVIDUAL**

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Service Number: \_\_\_\_\_

Era/Time Period: \_\_\_\_\_

Birth & Death Dates: \_\_\_\_\_

Service Dates (Indicate Active or Reserve, and/or Service Component):

\_\_\_\_\_

Location(s) Of Service? (Units & Locations):

\_\_\_\_\_

Hope To Find? (Military Documents, Photos, etc.):

\_\_\_\_\_

\_\_\_\_\_

What Documents Do You Already Have? (Please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Military Documents | <input type="checkbox"/> Diary/First Account Documents   |
| <input type="checkbox"/> DD-214             | <input type="checkbox"/> Artifacts                       |
| <input type="checkbox"/> Photos             | <input type="checkbox"/> Oral History                    |
| <input type="checkbox"/> Articles           | <input type="checkbox"/> National Archives Documentation |

Any Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***SECTION 2 - TOPIC***

Topic or Subject: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Era/Time Period: \_\_\_\_\_

Location: \_\_\_\_\_

Hope To Find? (Records, Photo, Research, Etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Documents Do You Already Have? (Please Check All That Apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Military Documents           | <input type="checkbox"/> Secondary Documents |
| <input type="checkbox"/> Photos                       | <input type="checkbox"/> Artifacts           |
| <input type="checkbox"/> Articles                     | <input type="checkbox"/> Oral Histories      |
| <input type="checkbox"/> Diary/Fist Account Documents |  |

Any Additional Information: \_\_\_\_\_

\_\_\_\_\_

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