

292

GENERAL SERVICES ADMINISTRATION

DATE RECEIVED

ORDER FOR COPIES-VETERANS RECORDS
(See reverse for explanation)

REQUIRED MINIMUM IDENTIFICATION OF VETERAN

1. NAME OF VETERAN (Last name, first, middle)	2. WAR IN WHICH OR DATES BETWEEN WHICH HE SERVED	3. IF SERVICE WAS CIVIL WAR <input type="checkbox"/> UNION <input type="checkbox"/> CONFEDERATE
4. CHECK RECORD DESIRED <input type="checkbox"/> PENSION <input type="checkbox"/> BOUNTY LAND WARRANT APPLICATION (Service before 1856 only) <input type="checkbox"/> MILITARY	5. STATE FROM WHICH HE SERVED	

PLEASE PROVIDE THE FOLLOWING INFORMATION IF KNOWN

6. UNIT IN WHICH HE SERVED (Name of regiment or number, company, etc., or name of ship)	7. BRANCH IN WHICH HE SERVED <input type="checkbox"/> INFANTRY <input type="checkbox"/> CAVALRY <input type="checkbox"/> ARTILLERY <input type="checkbox"/> NAVY <input type="checkbox"/> OTHER (Specify)
8. KIND OF SERVICE <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> REGULARS	9. PENSION OR BOUNTY LAND FILE NUMBER
10. DATE OF BIRTH	11. PLACE OF BIRTH
12. NAME OF WIDOW OR OTHER CLAIMANT	13. DATE OF DEATH
14. PLACE OF DEATH	15. IF VETERAN LIVED IN A HOME FOR SOLDIERS. ENTER LOCATION (City and State)
16. PLACE(S) WHERE VETERAN LIVED AFTER SERVICE	17. INDICATE HERE THE NUMBER OF ADDITIONAL COPIES OF THIS FORM (GSA FORM 6751) DESIRED

INSTRUCTIONS

Submit a separate form for each veteran. Do not send payment with your order. You will be billed \$2.00 for each file reproduced. Mail your order to:

Military Service Records (NNCC)
National Archives (GSA)
Washington, DC 20408

Bill \$4.00

DO NOT WRITE IN THIS AREA

REPLY

RECORD(S) ENCLOSED	<input type="checkbox"/> PENSION	<input type="checkbox"/> BOUNTY LAND	<input type="checkbox"/> MILITARY
RECORD(S) NOT FOUND	<input type="checkbox"/> PENSION	<input type="checkbox"/> BOUNTY LAND	<input type="checkbox"/> MILITARY
<input type="checkbox"/> ENCLOSED ARE COPIES FROM _____ FILES. YOU ARE BEING BILLED \$2.00 FOR EACH FILE REPRODUCED.		<input type="checkbox"/> SEE ATTACHED BILL.	
<input type="checkbox"/> WE FOUND _____ PENSION OR BOUNTY LAND FILES AND _____ MILITARY SERVICE FILES FOR VETERANS OF THE SAME NAME (OR SIMILAR VARIATIONS). YOU MAY ORDER COPIES BY RETURNING THE ENCLOSED MARKED FORMS.			
<input type="checkbox"/> WHEN WE ARE UNABLE TO FIND A RECORD FOR A VETERAN, THIS DOES NOT NECESSARILY MEAN THAT HE DID NOT SERVE. YOU MAY BE ABLE TO OBTAIN MORE INFORMATION ABOUT HIM FROM THE STATE ARCHIVES.			
<input type="checkbox"/> SEE ATTACHED FORMS/LEAFLETS.		<input type="checkbox"/> SEE REVERSE.	
<input type="checkbox"/> PLEASE COMPLETE BLOCKS 1 (give full name), 2, AND 5 AND RESUBMIT.			
<input type="checkbox"/> A REFUND OF \$ _____		<input type="checkbox"/> WILL BE SENT BY THE TREASURY DEPARTMENT.	
<input type="checkbox"/> IS ENCLOSED.		REFUND AUTHORIZATION	

PRINT OR TYPE YOUR NAME AND ADDRESS (including ZIP Code) WITHIN THE DOTS BELOW

R. West Cleaver
3126. 11th St.
Long Beach, California
90804

SEARCHER <i>[Signature]</i>	FILE DESIGNATION <i>John W. Frankenburg CO H 119th Illinois Inf.</i>
DATE 11-22-74	
CASHIER	