## REFERENCE SERVICE SLIP

Archival Research Room Record Request National Archives at St. Louis

Date:			

REQUESTER INFORMATION									
Name (Please Print – Last, First,	Middle)	Re	Researcher ID Card Number						
E-Mail Address:		Ph	hone Number:						
INFORMATIO	N NEEDED TO L	OCATE RECO	RDS (Furnish as much	as possible)					
Name used in Service (Please P	rint – Last, First, Mid	dle)	Service Number/SSN	Date & Place of Birth					
MILITARY	SERVICE	CIVILIAN SERVICE							
Branch of Service:  Air Force  Army Air Corps  Army Air Force			(Agency & Location)						
Army Marine Corps  Coast Guard Unknown	Navy		From:	To:					
Type of Rank:  Enlisted	Enlisted (Check all that apply):			(Agency & Location)					
Officer Unknown	1939 & Prior		From:	To:					
	1950 & After	(	(Agency & Location)						
Date & Place of Death:	State of Residence (upon entry into serv		From:	То:					
Other Identifying Information (Parent's Names, CSC Number,	etc.)	Other Identifying Information (Maiden Name, Job Title, etc.)							
Researcher Signature:	1000000		This Space Intentionally Left Blank						
	S	TAFF USE ONI	$\mathbf{Y}$	(A) 10 (A) (A) (A) (A) (A)					
Appointment Time and Date:		tional Researchers:							
CMRS Service Request Number	:	Attendant Signature:							
CMRS Search Request Number(	s):	Remarks:							
SCREENII	NG NOTES								
Reviewed and Nothing Removed Hold Requested: Total	User Informed Requests:								
Additional charge outs and signature	s on reverse side	Time Out:	Final Return:						