

**RETURN FORM TO:**

**Mississippi Military Department  
ATTN: Archived Records  
PO Box 5027  
Jackson, MS 39296-5027**

**Email: [ng.ms.msarng.list.g6-ima@army.mil](mailto:ng.ms.msarng.list.g6-ima@army.mil)**

**Phone: (601) 313-6217 DSN: 293-6217 Fax: (601) 313-6280**

**Request for MS National Guard Records**

**Name:** \_\_\_\_\_

**SSN/Service Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Approximate Date of Discharge:** \_\_\_\_\_

**Last Unit of Assignment:** \_\_\_\_\_

**Example: HQ 1/155<sup>th</sup> Inf, McComb, MS 39648**

**Telephone #/Address: ( )** \_\_\_\_\_  
**(Individual)**

\_\_\_\_\_

\_\_\_\_\_

**Name of Requester/Telephone #:** \_\_\_\_\_

- Documents Requested:**
- NGB 22 or DD 214-1  
Army/Air National Guard Report of Separation and Records  
of Service**
  - NGB 23, DA 5016 or AF 526  
Retirement Points Statement**
  - DD 214 or DD 220  
Certificate of Release or Discharge from Active Duty**
  - Medical Records (If LOD, the dates/periods of injuries required)**
  - Other (Please specify):** \_\_\_\_\_

**I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail request to (if address is different from above):** \_\_\_\_\_

\_\_\_\_\_