

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

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 1/155th Inf, McComb, MS 39648

Telephone #/Address: () _____
(Individual)

Name of Requester/Telephone #: _____

- Documents Requested:**
- NGB Form 22 Army/Air National Guard Report of Separation and Records of Service**
 - NGB Form 23 – RPAM - AF 526 Retirement Points History**
 - DD 214 – 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) _____
