

COPIED FROM CLAIMS FOLDER DEPARTMENT OF VETERANS AFFAIRS (317)		REQUEST FILE REF.	DATE OF REQUEST <b>17 Dec. 75</b>
<b>REQUEST PERTAINING TO MILITARY RECORDS</b> Please read instructions on reverse. If more space needed, attach additional sheets.			
<b>PART I — INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible)</b>			
1. NAME USED DURING SERVICE (Last, first, middle) <b>Kidwell, Billy Ray</b>		2. SOCIAL SECURITY NO. [REDACTED]	3. DATE OF BIRTH [REDACTED]
4. PLACE OF BIRTH [REDACTED]			
For an effective records search, it is important that ALL periods of service be shown below.			
<b>ACTIVE SERVICE</b>			
5. BRANCH OF SERVICE (Show also last organization, if known) <b>ARMY (1st US Army)</b> <b>USA 50 Proc Det USAARMC</b>		6. DATES OF ACTIVE DUTY	
		ENTERED ON [REDACTED]	RELEASED FROM [REDACTED]
		7. (Check One) OFFICER <input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/>	
		8. SERVICE NUMBER DURING THIS PERIOD [REDACTED]	
<b>RESERVE SERVICE</b>			
9. BRANCH OF SERVICE		10. DATE MEMBERSHIP	
		BEGAN [REDACTED]	ENDED [REDACTED]
		11. (Check One) OFFICER <input type="checkbox"/> ENLISTED <input type="checkbox"/>	
		12. SERVICE NUMBER DURING THIS PERIOD [REDACTED]	
<b>NATIONAL GUARD MEMBERSHIP</b>			
13. ARMY <input type="checkbox"/> 14. AIR <input type="checkbox"/>		17. DATE MEMBERSHIP	
15. STATE <input type="checkbox"/> 16. ORGANIZATION <input type="checkbox"/>		BEGAN [REDACTED]	ENDED [REDACTED]
		18. (Check One) OFFICER <input type="checkbox"/> ENLISTED <input type="checkbox"/>	
		19. SERVICE NUMBER DURING THIS PERIOD [REDACTED]	
20. IS SERVICE PERSON DECEASED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes" enter date:)		21. IS (Was) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
<b>PART II — REQUEST</b>			
EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3			
<b>ALL PERSONNEL RECORDS AND PAY RECORDS A COPY OF TO BE USED SO I CAN GET MY DISCHARGE UPGRADED.</b>			
2. <input type="checkbox"/> CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY			
3. LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check One) <input type="checkbox"/> REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN _____ (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.) <input type="checkbox"/> DISCHARGE CERTIFICATE ISSUED IN _____ (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)			
3A. HOW WAS SEPARATION DOCUMENT LOST?			
4. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain) <b>So I can obtain a lawyer and have my 200 discharge changed. I was given false information which caused me to request a 635-200 discharge.</b>			
5. REQUESTER IS (Check proper box) <input checked="" type="checkbox"/> PERSON IDENTIFIED IN PART I <input type="checkbox"/> SURVIVING SPOUSE		5A. SIGNATURE OF REQUESTER <b>Billy R. Kidwell</b>	
6. RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse) I hereby authorize release of the requested information/documents to the addressee shown at right.		7. REQUESTER (Please type or print complete return address. Include ZIP code) <b>Billy Ray Kidwell</b> [REDACTED] [REDACTED]	
6A. SIGNATURE OF VETERAN (If signed by other than veteran, complete 6B) <b>Billy R. Kidwell</b>			
6B. RELATIONSHIP TO VETERAN			