



OFFICE USE ONLY
 CASH: _____
 CHECK#: _____
 MONEY _____
 ORDER#: _____
 AMOUNT: _____
 DATE: _____

**STATE OF MARYLAND
 MILITARY DEPARTMENT
 FIFTH REGIMENT ARMORY
 BALTIMORE, MARYLAND 21201-2288**

**WES MOORE
 GOVERNOR
 COMMANDER-IN-CHIEF**

**JANEEN L. BIRCKHEAD
 MAJOR GENERAL
 THE ADJUTANT GENERAL**

REQUEST FOR MARYLAND ARMY/AIR NATIONAL GUARD SERVICE DOCUMENTS ONLY
- RELATIVE

*****\$15.00 PROCESSING FEE REQUIRED*****

Documents will be provided by digitally means unless otherwise requested

“PAYABLE TO: STATE OF MD, MILITARY DEPARTMENT”

MAIL REPLY TO:

**STATE OF MARYLAND
 MILITARY DEPARTMENT
 ATTN: MDNG-AG-ARCHIVES (MR.GARY)
 29TH DIVISION STREET
 FIFTH REGIMENT ARMORY
 BALTIMORE, MD 21201-2288**

PRINT: _____, _____, _____
 (LAST NAME) (FIRST NAME & SUFFIX) (MIDDLE NAME)

MAILING ADDRESS: _____
 (REQUIRED TO PROCESS YOUR REQUEST, INCLUDE CITY, STATE AND ZIP CODE)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **PHONE #:** _____

DATE OF DISCHARGE/SEPARATION: _____ **BRANCH OF SERVICE:** _____

DATE OF BIRTH: _____ **SERVICE #** _____ **RANK:** _____

EMAIL ADDRESS: _____

CHECK DOCUMENTS REQUESTED:
 NGB 22 _____ NGB 23 / AF 526 _____ SEPARATION ORDER _____ DD 214 _____

OTHER DOCUMENTS: _____

**CHECK APPROPRIATE BOX BELOW AND PROVIDE PROOF OF RELATIONSHIP/
 AUTHORIZATION. PROVIDE COPY OF A VALID BIRTH CERT, DRIVER'S LICENSE, POWER OF
 ATTORNEY, PHOTO I.D. ETC.**

FORWARD REQUESTED INFORMATION TO: _____

CHECK BOX IF: _____ MEMBER DECEASED _____ POWER OF ATTORNEY _____ NEXT OF KIN

YOUR SIGNATURE: _____