



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**

**Work: #667-887-4069
Email: matthew.gary@maryland.gov
matthew.d.gary.nfg@army.mil**

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: _____