

**OFFICE USE ONLY**

CASH: _____
CHECK#: _____
MONEY _____
ORDER#: _____
AMOUNT: _____
DATE: _____

WES MOORE
GOVERNOR
COMMANDER-IN-CHIEF

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

JANEEN L. BIRCKHEAD
MAJOR GENERAL
THE ADJUTANT GENERAL

REQUEST FOR MARYLAND ARMY/AIR NATIONAL GUARD & MDDF SERVICE DOCUMENTS ONLY

*****\$15.00 PROCESSING FEE AND VALID PHOTO ID REQUIRED*****

“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: #667-296-4120
Email: matthew.gary@maryland.gov
matthew.d.gary.nfg@army.mil

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

*MAILING ADDRESS: _____
(FULL MAILING ADDRESS: STREET, CITY, ZIP CODE)

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

DATE OF DISCHARGE/SEPARATION: _____ LAST UNIT ASSGN: _____

*DATE OF BIRTH: _____ SERVICE # _____ RANK: _____ BRANCH OF SERVICE: _____
(PRIOR TO 1 JULY 1969)

EMAIL ADDRESS: _____

CHECK DOCUMENTS REQUESTED:

NGB 22

NGB 23/AF 526

SEPARATION ORDER

DD 214

OTHER DOCUMENTS: _____

A COPY OF VALID FORM OF PHOTO ID IS REQUIRED TO VERIFY INDENTITY. ADDRESS SHOULD MATCH ID PROVIDED. YOUR AUTHORIZATION IS REQUIRED FOR THE RELEASE OF INFORMATION TO ANYONE OTHER THAN YOURSELF. INDICATE BELOW WHO YOU WISH TO RELEASE INFORMATION TO AND PROVIDE A CONTACT NUMBER FOR THE INDIVIDUAL.

I, _____, DO HEREBY AUTHORIZE THE INDIVIDUAL(S)
INDICATED BELOW TO HAVE ACCESS TO ALL OF MY MILITARY PERSONNEL RECORDS.

FORWARD REQUESTED INFORMATION TO: _____

* YOUR SIGNATURE: _____

*** DENOTES FIELDS THAT ARE REQUIRED.**