



OFFICE USE ONLY

CASH: \_\_\_\_\_

CHECK #: \_\_\_\_\_

MONEY ORDER#: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

LARRY HOGAN  
GOVERNOR  
COMMANDER-IN-CHIEF

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

TIMOTHY E. GOWEN  
MAJOR GENERAL  
THE ADJUTANT GENERAL

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

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

**“PAYABLE TO: STATE OF MD, MILITARY DEPARTMENT”**

MAIL REPLY TO:

STATE OF MARYLAND  
MILITARY DEPARTMENT  
ATTN: MDNG-AG-ARCHIVES (MR.GARY)  
29<sup>TH</sup> 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: \_\_\_\_\_