OMB Control No. 3095-0071 Expiration Date: 09-30-2021

SELECTIVE SERVICE SYSTEM RECORDS REQUEST Year of Birth Prior to 1960

Provide the following information and mail this form with any attachments to:

National Archives & Record Administration National Archives – Saint Louis ATTN: RL-SL P.O. Box 38757 Saint Louis, MO 63138-0757

DO NOT PROVIDE CREDIT CARD INFORMATION. IF RECORDS ARE FOUND, YOU WILL RECEIVE AN INVOICE FOR PAYMENT.

*indicates Mandatory Information (Forms without mandatory information will be returned.)

A. REGISTRANT INFORMATION (I	PLEASE PRINT)		
*Name: *Last	*First	*Middle	
Selective Service Number (if known):			
*Date of Birth (mm/dd/yyyy):			
*Home Address at <u>Time of Registration</u> :	*Street Add	dress	
Place of Registration (if known): _	*City	*County	*State
	Street Address		
	City	County	State
B. RECORD REQUESTED *Please check one block	Registration Card Classification Ledger Registration Card <i>AND</i> Clas	sification Ledger	
C. REQUESTER CONTACT INFORMA	ATION (PLEASE PRINT)		
*Name:	Telephone Number:		
*Street Address		*City	*State *Zip Code

PRIVACY ACT AND PAPERWORK REDUCATION ACT PUBLIC BURDEN STATEMENTS

Collection of this information is authorized by 44 U.S.C. 2104(a). Disclosure of this information is voluntary; however, we will be unable to respond to your request if you do not furnish your name and address, and the minimum required information regarding the record. The information is used by NARA employees to search for the record, to respond to you, to maintain control over requests received and answered, and to facilitate preparation of internal statistical reports.

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