Mu

JAN 26 2000

OMB Control No. 3095-0032 Expires 9-30-98

DATE RECEIVED IN NNR1

NATIONAL ARCHIVES ORDER FOR COPIES OF VETERANS RECORDS

ORDER FOR COPIES OF VETERANS RE	CURDS	
INDICATE BELOW THE TYPE OF FILE DESIR	ED AND THE METHOD OF PAYM	ENT PREFERRED,
1. FILE TO BE SEARCHED (Check one box only)		
PENSION		
BOUNTY-LAND WARRANT APPLICATION		
(Service before 1856 only)		
MILITARY		and the second
REQUIRED MINIMUM-IDENTIFICATION OF VETERAN - MU	IST BECOMPLETED OR YOUR O	
3. VETERAN (Give last, first, and middle names)	\	RVICE IN WHICH HE SERVED
5. STATE FROM WHICH LIE SERVED 6. WAR IN WHICH, OR DATES I	ARMY	NAVY MARINE CORPS 7. IF SERVICE WAS CIVIL WAR.
S. STATE PROMITTING SERVED	SETWEEN WHICH, HE SERVED	SKUNION CONFEDERATE
PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION, IF KNOWN		
8. UNIT IN WHICH HE SERVED (Name of regiment or purpose, company) etc, name of ship)		
	☐ INFANTRY ☐ CAVALRY	☐ ARTILLERY
(O/E 100 RgT	Renk TOTELOED TENUISTED	10. KIND OF SERVICE
11/PENSION/BOUNTY-LAND FILE NO. 12. IF VETERAN LIVED IN A HON	OFFICER ENLISTED ME FOR SOLDIERS, GIVE LOCATION (City	UNITEERS REGULARS 13. PLACE(S) VETERAN LIVED AFTER SERVICE
and State)		
14. DATE OF BIRTH 15. PLACE OF BIRTH (City, County, State, etc.)	18. NAME OF WIDOW OR OTHER	-
	CLAIMANT	
16. DATE OF DEATH 17. PLACE OF DEATH (City, County, State, etc.)		
RISONER HADERSONVILLE EXCHAN	NATIONAL AR	CHIVES TRUST FUND BOARD NATF Form 80 (rev. 3-9
TOOLE THE DETENDENT COE CONTINUE	<u> </u>	· · · · · · · · · · · · · · · · · · ·
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THESE ARE THE	1 /	固
COPIES YOU	DATE SEARCHED	SEARCHER
COPIES TOO	2//0/00	
ORDERED FROM THE		Banda 3
EILE IDENTIFIED	Soft E	and I
FILE IDENTIFIED	10- C 1	Showing.
ABOVE.	1000	
	To in	quire about this order,
DO NOT SEND	please write to the address below or telephone 202-501-5170.	
	telephone 202-301-3110.	
: ADDITIONAL	I	S AND RECORDS ADMINISTRATION
PAYMENT.		EFERENCE BRANCH (NNRT) ENNSYLVANIA AVENUE, NV
FAINENI.		HINGTON, DC 20408
	10	
	(OMPL	eb ATO
SEND TO:		
ACEORD (AUDEOT V. (A660991)		
ALFORD, GILBERT KI ROOUSSI		
1403 U Walton Do 3/29/00		
CITY, STATE ZIP CODE		
FLORISSANTMO 63031		
1-		