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SIGNATURE OF MEMBER/APPLICANT DATE SIGNED Authority: Public Law #106-259 DATE SIGNED Principal Purpose: To assist the Secretary of the Army Department in determining if the individual named in Section I above was a member of a group which has been found to have performed military service, and after an affirmative finding of such, to assist the secretary in issuing an appropriate federal Transcript of Military Service and federal Certificate of Discharge. Routine Use: May be released to the U.S. Department of Veterans Affairs to provide substantiation for benefit eligibility. Disclosure: Voluntary; however, failure to provide identifying information may impede processing of this application. The use of the Social Security Number is strictly to assure proper identification of the individual and appropriate records. FOR ALASKA DMVA OFFICE USE ONLY – ATG CERTIFICATION OF SERVICE I hereby attest that the individual named in Section I above served honorably in the Alaska Territorial Guard between the dates of and Signature of DMVA Adjutant General: Date:								
SIGNATURE OF MEMBER/APPLICANT	MAILING ADDRESS CITY		STATE		ZIP CODE	2	TELE	PHONE (Include Area Code)
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MEMBER'S NAME (Last, First, Middle)

RANK/GRADE AT DISCHARGE	PLACE OF BIRTH (CITY & STATE)	
REMARKS:		
CONTACT PERSON FOR ADDITIONAL	INFORMATION:	
(FIRST / LAST NAME)		
ADDRESS IF DIFFERENT FROM YOUR	S:	
(STREET ADDRESS or P.O. BOX, CITY,		
TELEPHONE NUMBER (INCLUDE ARE	A CODE)	
SIGNATURE OF MEMBER/APPLICANT	`:	DATE
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