

**ALASKA TERRITORIAL GUARD
APPLICATION FOR FEDERAL TRANSCRIPT OF MILITARY RECORD
AND CERTIFICATE OF DISCHARGE**

I. ALASKA TERRITORIAL GUARD (ATG) MEMBER PERSONAL DATA

MEMBER'S NAME (LAST, FIRST, MIDDLE)	IF KNOWN BY ANOTHER NAME(S) WRITE IT HERE	SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MMM/YYYY)
PRESENT ADDRESS	CITY	STATE	ZIP CODE
			TELEPHONE (Include Area Code)

II. SERVICE DATA (ATTACH ANY DOCUMENTS THAT ANSWER THE QUESTIONS BELOW)

DATE OF ENTRY INTO ATG (DD/MMM/YYYY)	OTHER MILITARY SERVICE BEFORE /AFTER ATG SERVICE (SPECIFY BRANCH AND DATES)
PLACE OF ATG SERVICE (EXAMPLE: VILLAGE OR REGION)	DATES OF ATG SERVICE (DD/MMM/YYYY to DD/MMM/YYYY)

III. HOME OF RECORD AT TIME OF ENTRY INTO ATG (IF DIFFERENT FROM PRESENT ADDRESS)

VILLAGE OR REGION	MILITARY INSTALLATION WHERE ORDERED TO REPORT (IF ANY)
-------------------	--

**IV. TERMINATION OF SERVICE (EXAMPLE: DISBANDED, SEPARATION, DISCHARGE, RESIGNATION, ETC.)
(ATTACH ANY DOCUMENTS THAT ANSWER THE QUESTIONS BELOW)**

TYPE OF TERMINATION Honorable	REASON FOR TERMINATION
---	------------------------

V. APPLICANT INFORMATION (FILL OUT ONLY IF APPLICANT IS NOT THE ATG MEMBER IN SECTION I. A COPY OF MEMBER'S DEATH CERTIFICATE IS REQUIRED WHEN APPLYING ON BEHALF OF A DECEASED ATG MEMBER.)

IF OTHER THAN ATG MEMBER, RELATIONSHIP TO APPLICANT (CHECK ONE)	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> WIDOWER	<input type="checkbox"/> LEGAL REPRESENTATIVE
	<input type="checkbox"/> WIDOW	<input type="checkbox"/> NEXT OF KIN	<input type="checkbox"/> OTHER (SPECIFY)

APPLICANT NAME-ONLY IF APPLYING ON BEHALF OF ATG MEMBER (LAST, FIRST, MIDDLE))	APPLICANT SOCIAL SECURITY NUMBER
--	----------------------------------

MAILING ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE (Include Area Code)
-----------------	------	-------	----------	-------------------------------

SIGNATURE OF MEMBER/APPLICANT _____	DATE SIGNED
-------------------------------------	-------------

Authority: Public Law #106-259
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 OVA Director: _____ Date: _____
 Director, Office of Veterans Affairs

MEMBER'S NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

RANK/GRADE AT DISCHARGE

PLACE OF BIRTH (CITY & STATE)

REMARKS:

CONTACT PERSON FOR ADDITIONAL INFORMATION: _____

(FIRST / LAST NAME)

ADDRESS IF DIFFERENT FROM YOURS: _____

(STREET ADDRESS or P.O. BOX, CITY, STATE & ZIP CODE)

TELEPHONE NUMBER (INCLUDE AREA CODE) _____

SIGNATURE OF MEMBER/APPLICANT: _____ **DATE** _____