

**SELECTIVE SERVICE SYSTEM RECORDS REQUEST**  
**Year of Birth Prior to 1960**

Provide the following information on the registrant 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**

**PLEASE PRINT**

\* Name of Registrant: \_\_\_\_\_  
Last First Middle

Selective Service Number (if known): \_\_\_\_\_

\* Date of Birth (mm/dd/yyyy): \_\_\_\_\_

\* Home Address at time of Registration: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City County State

Place of Registration (if known): \_\_\_\_\_  
Street Address

\_\_\_\_\_ City County State

\* Record Requested (please check one):  
Registration Card  
Classification Ledger  
Registration Card **AND** Classification Ledger

\* Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street Address

Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code

\* **Mandatory Information – Forms without mandatory information will be returned.**

**PRIVACY ACT STATEMENT**

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.