



For access to personnel records held by the Department of Defence
This form is for Ex serving members who are seeking their service and medical records
OR Spouses/relatives of Deceased Ex serving members.
You must provide a copy of your Drivers Licence or Passport when making your application.

Ex MEMBER DETAILS (if applicable)

Ex Member surname

Ex Member given name(s)

Other names by which Ex Member may be known

Service number / PMKeys number

Branch of service ARMY AIR FORCE NAVY

Date of enlistment

Date of discharge

Date of birth

Date of death

Please tick the documents you want:

- SERVICE RECORDS
- MEDICAL RECORDS
- DISCHARGE CERTIFICATE

Ex Members Signature

Date

APPLICANT DETAILS

Surname

Given name(s)

Your relationship to the Ex Member

Marriage Certificate/Death Certificate

Reason and urgency of request

Postal Address

Email

Postcode

Preferred contact number (include STD code)

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- Please send a copy of the documents to me
- Please send copy of documents to my representative

Applicant's Signature

Date

REPRESENTATIVE DETAILS

I, the applicant named, appoint the person named below to Act as my representative for my request for access to documents. I authorise Defence to deal with the representative concerning my application.

Representative's surname

Representative's given name (s)

Organisation name

Representative's postal address

Email

Postcode

Representative's preferred contact number (include STD code)

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Representative's Signature

Date

Please send completed form to appropriate area.

This form is not to be used for any other agency