

**APPLICATION FOR CORRECTION OF MILITARY RECORD
UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552
(Please read instructions on reverse side BEFORE completing application.)**

*Form Approved
OMB No. 0704-0003
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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 US Code 1552, EO 9397.

PRINCIPAL PURPOSE: To initiate an application for correction of military record. The form is used by Board members for review of pertinent information in making a determination of relief through correction of a military record.

ROUTINE USES(S): None.

DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.

1. APPLICANT DATA

a. BRANCH OF SERVICE (X ONE)		ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD
b. NAME (Last, First, Middle Initial) (Please print)		c. PRESENT PAY GRADE		d. SERVICE NUMBER (If applicable)		e. SSN
2. TYPE OF DISCHARGE (If by court-martial, state type of court)		3. PRESENT STATUS, IF ANY, WITH RESPECT TO THE ARMED SERVICES (Active duty, Retired, Reserve etc.)			4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY	
5. ORGANIZATION AT TIME OF ALLEGED ERROR IN RECORD				6. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (No expense to the Government) (X one)		
				<input type="checkbox"/> a. Yes <input type="checkbox"/> b. No		
7. COUNSEL (If any)			b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)			
a. NAME (Last, First, Middle Initial)						

8. I REQUEST THE FOLLOWING CORRECTION OF ERROR OR INJUSTICE:

9. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST IN THE FOLLOWING PARTICULARS:

10. IN SUPPORT OF THIS APPLICATION I SUBMIT AS EVIDENCE THE FOLLOWING: (If Veterans Administration records are pertinent to your case, give Regional Office location and Claim Number.)

11. ALLEGED ERROR OR INJUSTICE

a. DATE OF DISCOVERY	b. IF MORE THAN THREE YEARS SINCE THE ALLEGED ERROR OR INJUSTICE WAS DISCOVERED, STATE WHY THE BOARD SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER THIS APPLICATION.

12. APPLICANT MUST SIGN IN ITEM 16. IF THE RECORD IN QUESTION IS THAT OF A DECEASED OR INCOMPETENT PERSON, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY APPLICATION. IF APPLICATION IS SIGNED BY OTHER THAN APPLICANT, INDICATE RELATIONSHIP OR STATUS BY MARKING APPROPRIATE BOX.

a. SPOUSE b. WIDOW c. WIDOWER d. NEXT OF KIN e. LEGAL REP f. OTHER (Specify)

13. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Sec. 287, 1001, provides that an individual shall be fined under this title or imprisoned not more than 5 years or both.)

14.a. COMPLETE CURRENT ADDRESS, INCLUDING ZIP CODE (Applicant should forward notification of all changes of address.)		DOCUMENT NUMBER (Do not write in this space.)
b. TELEPHONE NUMBER (include Area Code)		
15. DATE SIGNED	16. SIGNATURE (Applicant must sign here.)	

INSTRUCTIONS

(All data should be typed or printed)

1. For detailed information see: Air Force Instruction 36-2603; Army Regulation 15-185; Coast Guard, Code of Federal Regulations; Title 33, Part 52; or Navy, Code of Federal Regulations; Title 32, Part 723.
2. Submit only original of this form.
3. Complete all items. If the question is not applicable, mark "None."
4. If space is insufficient, use "Remarks" or attach additional sheet.
5. Various veterans and service organizations furnish counsel without charge. These organizations prefer that arrangements for representation be made through local posts or chapters.
6. List all attachments and enclosures.
7. **ITEMS 6 AND 7.** Personal appearance of you and your witnesses or representation by counsel is not required to ensure full and impartial consideration of applications. Appearances and representations are permitted, at no expense to the Government, when a hearing is authorized.
8. **ITEM 8.** State the specific correction of record desired.
9. **ITEM 9.** In order to justify correction of a military record, it is necessary for you to show to the satisfaction of the Board, or it must otherwise satisfactorily appear, that the alleged entry or omission in the record was in error or unjust. Evidence may include affidavits or signed testimony of witnesses, executed under oath, and a brief of arguments supporting application. All evidence not already included in your record must be submitted by you. The responsibility for securing new evidence rests with you.
10. **ITEM 11.** 10 U.S.C. 1552b provides that no correction may be made unless request is made within three years after the discovery of the error or injustice, but that the Board may excuse failure to the file within three years after discovery if it finds it to be in the interest of justice.

MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW

ARMY	COAST GUARD
(For Active Duty Personnel) Army Board for Correction of Military Records 1941 Jefferson Davis Highway, 2 nd Floor Arlington, VA 22202-4508 (For Other than Active Duty Personnel) Army Review Boards Agency Support Division, St. Louis ATTN: SFMR-RBR-SL 9700 Page Blvd. St. Louis, MO 63132-5200	Chairman Board for Correction of Military Records (C-60) Department of Transportation 400 7 th St., SW Washington, DC 20590
NAVY AND MARINE CORPS	AIR FORCE
Board for Correction of Naval Records 2 Navy Annex Washington, DC 20370-5100	Board for Correction of Air Force Records SAF/MIBR 550-C Street West, Suite 40 Randolph AFB, TX 78150-4742

17. REMARKS *(Applicant has exhausted all administrative channels in seeking this correction and has been counseled by a representative of his/her servicing military personnel office. (Applicable only to active duty and reserve personnel.))*