



UNITED STATES ARMY
WOMEN'S MUSEUM

2100 A Avenue, Bldg 5219, Fort Lee, VA 23801 Phone: 804-734-4327
usarmy.lee.tradoc.mbx.lee-awmweb@mail.mil

RESEARCH REQUESTS

Privacy Act Statement

AUTHORITY: 10, USC3013, Secretary of the Army; Arm Regulation 870-5, Military History: Responsibilities, Policies and Procedures.

PRINCIPAL PURPOSE: To obtain historical information that focuses on persons, events and topic of historical interest to the U.S. Army.

ROUTINE USES: This information may be used by Department of Defense as source material for publications or other historical works. The DO Blanket Routine Uses may apply to this collection.

DISCLOSURE: Voluntary.

ABOUT THE RESEARCHER

Name (First, Middle, Last): _____

Address: _____

Telephone: _____ Email: _____

What is the best way to contact you? _____ Mail _____ Telephone _____ Email

Interest in Person/Topic? (Genealogy, Dissertation, Personal Records, etc):

Do You Wish To Share This Collection With Our Museum?

INFORMATION ON INDIVIDUAL OR TOPIC

If you want the Archives to search for an individual please fill out Section 1. If you want the Archives to find information on a topic please fill out Section 2. Again, please complete this form to the best of your ability.

SECTION 1 – INDIVIDUAL

First Name: _____ Nickname: _____

Middle Name: _____ Maiden Name: _____

Last Name: _____

Service Number: _____

Era/Time Period: _____

Birth & Death Dates: _____

Service Dates (Indicate Active or Reserve, and/or Service Component):

Location(s) Of Service? (Units & Locations):

Hope To Find? (Military Documents, Photos, etc.):

What Documents Do You Already Have? (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Military Documents | <input type="checkbox"/> Diary/First Account Documents |
| <input type="checkbox"/> DD-214 | <input type="checkbox"/> Artifacts |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Oral History |
| <input type="checkbox"/> Articles | <input type="checkbox"/> National Archives Documentation |

Any Additional Information: _____

SECTION 2 - TOPIC

Topic or Subject: _____

Era/Time Period: _____

Location: _____

Hope To Find? (Records, Photo, Research, Etc.): _____

What Documents Do You Already Have? (Please Check All That Apply):

- | | |
|---|--|
| <input type="checkbox"/> Military Documents | <input type="checkbox"/> Secondary Documents |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Artifacts |
| <input type="checkbox"/> Articles | <input type="checkbox"/> Oral Histories |
| <input type="checkbox"/> Diary/Fist Account Documents | |

Any Additional Information: _____
