

ARKANSAS HISTORY COMMISSION

**One Capitol Mall
Little Rock, AR 72201**

**REQUEST FORM FOR PHOTOCOPIES OF
ARKANSAS MILITARY SERVICE RECORDS**

Instructions: Use this form to order a copy of service records. Fill in as completely as possible. Use a separate form for each service record. The charge for the photocopies will be \$15.00. NO REFUNDS.

DATE _____

Serviceman's Name _____

Check one of the following: Confederate Union

Complete name of unit _____

Roll # _____

PLEASE PRINT:

OFFICE USE ONLY

NAME:			RECEIPT #:
ADDRESS:			AMT. PAID:
CITY:	STATE:	ZIP:	NOTES:
CHECK ONE:	<input type="checkbox"/> Mail	<input type="checkbox"/> Will pick up	

THIS FORM MAY BE PHOTOCOPIED