

The Virginia World War II Separation Notices collection contains records of soldiers who served during World War II, were discharged between **1942** and **1950** (bulk 1944–1946) **and indicated on their separation notice that they intended to seek employment in Virginia after their discharge**. It is not a complete collection of every Virginian who served in the United States military during World War II and does not include records for soldiers killed during the war.

INSTRUCTIONS

- 1. Information needed to locate records.** Certain identifying information is necessary to determine the correct records for the individual you seek. Please try to answer each item on this form. If you do not have and cannot obtain the information for an item, please list “N/A,” meaning the information is “not available.” Include as much of the requested information as you can.
- 2. Copies of this form.** This completed form should be returned to the Library of Virginia, 800 East Broad Street, Richmond, Virginia 23219 or emailed to archdesk@lva.virginia.gov.
- 3. Charges for service.** This service is offered free of charge. Once a request form is submitted, archivists will search for the veteran’s separation notice. If a record is located, one certified (not notarized) copy will be mailed to the applicant. Document legibility varies; the best copy possible will be provided. If a digital image is available and the requestor prefers to receive a digital copy, the Library can accommodate that request but cannot certify the digital image. Notification will be sent if no record exists in the collection.





WWII MILITARY SEPARATION NOTICES FILED IN VIRGINIA REQUEST FORM

SECTION I: VETERAN'S SERVICE INFORMATION (PLEASE PRINT)

1. Veteran's Name (last, first, middle): _____

2. Date of Birth (mm/dd/yyyy): _____ 3. Place of Birth: _____

4. Service Number: _____

5. Dates of Service (mm/dd/yyyy): _____

6. Rank: _____ Enlisted Officer

7. Approximate Date of Discharge (mm/dd/yyyy): _____

8. Branch of Service: Army Navy Air Force (post-1947) Marines Coast Guard

9. Service Type: Active Duty Reserves National Guard Other: _____

10. Is the Veteran Deceased? Yes No If yes, date of death (mm/dd/yyyy): _____

Certified Photocopy Digital Image

SECTION II: REQUESTOR INFORMATION

Name: _____ Date: _____

Street/Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

