

**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**

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

**THIS FORM MAY BE PHOTOCOPIED**