

REFERENCE SERVICE SLIP

(Records OTHER than Official Civilian and Military Personnel Files)

National Archives at Saint Louis

Date:

REQUESTER INFORMATION

Name (Please Print – Last, First, 'O k f r g)

Researcher ID Card Number

E-Mail Address:

Phone Number:

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)Name used during Service
(Please Print – Last, First, Middle)

Service Number/SSN

Date & Place of Birth:

Requested Record Series

Series Description/Title

Record Group Number

ARC Identifier

Range of Years

Additional Descriptive Information from ARC, Information Sheet, or Other Source

Comments/Notes

STAFF USE ONLY

Researcher Signature:

Attendant Signature:

Appointment Time and
Date:

Additional Researchers:

Remarks:

CMRS Request Number:

CMRS Search Request Number(s):

SCREENING NOTESReviewed and
Nothing RemovedItems Removed
and User InformedScreened
Items:

Hold Requested:

-
- Yes
-
-
- No

Total Requests:

Time Out:

Final Return:

 Additional charge outs and signatures on reverse side