

Return Address:

Date: _____

Department of the Army
Administrative Section
Attn: TAPC-ALP-(FOIA)
DCS Personnel & Logistics
200 Stovall Street
Alexandria, VA 22331-0405

To whom it may concern:

Request I be furnished with a copy of the I.D.P.F. of the following individual:

1. Name: _____
2. Serial Number: _____
3. Unit: _____
4. Date of Death: _____
5. Place of Death: _____
6. Burial Site: _____
7. Relationship: _____

Sincerely,

Name and Signature