

Defence Archives - Request for Records form
Please read the following instructions prior to completing this form

What this form is for?

This form is to be used by ex-members of the ADF or their next of kin, advocate or other third party to request information held on Service Records (Personal and Health) in the custody of the Department of Defence.

Please note: No information will be provided to anyone other than the ex-member unless written authorisation has been provided by that person. If the ex-member is deceased, proof of death and proof of relationship must be provided including identity documents.

Proof of identification of the requester

Identification of the requester **must** be provided. Acceptable forms of identification include a copy of one of the following: an official identity document which includes a signature or signature and photo, e.g. passport, driver's licence, pension card, tertiary institution ID card. **Do not** provide credit card information as a form of identification.

Proof of relationship

For anyone other than the ex-member, proof of relationship must be established through documents such as: marriage certificate, birth certificate, death certificate, power of attorney or statutory declaration.

Proof of name change

Where necessary, proof of name change is required to establish proof of identification and/or proof of relationship, e.g. marriage certificate, deed poll, etc.

Products available

Service Report - computer generated report containing data entered into various Personnel Management Systems.

Sufficient to apply for membership of an RSL or obtain entitled discounts e.g. cruises.

Includes: Full name, date of birth, service number, date of enlistment, date of discharge and rank on discharge.

Other - please specify particular documents e.g. performance reports, training/qualifications and discharge documentation.

Note that the only particular health records that can be provided are the inoculation booklet, or final/discharge medical.

Full copy of Personal Records - full copy of Personal Records, including Unit and any electronic only records.

Full copy of Health Records - full copy of Health Records, including Unit and any electronic only records.

Timeframes for completion

Timeframes for the completion of requests for information vary according to the complexity of the task. Less complex tasks such as Service Reports require less processing time and can be provided in a shorter timeframe.

Full copies are more complex and require the redaction of personal information relating to other individuals.

Requesting a full copy of documents will result in a longer turnaround time. If you have an urgent requirement to access records please specify this on the request form.

How products will be provided

Defence Archives provides access to most records, including full copy of records, electronically on disc to the nominated postal address. Large files are unable to be emailed due to Defence network limitations. However, Service Reports can be emailed and provided in a short timeframe.

Submission of this form

The preferred method for Defence Archives to receive this completed form plus identity documents is via e-mail to:

ADF.Records@defence.gov.au

Alternatively, this completed form and identity documents can be sent via mail to:

Defence Archives
PO Box 225
Queenscliff VIC 3225
Australia

More information

More information can be found at our website: www.defence.gov.au/Records or by contacting the Defence Service Centre on 1800 333 362 or +61 2 6455 1440 from outside Australia.

Ex-member details

Given names <input type="text"/>	Surname <input type="text"/>	Former surnames (if applicable) <input type="text"/>	
Service/PMKeyS number(s) <input type="text"/>	Service (tick as appropriate)		Reservist yes / no
	Navy <input type="checkbox"/>	Army <input type="checkbox"/>	Air Force <input type="checkbox"/>
Date of Birth <input type="text"/>	Date of Enlistment <input type="text"/>	Date of Discharge <input type="text"/>	Date of Death (if applicable) <input type="text"/>

Applicant/Advocate/Third Party details (if not the ex-member)

Name <input type="text"/>	Relationship to the ex-member <input type="text"/>
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Contact details - Applicant

Unit/Number:	<input type="text"/>
Street:	<input type="text"/>
City:	<input type="text"/>
State & Postcode:	<input type="text"/>
Telephone:	<input type="text"/>
E-mail address:	<input type="text"/>

Contact details - Member (if not the applicant)

Unit/Number:	<input type="text"/>
Street:	<input type="text"/>
City:	<input type="text"/>
State & Postcode:	<input type="text"/>
Telephone:	<input type="text"/>
E-mail address:	<input type="text"/>

Products requested (see instruction page for details)

Product requested <input type="text"/>	Reason for request (including reason for urgency) <input type="text"/>
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Authorisation

Ex-member signature <input type="text"/>	(If applicable - please tick) I, the ex-member authorise the person listed above to receive the products I am requesting. <input type="checkbox"/>
/ / Date	
Applicant/Advocate/Third Party signature <input type="text"/>	
/ / Date	

Applicant checklist prior to submission

Form complete	<input type="checkbox"/> Yes
Identification provided	<input type="checkbox"/> Yes
Proof of relationship	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

NOTE THAT REQUESTS CAN NOT BE ACTIONED UNTIL IDENTIFICATION AND PROOF OF RELATIONSHIP HAVE BEEN PROVIDED