

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 relationship must be provided including identity documents.

Forms of identification

Acceptable forms of identification for the ex-member include a copy of one of the following: Passport or any other identity document which includes a signature or signature and photo e.g. drivers licence, pension card, tertiary institution ID card. 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.

Please note: Do not provide credit card information as a form of identification.

Products available

Confirmation of service (sufficient for use 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, rank on discharge.

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

Enlistment documents - includes documents relating only to an ex-members enlistment into the ADF.

Discharge documents - includes documents only relating to an ex-members discharge from the ADF.

Other: Please specify - where only particular documents are required e.g. performance reports, final/discharge medical, inoculation booklet.

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 Confirmation of Service and Service Record tasks require less processing time.

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

Full copies are typically completed within 30 days.

How products will be provided

Defence Archives provides access to records electronically on disc to the nominated postal address. Documents are not able to be e-mailed due to Defence Network limitations and Privacy requirements.

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.

REQUEST FOR RECORDS

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) Navy <input type="checkbox"/> Army <input type="checkbox"/>	Air Force <input type="checkbox"/>	Reservist yes / no <input type="checkbox"/>
Date of Birth <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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Authorisation

Ex-member signature <input type="text"/>	Date <input type="text"/>
Applicant/Advocate/Third Party 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"/>

Contact details

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

Products requested (see instruction page for details)

Full copy of Personal Records

Full copy of Health Records

Other (Please specify):

Reason for request

Applicant checklist prior to submission

Form complete	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Identification provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Proof of relationship	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>