

# REQUEST FOR MITOCHONDRIAL DNA SEQUENCE REPORT

Date of Request: \_\_\_\_\_

## Missing Service Member Information

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**MIDDLE NAME**

\_\_\_\_\_  
**LAST NAME**

**CONFLICT** (Check Applicable Box)

WW I    WW II    Korean War    Cold War    Vietnam War    Other (Specify): \_\_\_\_\_

**BRANCH OF SERVICE** (Check Applicable Box)

US Army    USAAF (WWII)    US Navy    USMC    US Air Force    Other (Specify): \_\_\_\_\_

(AFDIL USE ONLY) Check If This Form Is For A Request for Sequence Report Only

## NAME AND ADDRESS OF WHERE THE MTDNA SEQUENCE REPORT WILL BE SENT:

Upon completing analysis of my family reference specimen, I request the Armed Forces DNA Identification Laboratory release of a copy of my mitochondrial DNA Sequence report to the following person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

## SIGNATURE OF REQUESTOR (Donor):

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Please Return This Form To:

Armed Forces DNA Identification Laboratory  
Armed Forces Medical Examiners System  
ATTN: Family Reference Section  
115 Purple Heart Drive  
Dover AFB, DE 19902-5051  
(302) 346-8900