

STATE OF ALASKA

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

Office of Veterans Affairs

Verdie Bowen, Director

SEAN PARNELL, GOVERNOR

P. O. BOX 5800

ANCHORAGE, ALASKA 99505-0800

PHONE: (907) 428-6513

FAX: (907) 428-6055

RE: Alaska Territorial Guard (ATG) Application for Federal Transcript of Military Record and Certificate of Discharge

Dear ATG Applicant:

Alaskans who served as a member of the Alaska Territorial Guard (ATG) from 1942 to March 31, 1947 may apply to have their ATG service considered as federal active duty service. Please complete the enclosed Alaska Territorial Guard Application for Federal Transcript of Military Record and Certificate of Discharge (AK DMVA FORM ATG-214) as completely as possible.

If you have papers supporting the applicant's service with the ATG, please include a copy (do not send original copies). Also, include signed statements from all witness's who can verify the applicant's claim of service in the ATG. Witness statements should be signed and include the applicants name, relationship, location of service, dates of service, and all other information the witness remembers that substantiates the applicant's service.

Upon verification and approval of service in the Alaska Territorial Guard the veteran will be issued an official discharge from the United States Army. With this discharge, veterans status be bestowed upon the ATG member and he will be added to roles of United States Veterans and have the same privileges of all United States Service Veterans.

Mail completed applications and support material to:

Director, Office of Veterans Affairs
PO Box 5800
Ft. Richardson, Alaska 99505-5800

Sincerely,

Verdie Bowen
Director, Office of Veterans Affairs
(907) 428-6016

**ALASKA TERRITORIAL GUARD
APPLICATION FOR FEDERAL TRANSCRIPT OF MILITARY RECORD
AND CERTIFICATE OF DISCHARGE**

I. ALASKA TERRITORIAL GUARD (ATG) MEMBER PERSONAL DATA

MEMBER'S NAME (LAST, FIRST, MIDDLE)	IF KNOWN BY ANOTHER NAME(S) WRITE IT HERE	SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD / MM / YY)
PRESENT ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE (Include Area Code)			

II. SERVICE DATA (ATTACH ANY DOCUMENTS THAT ANSWER THE QUESTIONS BELOW)

DATE OF ENTRY INTO ATG (DD/MM/YY)	OTHER MILITARY SERVICE BEFORE/AFTER ATG SERVICE (SPECIFY BRANCH AND DATES)
PLACE OF ATG SERVICE (EXAMPLE: VILLAGE OR REGION)	DATES OF ATG SERVICE (DD/MM/YY to DD/MM/YY)

III. HOME OF RECORD AT TIME OF ENTRY INTO ATG (IF DIFFERENT FROM PRESENT ADDRESS)

VILLAGE OR REGION	MILITARY INSTALLATION WHERE ORDERED TO REPORT (IF ANY)
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**IV. TERMINATION OF SERVICE (EXAMPLE: DISBANDED, SEPARATION, DISCHARGE, RESIGNATION, ETC.)
ATTACH ANY DOCUMENTS THAT ANSWER THE QUESTIONS BELOW.**

TYPE OF TERMINATION	REASON FOR TERMINATION
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V. APPLICANT INFORMATION (FILL OUT ONLY IF APPLICANT IS NOT THE ATG MEMBER IN SECTION I. A COPY OF MEMBER'S DEATH CERTIFICATE IS REQUIRED WHEN APPLYING ON BEHALF OF A DECEASED ATG MEMBER.)

IF OTHER THAN ATG MEMBER, RELATIONSHIP TO APPLICANT (CHECK ONE)	<input type="checkbox"/>	SPOUSE	<input type="checkbox"/>	WIDOWER	<input type="checkbox"/>	LEGAL REPRESENTATIVE
	<input type="checkbox"/>	WIDOW	<input type="checkbox"/>	NEXT OF KIN	<input type="checkbox"/>	OTHER (SPECIFY)

APPLICANT NAME-ONLY IF APPLYING ON BEHALF OF ATG MEMBER (LAST, FIRST, MIDDLE)	APPLICANT SOCIAL SECURITY NUMBER
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MAILING ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE (Include Area Code)
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SIGNATURE OF MEMBER/APPLICANT _____	DATE SIGNED
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Authority: Public Law #106-259
Principal Purpose: To assist the Secretary of the Army Department in determining if the individual named in Section I above was a member of a group which has been found to have performed military service, and after an affirmative finding of such, to assist the secretary in issuing an appropriate federal Transcript of Military Service and federal Certificate of Discharge.
Routine Use: May be released to the U.S. Department of Veterans Affairs to provide substantiation for benefit eligibility.
Disclosure: Voluntary; however, failure to provide identifying information may impede processing of this application. The use of the Social Security Number is strictly to assure proper identification of the individual and appropriate records.

FOR ALASKA DMVA OFFICE USE ONLY – ATG CERTIFICATION OF SERVICE

I hereby attest that the individual named in Section I above served honorably in the Alaska Territorial Guard between the dates of _____ and _____.

Signature of DMVA Adjutant General: _____ Date: _____

THOMAS H. KATKUS, Brig. General, AKANG, The Adjutant General (acting)

