

# Vaccination Record Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to request a copy of my vaccination records for military service purposes. My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your DOB]
- Service Number: [Your Service Number]
- Unit: [Your Military Unit]

Please send the documents to my address listed above or contact me at the phone number/email provided for any further information needed to process this request.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]