



CONSTITUENT SERVICE FORM

U.S. Representative Scott Perry (PA-10)

4999 Louise Drive, Suite 205
Mechanicsburg, PA 17055
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Fax: (771) 200-5802

2501 Catherine Street, Suite 11
York, PA 17408
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NAME

DATE OF BIRTH

HOME ADDRESS
CITY ZIP

PHONE ()

E-MAIL

FEDERAL AGENCY re: YOUR ISSUE

SSN / FEDERAL CASE # / RECEIPT # re: YOUR ISSUE

PLEASE BRIEFLY DESCRIBE YOUR ISSUE / How You Need Help (may use separate sheet):

Provide all relevant information pertaining to the February 18, 1997, interview with KGB agent Viktor V. Sharapov regarding my cousin's disappearance and possible survival.

See Attachment (A) for all relevant details regarding my full request.

Please add me to Rep. Perry's E-Newsletter contact list.

I authorize Rep. Perry / his Staff to leave information on my voicemail with regard to my inquiry.

In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I hereby authorize US REP. SCOTT PERRY/ his Staff to request assistance on my behalf in connection with my above issue. I authorize discussion of my records with Rep. Perry/his Staff. I authorize Rep. Perry/his Staff to use this Privacy Release for any inquiries or subsequent appeals of the issue outlined above.

SIGNATURE

(Under the terms of the Privacy Act, all constituent service requests must include a signature)

DATE

ATTACHMENT (A)

Thursday, August 15, 2024

REGARDING: Information pertaining to the February 18, 1997, interview with KGB agent Viktor V. Sharapov regarding my cousin's disappearance and possible survival.

Dear Congressman Perry,

I would like you to file a Congressional Inquiry on my behalf.

MY REQUEST: Please contact the appropriate agencies that house the work product, notes, recordings, research and conclusions that resulted from the February 14, 1997, JCSD-Moscow interview with KGB Agent Viktor Sharapov regarding the 8 individual pilots referenced in his books. Attached is a DIA memo of the interview that took place.

Please provide me with:

- 1) ALL associated (notes, recordings, research and conclusions) with the above referenced interview.
- 2) A copy of the referenced drawings by the "MORTICIAN" of several pilots remains.

FACTS & BACKGROUND: a 2024 congressional inquiry led to the DPAA release of over 400+ pages of declassified documents relating to the disappearance of my cousin LTJG David Marion Christian (a ground attack pilot shot down on June 2, 1965, in Thanh Hoa Vietnam).

Four months after David Christian disappeared concerns about his possible survival began when his name, physical description, and detailed list of his personal belongings appeared in the Russian newspaper PRAVDA alongside James Stockdale who was a known P.O.W.

The newspaper article was authored by Viktor V. Sharapov. A witness statement in the DPAA release shows that a Sharapov came to his crash site to document the incident. This release also showed Viktor Sharapov was a General-Major in the KGB and had written 3 books about his assignment in Vietnam in 1965.

Report states on February 18, 1997, the US JCSD-Moscow team questioned Sharapov EXTENSIVELY regarding the 8 pilots mentioned by name in his books.

- The Vietnam Diaries
- OTPOR (the Rebuff)
- Vietnam 1965

David Christian is one of the 8 pilots listed by full name in Sharapov's books. The words "CAPTURED" and "TAKEN PRISONER" are used in several locations associated with David's name as well as detailed references to David's physical description, personal belongings taken from him and references the VA-23 Black Knights insignia was taken from his plane debris and put on display in Hanoi. Also stated that the JCSD team showed Sharapov drawings by the Mortician of several pilots remains.

David Christian's final accounting report was closed March 14, 1994, three years prior to the interview with Viktor Sharapov. The work product of the interviews was not incorporated into David's accounting report of his MIA case file nor was it shared with his family. This interview has only now come to our attention due the May 2024 DPAA release of his records.

Name: David Marion Christian
SS No: 571-56-3259
DOB: 1/15/1941
Mil Branch: Navy Reserve
Rank: LIEUTENANT JUNIOR GRADE
Position: A4-E Skyhawk Ground Attack Pilot
Buno: 151144
Modex: NE348
Squadron: VE23 Black Knights
Date Shot Down: 6/2/1965

More information on this case can be found here: www.davidchristian.org

All requested information is over 27 years old and should have been declassified by Executive Order (12812) unless special exceptions were preauthorized and noted.

NOTE: As with my first Congressional Inquiry, I will not/cannot pay for any costs incurred by this request and feel they should be part of his oath for service and sacrifice to defend the United States of America. This inquiry is part of the loss of life of a family member and is part of the governments promise to provide a full account of his investigation.

Sincerely,
Lawrence T. Christian

ARE TITLED "OTPOR" (REBUFF) AND "VIETNAM, 1965."
COPIES OF THESE BOOKS WILL BE PROVIDED TO JCSD.

5. DURING SHARAPOV'S TIME IN VIETNAM HE CLAIMS HE DID NOT KEEP A PERSONAL DIARY. HOWEVER, HE DID HAVE PERSONAL NOTEBOOKS THAT HE TOOK NOTES IN. HE GAVE THESE NOTEBOOKS TO THE PRAVDA ARCHIVES. SHARAPOV CLAIMS THAT HE HAS NO SOUVENIRS FROM U.S. POWS AND THE ONLY PICTURES OF U.S. POWS THAT HE HAD WERE THOSE WHICH WERE PUBLISHED IN HIS BOOKS ABOUT VIETNAM.

6. SHARAPOV CLAIMED TO HAVE NO KNOWLEDGE CONCERNING THE POSSIBLE TRANSFER OF U.S. POWS FROM VIETNAM TO THE FORMER USSR. HE CLAIMS THAT DURING HIS TIME IN THE KGB HE NEVER CAME ACROSS ANYTHING REGARDING U.S. POWS EITHER FROM THE WAR IN VIETNAM OR FROM THE KOREAN WAR.

7. BISHOP SHOWED SHARAPOV THE "MORTICIAN" DRAWINGS BUT HE WAS UNABLE TO IDENTIFY EITHER OF THE INDIVIDUALS DEPICTED IN THE DRAWINGS.

8. SHARAPOV PROVIDED ONE NEW VIETNAM LEAD-YURI YUKHANANOV, A RADIO JOURNALIST WHO ALSO SERVED

/***** BEGINNING OF SECTION 002 *****/

IN
VIETNAM.

9. JOINT COMMISSION SUPPORT DIRECTORATE-MOSCOW
SENDS. TEFFT

ADMIN

BT

#3011

NNNN

Reviewed by DPAA IAW DoDM 5400.07 and
P.L. 102-190, 105 Stat 1290, 1480-1481
Date: 14 Mar 2024
Initials: RW

QC'd by DPAA
Date: 25 Mar 2024
Initials: CG





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NO PROOF

NAVAL MILITARY PERSONNEL COMMAND, DEPARTMENT OF THE NAVY, WASHINGTON, D. C. 20370

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE Corrected: 10 Apr 86		2. DATE PREPARED 19 July 1965	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), (MOS/NJC) 674340/1315 1st Appt: ENS 19 Jul 63 CHRISTIAN, David Marion, 571-56-3259, LTJG, USNR DUSTA: ATKRON 23 onboard USS MIDWAY (CVA-41)					
4. CASUALTY STATUS a. <input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE b. COMMENCED TOUR DATE ASIATIC 0122					
c. STATUS <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER _____					
d. DATE 2 Jun 1965 e. PLACE North Vietnam (Specify)					
f. CAUSE & CIRCUMSTANCES KILLED IN ACTION - Died 2 June 1965 as result of a *					
5 a. DATE AND PLACE OF BIRTH 15 January 1941; Oakland, CA		b. RACE CAUC	c. SEX MALE	d. RELIGIOUS PREFERENCE Protestant	
6. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 13 March 1963; Pensacola, FL Lane, Franklin, Kansas					
7 a. PAY GRADE O-2		b. BASIC PAY 384.30 over 2 yrs		c. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	d. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> PASSENGER
8. DUTY STATUS ACTIVE DUTY ATTACK SQUADRON TWO THREE onboard USS MIDWAY (CVA-41)					
9. INTERESTED PERSONS (Name, Address, Relationship)			DATE OF RECORD OF EMERGENCY DATA FORM		
Ethel E. Christian 13450 Highway 8, Space 68, Lakeside, CA 92040			Mother		
Jess E. Christian			Deceased Father		
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT USS MIDWAY (CVA-41)			
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ENL USNR-R 11/3/62 to 7/18/63; Service # 598 27 24					
13. REMARKS * 4f. (cont) military aircraft accident due to hostile action - PILOT Remains Returned to U.S. Jurisdiction on 10 April 1986.					
Reviewed by DPAA IAW DoDM 5400.07 and P.L. 102-190, 105 Stat. 1290, 1480-1481 Date: 14 Mar 2024 Initials: RW			QC'd by DPAA Date: 25 Mar 2024 Initials: CG		
FOOTNOTES: 1. Adult next of kin. 2. Beneficiary for gratuity pay in event there is no surviving wife or child as designated on record of emergency data. 3. Beneficiary for unpaid pay and allowances as designated on record of emergency data.					
14. DISTRIBUTION C-11ND		15. SIGNATURE ELEMENT Certified to be a true Certification of Casualty. J. J. Zuercher Head, Casualty Assistance Branch By direction of the Commander, Naval Military Personnel Command			

RE DATA
(DECEASED AND MISSING PERSONNEL)

DEAD MISSING

DATE
30 Apr 86

STATUS

LAST NAME - FIRST NAME - MIDDLE INITIAL

CHRISTIAN, David M.

GRADE

LTJG/02

SERVICE NUMBER

674340

ORGANIZATION

VA-23 USS Midway CVA-41

FORMER SERVICE NUMBERS

SSN: 571-56-3259

5982724

DATE OF DEATH - ~~MISSING~~ STATUS

02 Jun 65

CAUSE OF DEATH

PLACE OF DEATH - OR LAST SEEN IF MISSING

DATE OF BIRTH

15 Jan 41

North Vietnam

UTM G.C. WG 921 815

PHYSICAL CHARACTERISTICS

RACE

Caucasian

CREED

Protestant

HEIGHT

66 3/4"

WEIGHT

125 lb.

COLOR EYES

Brown

COLOR HAIR

Brown

SHOE SIZE

Unk

BLOOD TYPE

O Pos

FRACTURES AND/OR BREAKS

None listed on medical records

TATTOOS AND SCARS

Scar: 1 1/2" rt patella

1" occipital

1" rt elbow

1/2" rt frontal

RECORD INCLOSURES

DENTAL DATA NONE OF RECORD INCLOSED (Itemize by Form Number and Date of Record)

CASUALTY DATA CASUALTY REPORT STATEMENTS OF WITNESSES MISSING PERSONS SUPPLEMENTARY REPORT (AF Form 484)
 OTHER (Specify)

DD Form 1300 dtd 03 Jun 65
NAVMED N (Certificate of Death) dtd 02 Jun 65

ADDITIONAL DATA

Service: U.S. Navy
DOI: 02 Jun 65
Ref No: 0092 1 01
Acc No: 6006
SF 88: (3) dtd 08 Sep 62 and 2 dtd 15 Mar 63
SF 89: (2) dtd 08 Sep 62 and 15 Mar 63
Anthropometric Data Form dated 7 April 1964

Reviewed by DPAA IAW DoDM 5400.07 and
P.L. 102-190, 105 Stat. 1290, 1480-1481
Date: 14 Mar 2024 Initials: RW

QC'd by DPAA
Date: 25 Mar 2024
Initials: CG

DD FORM 898

REPLACES DDMS FORM 871, 24 JAN 61, WHICH IS OBSOLETE.

TITLE OF INCIDENT: HOSTILE ACTION

STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-R057.1.
 Approval expires 30 June 1956.

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS David Marion Christian		2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) None		4. PERMANENT MAILING ADDRESS P. O. Box 121, Lane, Kansas	
5. DATE OF BIRTH (Day, month, year) 15 JAN 41		PLACE OF BIRTH (City, County, State, and Country) Oakland, Alameda Costa Co., Calif.	PLACE CERTIFICATE RECORDED Sacramento, Calif.
RACE CAU	HEIGHT 5' 7"	WEIGHT 122	COLOR OF EYES Brown
COLOR OF HAIR Brown		SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS None	
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.			
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO.	IF DERIVED, PARENTS' CERTIFICATE NO(S).
ALIEN <input type="checkbox"/>	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY
			DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. MILITARY SERVICE			
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO.	SERVICE AND COMPONENT	ORGANIZATION AND STATION	DATE CURRENT ACTIVE SERVICE STARTED
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO.	SERVICE AND COMPONENT	ORGANIZATION AND STATION OR UNIT AND LOCATION	
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:			
COUNTRY	SERVICE	COMPONENT	FROM (Date)
			TO (Date)
			TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)			
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	
FROM--	TO--	GRADUATE	DEGREE
		YES	NO
1/62	8/62	x	BA
9/61	1/62		x
1/61	6/61		x
9/58	6/60		x
9/52	5/58	x	HS
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)			
RELATION AND NAME	DATE AND PLACE OF BIRTH	PRESENT ADDRESS, IF LIVING	U. S. CITIZEN
			YES
			NO
FATHER Jess Milton Christian	10 OCT 09 Ringwood, Okla.	P.O. Box 121, Lane, Kansas	x
MOTHER (Maiden name) Ethel Estella Kaywood	14 JUL 14 Ringwood, Okla.	P.O. Box 121, Lane, Kansas	x
SPOUSE (Maiden name) None			
OTHER (Specify) Brother Phillip Lynn Christian	29 JUN 53 LaMesa, Calif.	P.O. Box 121, Lane, Kansas	x
Sister Kathy Ann Christian	29 APR 48 Lane, Kansas	P.O. Box 121, Lane, Kansas	x
Sister Carol Joy Christian	17 APR 34 Enid, Okla.	P.O. Box 121, Lane, Kansas	x
Sister Arla Jeanne Christian	13 APR 37 Enid, Okla.	13050 Lakeshore Drive, Lakeside, Calif.	x

074010

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else. Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180 (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago).

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R C8). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death such as the DD Form 1300, Casualty Report, a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b)(6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <https://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online using eVetRecs at <https://www.archives.gov/veterans/military-service-records/>

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
Christian, David, Marion	571-56-3259	1/15/1941	Oakland California

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	Navy Reserve	11/3/1962	KIA 6/2/1965	<input checked="" type="checkbox"/>	<input type="checkbox"/>	674340
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. NAS Pensacola FA
 2. NAS Lemore CA - VA-23 Black Knights 3. CVA-41 U.S.S Midway (Yankee Station) Gulf of Tonkin 4. Loss Thanh Hoa North Vietnam

7. IS THIS PERSON DECEASED? NO YES - MUST provide Date of Death if veteran is deceased: 6/2/1965

8. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent: Year(s) in which form(s) issued to veteran (Date of Separation):
 This form contains information used to verify military service. An UNDELETED DD Form 214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
 An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Official Military Personnel File (OMPF): The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

Medical Records: Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
 I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
 If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

Dental Records: Please check this box if ONLY dental records are needed from the medical record.

Other (Please Specify): See Attachment (A)

2. PURPOSE: (Providing information about the purpose of the request is voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)

Explain here: Ongoing investigation into his disappearance a -- seeking answers to his final fate.

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: Lawrence T. Christian 2. RELATIONSHIP TO VETERAN: 2nd Cousin

3. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.
 I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
 OTHER (Specify): conducting ongoing investigation

4. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)
 Lawrence T. Christian

5. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Street Address: New Cumberland, PA City: State: ZIP Code: Apt. #:

Signature: Lawrence T. Christian Date: 8/15/2024

Fax Number: Signature Required - Do not print Date

I PREFER ELECTRONIC PDF FILES

Email Address

* This form is available at <https://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharged, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

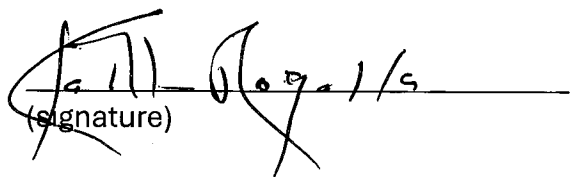
ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center AFPC/DP2SSM 550 C Street West JBSA-Randolph TX 78150-4721 Fax Number: 210-565-3124 Email: DP2SSM.MILRECS.INCOMING@US.AF.MIL	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs ATTN: Release of Information Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444 Fax Number: 844-531-7818 https://www.va.gov
2	Air Reserve Personnel Center Total Force Service Center: 1-800-525-0102 https://mypers.af.mil/	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/content/1113 or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 https://www.dcms.uscg.mil/ompf	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120 Fax number: 314-260-8128	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030 SMB.MANPOWER.MMRP-10@usmc.mil	9	AMEDD Army Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217 Fax Number: 210-201-8310	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 https://www.archives.gov/veterans/military-service-records/
5	Marine Corps Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70114	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3130		

Authorization for the Release of Records

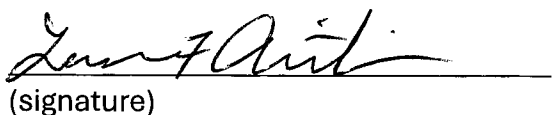
I, **Kathleen Ann Rogalla**, surviving sister of David Marion Christian (SS# 571-56-3259), hereby authorize **Lawrence T. Christian** to act as a representative on my behalf to request all records and information pertaining to David Christian's military service including those resulting from his June 2, 1965 shoot down, disappearance, capture and/or death -- from all agencies of the United States Government that may possess the records and information we seek. I declare, certify, verify or state that, under penalty of perjury under the laws of the United States of America, the foregoing is true and correct.

Kathleen Ann Rogalla


(signature)

August 27, 2024
(date)

Lawrence T. Christian


(signature)

8-27-2024
(date)

STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-R057.1
Approval expires 30 June 1956.

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS David Marion Christian		2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) None		4. PERMANENT MAILING ADDRESS P. O. Box 121, Lane, Kansas	
5. DATE OF BIRTH (Day, month, year) 15 JAN 41		PLACE OF BIRTH (City, County, State, and Country) Oakland, Alameda Costa Co., Calif.	PLACE CERTIFICATE RECORDED Sacramento, Calif.
RACE CAU	HEIGHT 5' 7"	WEIGHT 122	COLOR OF EYES Brown
COLOR OF HAIR Brown		SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS None	
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.			
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO.	IF DERIVED, PARENTS' CERTIFICATE NO(S).
ALIEN <input type="checkbox"/>	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY
			DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. MILITARY SERVICE			
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO.	SERVICE AND COMPONENT	ORGANIZATION AND STATION	DATE CURRENT ACTIVE SERVICE STARTED
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:			
GRADE AND SERVICE NO.	SERVICE AND COMPONENT	ORGANIZATION AND STATION OR UNIT AND LOCATION	
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:			
COUNTRY	SERVICE	COMPONENT	FROM (Date)
			TO (Date)
			TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)			
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	
FROM--	TO--	GRADUATE	DEGREE
		YES	NO
1/62	8/62	x	BA
9/61	1/62		x
1/61	6/61		x
9/58	6/60		x
9/52	5/58	x	HS
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)			
RELATION AND NAME	DATE AND PLACE OF BIRTH	PRESENT ADDRESS, IF LIVING	U. S. CITIZEN
			YES
			NO
FATHER Jess Milton Christian	10 OCT 09 Ringwood, Okla.	P.O. Box 121, Lane, Kansas	x
MOTHER (Maiden name) Ethel Estella Kaywood	14 JUL 14 Ringwood, Okla.	P.O. Box 121, Lane, Kansas	x
SPOUSE (Maiden name) None			
OTHER (Specify) Brother Phillip Lynn Christian	29 JUN 53 LaMesa, Calif.	P.O. Box 121, Lane, Kansas	x
Sister Kathy Ann Christian	29 APR 48 Lane, Kansas	P.O. Box 121, Lane, Kansas	x
Sister Carol Joy Christian	17 APR 34 Enid, Okla.	P.O. Box 121, Lane, Kansas	x
Sister Arla Jeanne Christian	13 APR 37 Enid, Okla.	13050 Lakeshore Drive, Lakeside, Calif.	x

STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-R057.1
Approval expires 30 June 1956.

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ALIEN <input type="checkbox"/>	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY
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			TO (Date)
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FROM--	TO--	GRADUATE	DEGREE
		YES	NO
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1/61	6/61		x
9/58	6/60		x
9/52	5/58	x	HS
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