REQUEST FOR COPIES OF MILITARY DISCHARGE (DD-214)

PLEASE PRINT

Veteran’s Full Name: ________________________________________________________________

Veteran’s Date of Birth: ___________   Veteran’s Date of Discharge: ___________

I certify that the person named in the discharge request is:

____ myself                        ____ my spouse            ____ my child

____ my grandchild                 ____ my parent       ____ my grandparent

____ a person whom I legally represent  Or  ____ I am a veteran’s advocate  Or

____ I am a representative of a funeral home providing funeral services for the above named veteran.

Your Name (please print): __________________________________________________________

Your Address: ____________________________________________________________________

__________________________________________________________________________________

Signature: ___________________________________     Date: _________________________

Identification of person making request provided (*see below):

Photo Id: Driver’s License - State & # _______________________________________________

Photo Id: Other (specify) __________________________________________________________

Or two (2) of the following

____ Social Security Card     _____ Written verification of identity from employer on company letterhead

____ Automobile Registration    _____ Bank Account Deposit Slip w/Name & Address

____ Utility Bill w/Name & Address   _____ Birth Certificate

*Additional identification must be provided verifying relationship if veteran is someone other than yourself.

How many copies requested? ______ Certified (There is no fee)