



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*)