

**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*)**