

Application for Certified Copy of Military Record – DD 214

Name of Veteran: _____

Branch of Service: _____

Veteran's Date of Birth: _____

Veteran's Date of Discharge: _____

Relationship of the Person/Agency Receiving This Copy to the Person Named on the Record:

____ Self

____ Immediate Family & relationship: _____

Or

Authorized Agent or Representative: (check one)

____ POA ____ Funeral Director ____ Attorney ____ ordered by court

____ 75-year old record

____ Required by federal/state government or political subdivision (VA director, etc.)

Other: _____

Reason for needing this copy: _____

Applicant's signature **Date**

Name and Address of Person Receiving this copy (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____

Daytime Phone Number: _____

Revised 4/2/2013

Photocopy of Drivers License or other government issued photo ID required with this application.