

Request for copy of Armed Forces Discharge (DD 214) Form**VETERAN'S INFORMATION**

NAME USED DURING SERVICE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

BRANCH OF SERVICE: _____

Is This Person Deceased? **NO** **YES** IF "YES" ENTER DATE OF DEATH _____**REQUESTOR'S INFORMATION**

NAME: _____

ADDRESS: _____

PHONE #: _____

Signature _____ Date _____

RELATIONSHIP TO VETERAN_____ **MYSELF****IF VETERAN IS DECEASED PLEASE INDICATE RELATIONSHIP****NEXT OF KIN MUST PROVIDE PROOF OF DEATH, SUCH AS A COPY OF A DEATH CERTIFICATE,
LETTER FROM FUNERAL HOME OR OBITUARY.**

_____ Un-Remarried Surviving Spouse _____ Father _____ Mother _____ Son _____ Daughter

_____ Brother _____ Sister

_____ Legal Guardian, (Must submit copy of court appointment)

_____ Funeral Home Representative Providing Funeral Services For The Above Named Veteran

VETERAN'S IDENTIFICATION PROVIDED:

_____ Photo ID –Drivers License# or _____ Photo ID-other (specify) _____

or two (2) of the following

_____ Social Security Card

_____ Written Verification of Identity from employer

_____ Automobile Registration

_____ Bank Account Deposit Slip w/Name & Address

_____ Utility Bill w/name & Address

_____ Other (specify) _____

REQUESTOR'S IDENTIFICATION PROVIDED:

_____ Photo ID –Drivers License _____ Photo ID-other (specify) _____

_____ Marriage License (for surviving spouse) _____ Birth Certificate (if child of veteran) _____ On File

How many copies _____