

REQUEST FOR COPY OF MILITARY DISCHARGE (DD214)

Revised 9/1/02

Date of Request _____

YOU MUST PROVIDE/SEND A COPY OF PICTURE IDENTIFICATION IE:
DRIVER'S LICENSE, PASSPORT, ETC WITH THIS REQUEST.

THERE IS NO FEE FOR THIS REQUEST.

REQUEST FOR COPY OF MILITARY DISCHARGE: PLEASE PRINT

Full Name First Middle Last

Date of Discharge (Month/Day/Year)

All parties identified on the Veterans' Certificate may be issued a Certified Copy with Social Security Number. As well as: Licensed Funeral Director or Embalmer, Attorney, Surviving Spouse or Family Member, Insurance Company, Veterans' Advocate and Public Agency.

Person Making this Request:

Name: _____
 First Middle Last

Address: _____
 Number Street

Town/City: _____ State: _____ Zip: _____

Signature: x _____

Number of Copies requested: _____

Copy of Photo ID: _____

_____ CT Driver's License

_____ Other