

Today's Date: \_\_\_\_\_

**APPLICATION FOR MILITARY DISCHARGE RECORD (DD214)**

**Photographic Identification of Applicant is Required**

Photographic Identification may be substituted by any two of the following documents:  
Social Security Card, written Verification of identify from employer; automobile registration; copy  
of utility bill showing name & address; checking account deposit slip stating name & address;  
and voter registration card.

**I am applying for the military discharge (DD214) record of...**

**Full Name:** \_\_\_\_\_  
*(first/ middle/ last)*

**Address:** \_\_\_\_\_  
*(number/street/town)*

**Date of Birth:** \_\_\_\_\_  
*(month/day/year)*

**Place of Birth:** \_\_\_\_\_  
*(Town, State)*

**Date of Discharge:** \_\_\_\_\_

**Number of copies Requesting:**

**I Declare...**

☐ This is my own military record

☐ I am the Funeral Director requesting the military record

☐ I am the conservator or person who is acquiring a benefit for the veteran or on  
behalf of the estate requesting the military record. (Must show that the  
information is needed to provide the benefit & submit satisfactory  
evidence of such needed.)

☐ I am the State Librarian, or acting on behalf thereof, requesting the military record.  
(Written authorization on letterhead with signature is required.)

☐ Other \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Phone #** \_\_\_\_\_