Application for Certified Copy of Military Record – DD 214

Name of Veteran:
Branch of Service:
Veteran's Date of Birth:
Veteran's Date of Death:
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: