

**Request for Copies  
DD Form 214  
Military Discharge Records**

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby request copies of DD Form 214

Records for the following individual:

Name \_\_\_\_\_

Branch of Service \_\_\_\_\_

Date Discharged \_\_\_\_\_

In accordance with Senate Bill 960, I qualify as an authorized person to review and/or copy this DD Form 214 record:

**(Please circle one)**

- a) I am the veteran
- b) I am the veteran's spouse or child
- c) I am a guardian for a person having power of attorney for the veteran, the spouse or the child. Copy of relevant court order must be submitted.
- d) I am a representative of the U.S. Department of Veterans Affairs. Request must be submitted on U.S. Department of Veterans Affairs' letterhead.
- e) I am a funeral director. Copy of funeral contract, signed by the person responsible for the funeral costs for the veteran must be attached.
- f) I am a person authorized by the court to view or copy the DD214. Court order of authorization must be submitted.

Signature of Requesting Party \_\_\_\_\_

Printed Name of Requesting Party \_\_\_\_\_

Address \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

**Copy of Valid Driver's License Must be Attached**