Request for Record of Active Military Service (DD Form 214)

Name*: __________________________________________

S.S.N.*: ___________________________ Service No. (if applicable): ___________________________

Date of Birth*: ___________________________ Date of Death: ___________________________

Branch: ___________________________ Era: ___________________________

Signature*: __________________________________________

REQUIRED: Veteran’s signature, next of kin – with POA, or guardian and if deceased a copy of the death certificate must accompany this form. I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this section is true and correct.

Requested by:

Name*: __________________________________________

Address*: __________________________________________

Phone*: __________________________________________

Purpose of Request: __________________________________________

_________________________________________

*Required Information

Updated November 2014