



MICHIGAN VETERANS AFFAIRS AGENCY (MVAA)

P.O. Box 30104

Lansing, MI 48909

1-800-MICH-VET (800-642-4838)

Fax: (517) 284-5297

Email: MVAAResourceCenter@michigan.gov

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**