

MILITARY DISCHARGE "DD214" REQUEST FOR CERTIFIED COPIES

NO CHARGE FOR CERTIFIED COPIES ISSUED,
PLEASE FILL OUT THIS FORM AS REQUIRED BY STATE LAW

Veteran's Name as appeared on Record: _____

Branch of Service: _____

Reason for request (if requested by someone other than person who is subject of the record):

Signature of Veteran or Authorized Rep.: X _____

Address: _____ City/State: _____

Home Phone Number: _____

Veteran's or Authorized Rep.'s Social Security or Driver's License Number: _____

COPY OF VALID GOVERNMENT ISSUED PHOTO ID REQUIRED

IF VETERAN IS DECEASED, PLEASE PROVIDE PROOF OF DEATH
(Voter Registration Card- see Elections Dept., Death Certificate, Obituary)
AS AN ATTACHMENT TO THIS REQUEST.

IF VETERAN IS LIVING AND SOMEONE OTHER THAN THE VETERAN IS
REQUESTING THE RECORD,
WRITTEN AUTHORIZATION FROM THE VETERAN IS ALSO NECESSARY (See below):

I, _____, the Veteran whose DD214 Record is being requested,
Veteran's Name

hereby state that _____ who is my _____,
Requestor's Name **Relationship to Requestor**

has my authorization to receive this record on my behalf.

X _____
Signature of Veteran

DO NOT SEND THIS COMPLETED FORM VIA FAX OR INTERNET, ILLINOIS LAW
REQUIRES WE HAVE THE ORIGINAL COMPLETED FORM AND COPY OF PHOTO ID
VIA MAIL.

OUR ADDRESS IS:
MONTGOMERY COUNTY RECORDER
PO BOX 595
HILLSBORO, IL 62049

QUESTIONS? Call us at (217) 532-9535 M-F 8 AM-4 PM.