REQUEST FOR COPY OF MILITARY DISCHARGE (DD214)
REVISED 08/17/15 DATE OF REQUEST_____

PLEASE PRINT_____

YOU MUST PROVIDE/SEND A COPY OF PICTURE IDENTIFICATION IE; DRIVERS LICENSE, PASSPORT, ETC. WITH THIS REQUEST.

THERE IS NO FEE FOR THIS REQUEST

REQUEST FOR MILITARY DISCHARGE (DD214)

FULL NAME FIRST MIDDLE LAST

DATE OF DISCHARGE (MONTH/DAY/YEAR)

ALL PARTIES IDENTIFIED ON THE VETERANS' CERTIFICATE MAY BE ISSUED A CERTIFIED COPY WITH SOCIAL SECURITY NUMBER.

INCLUDING: LICENSED FUNERAL DIRECTOR OR EMBALMER, ATTORNEY, SURVIVING SPOUSE OR FAMILY MEMBER, INSURANCE COMPANY, VETERANS' ADVOCATE AND PUBLIC AGENCY

PERSON MAKING THIS REQUEST:

NAME _____
FIRST MIDDLE LAST NAME

ADDRESS _____
NUMBER STREET

TOWN/CITY: _____**STATE:**_____**ZIP CODE:**_____

SIGNATURE: X_____

NUMBER OF COPIES WANTED:_____

PLEASE SEND REQUEST IN WRITING TO:
TOWN OF BLOOMFIELD
TOWN CLERK'S OFFICE
P O BOX 337
BLOOMFIELD, CT 06002

COPY OF PHOTO ID:_____

_____CT Driver's License
_____OTHER