REQUEST FOR COPY OF MILITARY DISCHARGE (DD214)
REVISED 9/1/02

PLEASE PRINT

YOU MUST PROVIDE/SEND A COPY OF PICTURE IDENTIFICATION IE; DRIVER'S 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
800 BLOOMFIELD AVENUE
BLOOMFIELD, CT 06002

COPY OF PHOTO ID:

CT Driver's License
OTHER