

DD214 REQUEST

Pictured Identification (YES/NO)

IF (NO) other identification used:

(A picture id is required, if not available, 3 other forms of id are required.)

Document I.D. # _____

Date of Request: _____

Service Member's Name: _____

Discharge Date: _____

Name of Person Requesting Certificate:

Signature

Address: _____

IF SERVICE MEMBER IS DECEASED:

Date of Death: _____

Must provide Death Certificate

Relationship to Service Member: _____

Must provide proof of heirship (Birth Certificate)