

**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.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

**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.

\_\_\_\_\_  
**Signature of Veteran**

**DO NOT SEND THIS COMPLETED FORM VIA FAX OR INTERNET, ILLINOIS LAW REQUIRES WE HAVE THE ORIGINAL COMPLETED FORM 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.**