

REQUEST FOR COPY OF MILITARY DISCHARGE (DD214)

REVISED 9/1/02

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 BURLINGTON
BURLINGTON TOWN CLERK
200 SPIELMAN HIGHWAY
BURLINGTON, CT 06013

COPY OF PHOTO ID: _____

____ CT Driver's License
____ OTHER