DD214 Certified Copy Request Form

Instructions: Military Discharge records are confidential and may only be released to the Veteran, their surviving heir, or other authorized party. Please complete the form and submit it by email, fax, drop box, or mail. Payment may be made by debit/credit card, check, or money order (made payable to Kalamazoo County Clerk).

REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: _____ Day Phone Number: _____

Relationship to Veteran (please select one)

☐ Self (requestor) ☐Permission of Veteran* ☐Surviving Heir of Veteran* ☐Veterans Service Officer*

Address: _____ City, State Zip: _____

Signature: _____ Email: _____
(Must be signed to process request)

* Please provide documentation to prove relationship to Veteran

DD214 Certified Copy Fees: *No charge*

A COPY OF THE REQUESTOR'S GOVERNMENT-ISSUED PHOTO IDENTIFICATION IS REQUIRED.

DD214 INFORMATION

Number of copies requested: ☐

Full Name as it Appears on DD214: _____
First Middle Last Name

Service Number: _____ Branch of Service: _____

Discharge Date: _____ Date of Birth: _____
(MM/DD/YYYY) (MM/DD/YYYY)

PAYMENT INFORMATION

Payment type: ☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

Name on the card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

I authorize the Kalamazoo County Clerk to charge my credit card $___.00

Signature: _____