

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 BLOOMFIELD
TOWN CLERK'S OFFICE
800 BLOOMFIELD AVENUE
BLOOMFIELD, CT 06002

COPY OF PHOTO ID: _____

CT Driver's License
 OTHER