

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 SECURTIY 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