

REQUEST FOR COPY OF MILITARY DISCHARGE (DD214)

REVISED 9/1/02

DATE OF REQUEST _____

PLEASE PRINT

DO NOT MAIL CASH

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

<u>DATE OF DISCHARGE (MONTH/DAY/YEAR)</u>

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 Sprague
Town Clerk's Office
P.O. Box 162
Baltic, CT 06330

COPY OF PHOTO ID: _____

____ CT Driver's License
____ OTHER