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REQUEST FOR DD214 (MILITARY DISCHARGE)
There is no charge for this document.

Please certify _____ copies of the following DD214 certificate:

NAME ON DISCHARGE RECORD: _____

DATE OF BIRTH: _____

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INTEDED USE: _____

RELATIONSHIP TO APPLICANT: _____

(If being mailed) MAIL TO: _____

Signature of applicant

Date

****INCLUDE A PHOTOCOPY OF YOUR PHOTO ID****