



TOWN OF STRATFORD

Request for copy of Armed Forces Discharge (DD 214) Form

VETERAN'S INFORMATION

NAME USED DURING SERVICE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

BRANCH OF SERVICE: _____

Is This Person Deceased? **NO** **YES** IF "YES" ENTER DATE OF DEATH _____

REQUESTOR'S INFORMATION

NAME: _____

ADDRESS: _____

PHONE #: _____

Signature _____ Date _____

RELATIONSHIP TO VETERAN _____ MYSELF

IF VETERAN IS DECEASED PLEASE INDICATE RELATIONSHIP

NEXT OF KIN MUST PROVIDE PROOF OF DEATH, SUCH AS A COPY OF A DEATH CERTIFICATE, LETTER FROM FUNERAL HOME OR OBITUARY.

____ Un-Remarried Surviving Spouse ____ Father ____ Mother ____ Son ____ Daughter

____ Brother ____ Sister

____ Legal Guardian, (Must submit copy of court appointment)

____ Funeral Home Representative Providing Funeral Services For The Above Named Veteran

VETERAN'S IDENTIFICATION PROVIDED:

____ Photo ID –Drivers License# or ____ Photo ID-other (specify) _____

or two (2) of the following

____ Social Security Card ____ Written Verification of Identity from employer

____ Automobile Registration ____ Bank Account Deposit Slip w/Name & Address

____ Utility Bill w/name & Address ____ Other (specify) _____

REQUESTOR'S IDENTIFICATION PROVIDED:

____ Photo ID –Drivers License ____ Photo ID-other (specify) _____

____ Marriage License (for surviving spouse) ____ Birth Certificate (if child of veteran) ____ On File

How many copies ____ Certified ____ Uncertified