

REQUEST FOR COPY/CERTIFIED COPY
MILITARY DISCHARGE (DD 214)/SEPARATION PAPERS
MUNICIPALITY OF _____, CT

VETERAN'S INFORMATION:

VETERAN'S FULL NAME

VETERAN'S DATE OF BIRTH _____

REQUESTOR'S INFORMATION:

REQUESTOR'S NAME

REQUESTOR'S ADDRESS

REQUESTOR'S RELATIONSHIP TO VETERAN

REQUESTOR'S ID PROVIDED

REQUESTOR'S REASON FOR REQUEST

DATE

TOWN CLERK USE ONLY:

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