

REQUEST FOR DD 214 OR MILITARY RECORD

To obtain a copy, check the appropriate line, sign and date on the line provided. We will require photo ID.

____ I am the Dischargee shown on the DD214.

____ I am the Dischargee's immediate family member (state relationship)

_____ Wife, husband, widow or widower (not re-married), son, daughter, father, mother, brother or sister or other lineal descendant (state type).

____ I am the Dischargee's heir, agent or assigns (state specific type) _____

____ I am a licensed funeral director who has custody of the body of the deceased Dischargee. License# _____

____ I represent a department or agency of the federal or state government or a political subdivision thereof; when the form is required to perfect the claim of military service or honorable discharge or a claim of a dependent. Agency _____

Your Title _____

____ I have written approval of the commissioner of veteran's affairs to perform research. Copy of said approval will be attached to this form.

I have received a copy of the DD214 for _____ Veteran's Name

OPEN RECORDS ACT, KSA2003 Supp. 45-221, No 46 concerns military discharges. (46) "Any information or material received by the Register of Deeds of a county from military discharge papers (DD 214) except that such papers shall be disclosed: To the military dischargee; to such dischargee's immediate family members and lineal descendants; to such dischargee's heirs, agents or assigns; to the licensed funeral director who has custody of the deceased dischargee; when required by a department or agency of the federal or state government or a political subdivision thereof; when the form is required to perfect the claim of military service or honorable discharged or claim of a dependent of the dischargee and upon the written approval of the commissioner of veterans affairs; to a person conducting the research.

Date

Signature

Printed Name

Address _____

Phone _____ *Type of ID* _____

Register of Deeds, Deputy or Clerk _____
