

MILITARY DISCHARGE (DD-214) APPLICATION

Proof of Identity is Required

Name _____

Date of Birth _____

1. I am the:

_____ Subject _____ Child of the Subject _____ Spouse of the Subject
_____ Parent of the Subject _____ Grandparent of the Subject
_____ Grandchild of the Subject

2. _____ I am the legal custodian, guardian or conservator of the subject.

(Must present legal documentation)

3. _____ I am a personal representative and the certified copy is required for the administration of the estate. **(Signature of the requester must be notarized)**

4. _____ I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate **(Signature of requester must be notarized)**

5. _____ I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.

6. _____ I am an attorney and my attorney license number is _____.

7. _____ I represent a Funeral Home. **(Signature of requester must be notarized).**

8. _____ I am or represent the Veterans Service Officer.

PENALTIES:

Any person who willfully and knowingly makes false application for a Military Discharge record is guilty of a misdemeanor or gross misdemeanor. (MN Statutes section 144.227, subdivision 1)

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION:

Your name: (Please print) _____

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Your signature: _____

Date of Birth: _____ Today's date: _____

Your address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____

SIGNATURE MUST BE NOTARIZED IF APPLYING BY MAIL OR FAX AND FOR ITEMS 4 & 5.

Subscribed and sworn before me this _____ day of _____, 20____ Seal
_____. My commission expires: _____