

DD-214 SEARCH REQUEST FORM

PERSON REQUESTING SEARCH (COMPLETE ALL INFORMATION IN THIS AREA)

NAME: _____

ADDRESS: _____

SEARCH REQUESTED ON (VETERANS NAME): _____

RELATIONSHIP TO VETERAN: _____ DATE: _____

FOR OFFICE USE ONLY

PICTURE I.D. REQUIRED FOR DD-214 SEARCH

VETERN _____ SPOUSE _____ CHILD _____

GUARDIAN, EXECUTOR, ADMINISTRATOR AND/OR POWER OF ATTORNEY FOR:
(ATTACH A COPY OF THE COURT ORDER VERIFYING SAME):

VETERAN _____ SPOUSE OF VETERAN _____ CHILD OF VETERAN _____
REPRESENTATIVE OF THE U.S. DEPT. OF VETERANS AFFAIRS: _____

FUNERAL DIRECTOR FOR THE VETERAN (THE CONTRACT SIGNED BY THE PERSON RESPONSIBLE FOR THE FUNERAL COSTS HAS BEEN VIEWED AND VERIFIED.)

EMPLOYEE'S SIGNATURE: _____

A PERSON AUTHORIZED BY THE COURT TO VIEW OR COPY THE DD-214. (ATTACH A COPY OF THE COURT ORDER SHOWING SAME.)

DEPUTY COUNTY CLERK _____