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OAKLAND COUNTY - REQUEST FOR MILITARY DISCHARGE - DD214

Date _____

Number of Copies _____

Office use only

File # _____ Clerk's Initials _____

**One copy FREE, \$1.00 per additional copy
*** NO PERSONAL CHECKS *****

Requested By _____ Relationship _____

Address _____ City/St _____

Zip Code _____

I, the undersigned, affirm that I am in compliance with Michigan statutes in requesting the record.

(Signature) _____

**** All mail requests must be accompanied by a copy of requester's valid driver's license or state ID. ****

REQUESTED DD214 INFORMATION

Full Name as it appears on DD214 _____

Service Number _____

Branch of Service _____ Date of Service _____

Date of Birth _____

One certified copy is FREE, each additional copy is \$1.00. **(NO PERSONAL CHECKS)**