



MICHIGAN VETERANS AFFAIRS AGENCY (MVAA)  
P.O. Box 30104  
Lansing, MI 48909  
1-800-MICH-VET (800-642-4838)  
Fax: (517) 284-5297

Request for Record of Active Military Service (DD Form 214)

Veteran

Name\*: \_\_\_\_\_

S.S.N.\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Release: \_\_\_\_\_

**AUTHORIZED SIGNATURE REQUIRED:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this section is true and correct.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**(Signatures other than that of the Veteran require either a copy of death certificate or power of attorney)**

Requested by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone\*: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

\*Required information