



MICHIGAN VETERANS AFFAIRS AGENCY  
P.O. Box 30104  
Lansing, MI 48909  
800-MICH-VET (800-642-4838)  
Fax: 517-284-5297  
Email: MVAAResourceCenter@michigan.gov

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

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

S.S.N.\*: \_\_\_\_\_ Service No. (if applicable): \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Era: \_\_\_\_\_

Branch: \_\_\_\_\_ Is the veteran deceased? Yes No  
Active Guard Reserve

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

**REQUIRED: A DD-214 can be requested by the veteran, next of kin or surviving spouse. If the veteran is deceased, the request must be accompanied by a copy of the death certificate. If the veteran is alive and the signature is not the veteran's, the request must be accompanied by a POA.**

Requested by:

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

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

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

E-mail: \_\_\_\_\_

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

**Required Information\***

**By signing this document I declare under penalty of perjury under the laws of the United States of America that the information provided in this document is true and correct.**