

MILITARY DISCHARGE - DD214

CERTIFIED COPY REQUEST FORM

Name: _____ Date of birth: ____/____/____

Address: _____

City: _____ State _____ Zip _____

Phone : _____

There is NO cost for a certified copy of your DD214. Please fill out the form and include a self addressed, stamped envelope and send to:

Mark H. Bernacki, Town & City Clerk

New Britain City Hall

27 West Main Street – Room #109

New Britain CT 06051