

**MILITARY DISCHARGE - DD214
CERTIFIED COPY REQUEST FORM**

VETERAN'S INFORMATION

Name: _____

Date of birth: ____/____/____

REQUESTOR'S INFORMATION

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone : _____

*Relationship to Veteran: _____

Reason for request: _____

There is NO cost for a certified copy of your DD214. Please fill out the form and ***include a copy of your government issued ID (unexpired driver's license or passport)*** and 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

***Proof of relationship required.**