

APPLICATION REQUEST FOR MILITARY DISCHARGE

James D. Campbell
Brigadier General
Commissioner
207-430-6000



Bureau of Maine Veterans' Services
117 State House Station
Augusta, ME 04333-0117
(207) 430-6035 Fax: (207) 626-4471

Peter W. Ogden
Director
207-430-6035

Veteran's Name _____ **SS#** _____ - _____ - _____

Service # _____ **Branch of Service** _____

Date of Birth: _____ **Date of Death:** _____

(Please provide proof: ie: obituary or death certificate)

Requester Info:

Name: _____ **Tel:** _____

Address: _____ **City/Town:** _____ **State:** ____ **Zip Code:** _____

Signature: _____ **Date:** _____

Relationship to veteran: _____ **ie: (Self, spouse, parent, child, etc.)**

PLEASE CHECK APPROPRIATE BOX(S) AS TO REASON DD214 IS BEING REQUESTED.			
<input type="checkbox"/> Burial Benefits	<input type="checkbox"/> VA Home Loan	<input type="checkbox"/> Job Application	<input type="checkbox"/> Military Reenlistment
<input type="checkbox"/> VA Medical	<input type="checkbox"/> VA Other	<input type="checkbox"/> Property Tax	<input type="checkbox"/> Motor Vehicles
<input type="checkbox"/> VA Disability	<input type="checkbox"/> Social Security	<input type="checkbox"/> Joining Veterans Organization	<input type="checkbox"/> Other (Please Specify): _____

Please fax to: _____
(individual or organization) (fax number)

Please mail to: _____
(individual or organization)

_____ (Address) _____ (City/Town) _____ (State) _____ (Zip Code)

****NOTE: If requester is other than the veteran and the veteran is still living, the requester must provide a copy of the POA or Guardianship paper.**

*******(BELOW FOR OFFICE USE ONLY)*******
MVS Location _____ **Date** _____ **Action Taken:** Mailed Faxed Picked up by requester
 Certified Copy Copy No Record