

REQUEST FOR COPY OF MILITARY DISCHARGE (DD214)

Mail this request to: Canton Town Clerk, 4 Market St, PO Box 168, Collinsville, CT 06022

YOU MUST PROVIDE/SEND A COPY OF A PICTURE IDENTIFICATION (EX: DRIVER'S LICENSE, PASSPORT, ETC) WITH THIS REQUEST

THERE IS NO FEE FOR THIS REQUEST

DATE OF REQUEST: _____

FULL NAME OF VETERAN: _____

DATE OF DISCHARGE: _____

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN/STATE/ZIP CODE: _____

SIGNATURE: _____

NUMBER OF COPIES NEEDED: _____

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[CGS 1-219(c)]

The person making this request is:

- the veteran or his conservator
- a public entity needing to establish eligibility for veteran benefits
- a person needing information to provide a benefit
- a person who acquires a benefit on behalf of the Veteran's estate
- the state librarian
- a funeral director acting on behalf of the state
- an authorized genealogist