



**Recorder of Deeds  
PO Box 543  
Belleville, IL 62222**

**DD214 CERTIFIED COPY REQUEST**

Name of veteran \_\_\_\_\_  
FIRST MIDDLE LAST

Name of person requesting copy \_\_\_\_\_

If person other than the veteran is requesting copy, please indicate your relationship to the veteran

Father  Mother  Child  Spouse (current)

Non-dependent with written permission from veteran (see page 2)

Number of copies requested \_\_\_\_\_ Phone # or Email \_\_\_\_\_

**PLEASE ATTACH PHOTO IDENTIFICATION**

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Please provide as much information as possible:

Veterans birthdate \_\_\_\_\_ Year of separation \_\_\_\_\_

Branch of service \_\_\_\_\_  
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Mail copies to: \_\_\_\_\_

Please note, copies will be mailed via certified mail to the address given above.

**For Office Use Only**

Date \_\_\_\_\_

Recording Info \_\_\_\_\_

No Copy Found \_\_\_\_\_

Cert Mail Tracking # \_\_\_\_\_

\_\_\_\_\_  
Signature

**Mail request to: Recorder of Deeds  
PO Box 543  
Belleville IL 62222**



Request for recorded copies of military discharge documents

# Written Authorization Form Non-Dependent

Please print

I \_\_\_\_\_ hereby authorize:  
First Last

\_\_\_\_\_  
First Last

To obtain full copies of my military discharge document(s) in my place.

\_\_\_\_\_  
Signature Date