

# APPLICATION REQUEST FOR MILITARY DISCHARGE

Robert P. McAleer  
Acting Commissioner  
(207) 430-6000



Peter W. Ogden  
Director  
207-430-6035

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

**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