



MICHIGAN VETERANS AFFAIRS AGENCY (MVAA)

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Request for Record of Active Military Service (DD Form 214)

Name\*: \_\_\_\_\_

S.S.N.\*: \_\_\_\_\_ Service No. (if applicable): \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Branch: \_\_\_\_\_ Era: \_\_\_\_\_

Signature\*: \_\_\_\_\_

**REQUIRED: Veteran's signature, next of kin – with POA, or guardian and if deceased a copy of the death certificate must accompany this form. I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this section is true and correct.**

Requested by:

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone\*: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

\*Required Information