

# DD – 214 Search Request Form

Person Requesting Search (Complete all information in the box.)

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

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

Search requested on: (Veteran's name) \_\_\_\_\_

Relationship to veteran: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

*Picture I.D. required for DD-214 search.*

Veteran: \_\_\_\_\_ Spouse: \_\_\_\_\_ Child: \_\_\_\_\_

Guardian, Executor, Administrator and/or Power of Attorney for : (attach a copy of the court order verifying same):

Veteran \_\_\_\_\_ Spouse of Veteran: \_\_\_\_\_ Child of the Veteran \_\_\_\_\_

Representative of the U.S. Dept. of Veteran's Affairs: \_\_\_\_\_

Funeral Director for the Veteran (The contract signed by the person responsible for the funeral costs has been viewed & verified.)  
\_\_\_\_\_  
Employee's Signature

A person authorized by the court to view or copy the DD 214. (Attach a copy of the court order showing same.) \_\_\_\_\_

Deputy County Clerk \_\_\_\_\_