



MICHIGAN VETERANS AFFAIRS AGENCY (MVAA)
3423 N. MARTIN LUTHER KING BLVD, BLDG 32
LANSING, MICHIGAN 48906
1-800-MICH-VET (800-642-4838)
Fax: (517) 284-5297
Email: MVAAResourceCenter@michigan.gov

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

Name of Veteran*: _____

Veteran SSN*: _____ Date of Birth*: _____

Veteran Service No. (if applicable): _____

Branch: _____ Active Guard Reserve

Approx Dates of Service: _____

Is the veteran deceased? Yes No

Requested by:

If Veteran is deceased, request must be accompanied by a copy of death certificate or obituary linking requester to veteran. If Veteran is living and signature is not Veteran's, request must be accompanied by a Power of Attorney.

Name*: _____

Mailing Address*: _____

City, State, Zip*: _____

County*: _____ Email: _____

Phone*: _____ Fax: _____

Preferred Method of Delivery* Email Ground Mail Fax

Purpose of Request & Additional Information: _____

Requester Signature*: _____

Required Information*

By signing this document, I declare under penalty of perjury under the laws of the United States of America, that the information provided in this document is true and correct.