

REQUEST FOR COPY/CERTIFIED COPY  
MILITARY DISCHARGE (DD 214)/SEPARATION PAPERS  
MUNICIPALITY OF SEYMOUR, CT

VETERAN'S INFORMATION:

\_\_\_\_\_  
VETERAN'S FULL NAME

VETERAN'S DATE OF BIRTH \_\_\_\_\_

REQUESTOR'S INFORMATION:

\_\_\_\_\_  
REQUESTOR'S NAME

\_\_\_\_\_  
REQUESTOR'S ADDRESS

\_\_\_\_\_  
REQUESTOR'S RELATIONSHIP TO VETERAN

\_\_\_\_\_  
REQUESTOR'S ID PROVIDED

\_\_\_\_\_  
REQUESTOR'S REASON FOR REQUEST

\_\_\_\_\_  
DATE

TOWN CLERK USE ONLY:

NO. OF COPIES: \_\_\_\_\_ PAID: \_\_\_\_\_ INITIALS: \_\_\_\_\_

~~PAID~~