

**SIGNATURE of REQUESTOR REQUIRED at BOTTOM of FORM!!!**

**This box for official use only (Do not write here)**



**Request for Military Records  
DD214 or Statement of Service**

Ohio Department of Veterans Services  
77 South High St. 7<sup>th</sup> Floor  
Columbus, Ohio 43215  
Fax Number: (614) 728 - 9498

**All requestor's  
Please note:**

Ohio Department of Veterans Services Response

We could not locate the requested records. Please see enclosed letter for additional assistance \_\_\_\_\_

Mailed \_\_\_\_\_

Copy \_\_\_\_\_

Faxed \_\_\_\_\_

Copy \_\_\_\_\_

- For service prior to 1993, the veteran must have applied for a State of Ohio wartime bonus. The periods of service covered are:
  - WWII, Dec 7, 1941 – Sept 2, 1945
  - Korea, Jun 25, 1950 – Jul 19, 1953
  - Vietnam, Aug 1, 1964 – Jun 30, 1973.
- If the request is for a discharge after July 31, 1993, we must have the branch of service and the exact month and year the veteran was separated from the military. There is no RE code on the DD214 #6 in our office.
- We generally do not have records for the Reserves or Guard personnel. For Guard records you may call 614-336-7038 or fax them at 614-336-7305. For Reserve records you should contact your County Veteran Service Office.
- Many veterans recorded their discharges at their County Recorders' Office. You should check with them before contacting this office.
- For emergencies, questions, or services, please contact your local County Veterans Service Office, which will be glad to help you. Their phone number may be found in your phone book under the government listings.

**This box also for official use only**

Total \_\_\_\_\_ Pages

**Date of Request:** (This Field Is REQUIRED)

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Phone Number: (REQUIRED) \_\_\_\_\_ - \_\_\_\_\_

Area Code: ( ) -

Last \_\_\_\_\_ First \_\_\_\_\_ FULL MIDDLE NAME \_\_\_\_\_

**Name of Veteran** \_\_\_\_\_

War \_\_\_\_\_ Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Ohio County where Discharged \_\_\_\_\_ Most Recent Ohio County of Residence \_\_\_\_\_

**Date of Birth (REQUIRED)** \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

**Date Entered into Service** \_\_\_\_\_ **Date Separated from Service** \_\_\_\_\_

(Examples: Jan-2002 or 23-Jan-2002) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(Month and Year REQUIRED for discharges after August 1993)  
(Examples: Jan-2002 or 23-Jan-2002) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Please check one or both of the following (REQUIRED):

Mail Certified Copy  Fax Copy

**Your Fax Number**

Area Code: ( ) -

**Name/Address to Send Copy**  
(ONLY if you checked MAIL CERTIFIED COPY above)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Signature of VETERAN**

(Signature of Veteran REQUIRED for DD214, otherwise we can only send statement of service.)

\_\_\_\_\_

**Signature of REQUESTOR (If other than veteran)**

(REQUIRED)

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