



**All requestor's
Please note:**

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

Ohio Department of Veterans Services
77 South High St. 7th Floor
Fax Number: (614) 728 - 9498

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