Alpena County Clerk
720 W. Chisholm St. Ste. #2, Alpena, MI 49707
Phone (989) 354-9520 FAX (989) 354-9644
www.alpenacounty.org

Military Discharge DD-214 Request Form

***<u>*If requesting a record by mail, please include a photocopy of your drivers' license.*</u>

The issuance of records is governed by Michigan Statutes and all copies issued by this office are certified copies with a "raised seal".

<u>Complete the following for all record requests</u>

Photo ID must be presented when requesting a veteran discharge in person, a photocopy is required for mail requests.

Name (or Names) on Requested Record: _____

Check one of the following:

☐I am requesting my own discharge

☐I am an heir of the person named ($10 Fee & Provide verification)

☐I am a legal representative of the person ($10 Fee & Provide verification)

Information of person requesting record:

NAME _____ **Phone #**_____

ADDRESS _____

CITY/STATE/ZIP _____

Dr. Lic. # _____ **Email (Mail Requests Only)**_____

I, the undersigned, affirm that I am in compliance with Michigan statutes in requesting the above record.

_____ _____

Date **Signature**