

Dickinson County Register of Deeds Office

**REQUEST FOR DD 214 OR MILITARY RECORD**

Effective July 1, 2004 the Kansas Open Records Act exempts Military Discharge (DD 214) Records, amending K.S.A., 2003 Supp. 45-221, adding Exemption No. 47 (among others). Access to the said record is now restricted to the dischargee or his/her descendants or agents.

**Dischargee's Name:** (PRINT) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

**Check** - the appropriate line below and complete any additional information requested.

\_\_\_\_\_ I am the Dischargee (self/veteran) shown on requested DD 214.

\_\_\_\_\_ I am the Dischargee's immediate family member (circle relationship type) Wife, Husband, Widow or Widower (not re-married), Son, Daughter, Father, Mother, Brother, Sister, Or other lineal descendant (state type): \_\_\_\_\_

\_\_\_\_\_ I am the Dischargee's heir, agent or assigns (state specific type): \_\_\_\_\_  
Power of Attorney (attach copy)      Court Appointed Agent (attach copy)

\_\_\_\_\_ I represent a department or agency of the federal or state government or a political subdivision thereof; when the form is required to perfect the claim of military service or honorable discharge or a claim of a dependent:  
Agency \_\_\_\_\_ Your Title \_\_\_\_\_

\_\_\_\_\_ I have written approval of the commissioner of veteran's affairs to perform research. (Copy of said approval will be attached to this form)

\_\_\_\_\_ I am a licensed funeral director who has custody of the body of the deceased Dischargee. License # \_\_\_\_\_

**REQUESTED BY:**      **Provide Photo ID or Other ID, Social Security Card, etc.**

PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Number of Copies Requested: \_\_\_\_\_

**FOR IN OFFICE USE ONLY:**      (If copy is for DMV, apply Red Stamp (for DMV Use Only))

**Identity Verification Information Completed:**      **ROD MISC. Book** \_\_\_\_\_ **Pg.** \_\_\_\_\_

**(Verified) Photo ID:** (type) \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Other ID:** \_\_\_\_\_

**Approved by:** (Initial) \_\_\_\_\_ **ROD Deputy Clerk**      **Date:** \_\_\_\_\_

**Disapproved: Why?** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**FOR OUT OF OFFICE USE ONLY:**

County: \_\_\_\_\_ State: \_\_\_\_\_

I. \_\_\_\_\_, a Notary Public in and for the County and State above  
Listed, witnessed the signature (s) of (PRINT) \_\_\_\_\_, made on  
This document on (date) \_\_\_\_\_.

Signature \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Notary Seal: ss