

How to Request Your DD-214

- If you do not have an eBenefits account, you need to request your DD-214 using Form SF-180
- Go to <https://www.archives.gov/files/research/order/standard-form-180.pdf> to find the form
- Fill out Section I with your personal information
- In Section II, check the box next to “DD Form 214 or equivalent”
 - DO NOT check the box next to “I want a **DELETED** copy” - if you check this box, you will have to redo the request

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran: _____
 This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran’s next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a **DELETED** copy.

Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:** _____

Other (Specify): _____

- Under Section III, Question 4, you may write Project Citizenship’s fax number (617) 859-9993. The government will send Project Citizenship a fax in addition to sending you a copy of the form.

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: Jane Doe

2. I am the **MILITARY SERVICE MEMBER OR VETERAN** identified in Section I, above. I am the **DECEASED VETERAN’S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)**

 (Relationship to deceased veteran)

I am the **VETERAN’S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)**

 (Specify type of Other)

OTHER

 (Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)
 Jane Doe
 Name
 1111 Eagle Rd
 Street Apt.
 Boston MA 02109
 City State Zip Code

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran’s legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print _____ **Date** _____
 (617) 859-9993
 Daytime phone Fax Number
 Email address _____

* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. *

- When you are done filling out the form, the quickest way is to fax the form to (314) 801-9195
- Or, mail to: National Personnel Records Center
 Military Personnel Records
 1 Archive Dr.
 St. Louis, MO 63138