

Effingham County Clerk and Recorder

MICHELLE M. KOLLMANN

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DD214 CERTIFIED COPY REQUEST

Name of veteran _____
FIRST MIDDLE LAST

Name of person requesting copy _____

If person other than the veteran is requesting copy, please indicate your relationship to the veteran

Father Mother Child Spouse (current)

Non-dependent with written permission from veteran (see page 2)

Number of copies requested _____ Phone # or Email _____

PLEASE ATTACH PHOTO IDENTIFICATION

Please provide as much information as possible:

Veterans birthdate _____ Year of separation _____

Branch of service _____

Mail copies to: _____

Please note, copies will be mailed via certified mail to the address given above.

For Office Use Only

Date _____

Recording Info _____

No Copy Found _____

Cert Mail Tracking # _____

Signature

Mail request to:
Effingham County Recorder's Office
PO Box 628
Effingham IL 62401

Request for recorded copies of military discharge documents

Written Authorization Form Non-Dependent

Please print

I _____ hereby authorize:
First Last

First Last

To obtain full copies of my military discharge document(s) in my place.

Signature Date