



Hamilton County Clerk

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APPLICATION FOR DD214

1. Fee: No charge

2. Soldier or Sailor's Information

NAME: _____

DATE OF BIRTH: _____

BRANCH OF MILITARY: _____

DATE OF DISCHARGE: _____

3. Applicant's Information

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

RELATIONSHIP TO SOLDIER OR SAILOR: _____

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE REPRESENTATIONS MADE ON
THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

HOME TELEPHONE: _____

WORK TELEPHONE: _____

SIGNATURE: _____ DATE: _____

*****PLEASE INCLUDE COPY OF PHOTO ID*****