

REQUEST FOR CERTIFIED COPY OF MILITARY DISCHARGE (dd214)  
TOWN OF LISBON

Veteran's Information:

Veteran's Full Name: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_

Requestor's Information:

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

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

Town/City: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Signature: \_\_\_\_\_

Requestor's ID Verification:

Copy of Photo ID: \_\_\_\_\_

CT Driver's License # \_\_\_\_\_ exp date: \_\_\_\_\_

Other: \_\_\_\_\_

Official Use Only:

Record - Vol: \_\_\_\_\_ Pg: \_\_\_\_\_