



**Kay Pesnell**  
**Douglas County Register of Deeds**  
**1100 Massachusetts Street**  
**Lawrence, Kansas 66044**  
**Tel (785) 832-5282 • Fax (785) 330-2807**

## 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 a DD 214 record is now restricted to the dischargee or his/her descendants or agents.

To obtain a copy, check the appropriate line, sign and date on the line provided. Please provide your address and telephone number. Mail this completed form along with a copy of your photo ID to the above address. There is no charge for this service.

Please note that we cannot accept either email or fax requests for a DD 214 copy. We will process your request within two working days of receipt.

\_\_\_\_\_ I am the Dischargee shown on the DD 214.

\_\_\_\_\_ I am the Dischargee's immediate family member (please state relationship: wife, husband, widow or widower (not re-married), son, daughter, father, mother, brother, or sister other lineal descendant).

\_\_\_\_\_ I am the Dischargee's heir, agent, or assigns (state specific type)

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

\_\_\_\_\_ 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 to be attached to this form.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Type of ID \_\_\_\_\_

Signature of Requestor \_\_\_\_\_

Dischargee's Name \_\_\_\_\_

Register of Deeds, Deputy or Clerk \_\_\_\_\_