

DD214 and Discharges

DD 214 DISCHARGE PAPER

- If you have served on active duty in the armed forces, your DD Form 214 is a very important document. You could be entitled to various veterans' benefits and assistance programs. You will find, though, qualifying for these benefits require proof of your veteran's status. If you are lucky, the government will carefully store and safeguard your DD Form 214 – but don't count on it! Many veterans (even those having years of military service) have been denied benefits because of the loss of their DD Form 214 and their inability to prove their veteran status.
- If you have lost your DD Form 214, you *might* be able to find a replacement using one of the following resources:

DD 214 REQUEST

- County Recorders Office in the county that you returned to immediately following your active-duty discharge, or any county veteran's office you have visited for any assistance. Your DD-214 will be at the County Recorders Office only if you had it recorded there following your service discharge. Once the County Recorder's Office records the DD-214, it often becomes a matter of public record. If your DD-214 is at the County Recorders Office, you should be able to receive a certified copy on the day of your visit.

DD 214 REQUEST

- The Michigan Veterans Affairs Agency (MVAA) may have copy of your DD-214 or be able to get a copy for you through the State archives. If you lived in Michigan immediately before entering active-duty service or if you had ever filed for a State of Michigan Veterans Bonus, the MVAA *might* have a copy of your DD-214. You may reach MVAA by calling 1-800-642-4838, or by writing to MVAA, P.O. Box 30104, Lansing, MI 48909, you can also request online at <https://www.Michigan.gov/mvaa/forms/dd-214-form>. Receiving a copy of the DD-214 from MVAA may take several days to two weeks from the date of your request if MVAA has a copy on file. The Privacy Act covers receiving copies of the DD-214 from MVAA, so the veteran or someone that has provided written authorization from the veteran to receive a copy must make the request. MVAA may therefore require the completion of a formal application before issuing a DD-214.

DD 214 REQUEST

- **A Veteran Service Organization** may have a copy of the DD-214 on file if the veteran was ever a member of the service organization and the organization required the veteran to provide a copy of the DD-214 before accepting the membership. Many organizations, such as, The American Legion, keep copies of their members' DD-214 on file at their local posts or chapters. Most posts will issue a copy only to the veteran or to someone the veteran has authorized in writing to receive a copy. Not all service organizations keep copies of DD-214 on file and when they do, it is done at the local post or chapter. If the local post has a copy of the DD-214, the post could usually supply a copy as soon as the post commander is contacted.

DD 214 REQUEST

- The Department of Veterans Affairs (VA) may have a copy of the veteran's DD-214 on file at the VA Regional Office in the State of the veteran's residents or last known State of residents if the veteran had ever filed a VA benefit claim. The request should be made to the VA Regional Office in writing and signed by the veteran, the veteran's legal guardian, or the veteran's next-of-kin if the veteran is deceased. A response from the VA may take several weeks. The veteran may receive a quicker response if he or she makes the request in person at the VA Regional Office. The address for the VA Regional Office in Detroit is VA Regional Office, 477 Michigan Ave, Detroit, Michigan 48226. You may call the nearest VA regional office anywhere in the United States by dialing 1-800-827-1000

DD 214 REQUEST

- **The National Personnel Records Center (NPRC) 9700 Page Avenue, St. Louis, MO 63132-5100** may have a copy of the DD Form 214 on file if the veteran has been discharged from active duty for at least three and often six to seven months. Application to the NPRC should be made on a government Standard Form 180. These forms are available at VA Regional Offices, most County Veterans Service Offices, or The American Legion Department of Indiana Service Office (317-226-7918). These requests are also protected by the privacy act explained on the Standard Form 180. NPRC may not respond to the request for several months. The National Personnel Records Center will also now accept electronic requests for personnel records including a replacement DD-214 at:
- <http://www.archives.gov/veterans/military-service-records/standard-form-180.html>.
- Electronic request are usually filled much sooner than a mailed request using a SF-180. A copy of a DD-214 from the NPRC will be a DD-215, but the DD Form 215 is accepted anywhere for benefits purposes the same as a DD-214.

DD 214 REQUEST

- The Service Branch for Active or Current Reserve Members still have a copy of the DD form 214 on file under the following circumstances:

- When the veteran had more than one period of active duty and is still on active duty; or
 - When the veteran is in the reserves or still has a reserve obligation; or
 - When the veteran has been discharged from active duty for only a short time -- 3 to 7 months -- and the records have not yet been sent to the NPRC.

- The specific addresses for requesting a DD-214 from the Service Branches are listed on the SF-180 that should be used for making the request. SF-180 is available at the VA regional office, most county veteran's service offices, and the Director of the VA&R for Michigan (313-964-6641).

DD 214 REQUEST

- Official Military Personnel File – The Director, VA&R has access to DPRIS which is a holding system for personnel files by each branch of service. We may be able to retrieve the DD214 using this system if the veteran was discharged after the following dates:
 - Army – October 1, 2002
 - Marine – January 1, 1999
 - Navy – January 1, 1995
 - Air Force – October 1, 2004
- The request form will be on our website, www.mivabenefits.org and should be emailed to geasterling@michiganlegion.org



Military Discharges

MILITARY DISCHARGES

- A military discharge is given when a member of the armed forces is released from his or her obligation to serve. They are generally based on whether the person completed their training and then fully and satisfactorily completed their term of service or not.
- In order to receive VA benefits and services, a Veteran's character of discharge or service must be under other than dishonorable conditions. However, individuals receiving undesirable, bad conduct, or other types of dishonorable discharges may qualify for VA benefits depending on a determination made by VA.



Different Character of Services

- Honorable Discharge (HD)
- Discharge under honorable conditions (UHC) or General Discharge (GD)
- Under other than honorable conditions (UOTHC) or Undesirable discharge (UD)
- Bad Conduct Discharge (BCD)
- Dishonorable Discharge (DD)
- Entry Level Separation or Uncharacterized (ELS)

Notes regarding Discharge Criteria for Veteran Status

38 C.F.R. 3.12 Character of Discharge, “If the former service member did not die in service, pension, compensation, or dependency and indemnity compensation is not payable unless the period of service on which the claim is based was terminated by discharge or release under conditions other than dishonorable

The VA makes a special “character of service determination,” based on the facts of the case. The VA reviews the entire period of the claimant’s enlistment to assess the quality of the service and to determine whether it is sufficient to qualify the discharge as being under conditions other than dishonorable.

Form Names of Military Discharges

- NAVPERS 553 Naval Service Discharge papers (Naval Service Discharge papers used before January of 1950)
- NAVMC-78PD (Navy and Marine Corps)
- WDAGO 53-55
- NAVCG 553
- DD Form 214 (Department of Defense)
- NGB Form 22 - National Guard Bureau
- DD 220 Active Duty Report
- DD 256 - Reserve Component
- Certification of Military Service- Issued by National Personnel Record Center

Pre-WWII Records

- Service Records prior to WWII contained little service information. Discharges were hand-filled and signed by Commanders
- Pre-WWII Records are stored by the National Archives in Washington, DC

Honorable Discharge from the Army of the United States

TO ALL WHOM IT MAY CONCERN:

This is to Certify, That [redacted]

[redacted] United States Army, as a TESTIMONIAL OF HONEST AND FAITHFUL SERVICE, is hereby HONORABLY DISCHARGED from the military service of the UNITED STATES by reason of: *M. D. Co. H. S. Co. Dec. 3, 1919*

Said [redacted] was born in *Chadwellville*, in the State of *North Carolina*. When enlisted he was *22* years of age and by occupation a *Farmer*. He had *Blue* eyes, *Light* hair, *Reddish* complexion, and was *5 feet 10* inches in height.

Given under my hand at *Camp Jackson DC* this *19* day of *April*, one thousand nine hundred and *nineteen*

[redacted]
[redacted]
[redacted]
[redacted] Commanding.

Form No. 115, A. G. O. *Insert grade and company and regiment or corps or department: e. g. "Corporal, Company A, 1st Infantry." Sergeant,
1. "Lieutenant Colonel," "Captain," "First Lieutenant," "Second Lieutenant," "Major," "First Sergeant," or "Squad Leader," as the
nature of the case requires. 2. If discharged prior to expiration of service, give number, date, and source of order or description of authority therefor. 3-211

3251 Infantry
Company B
1st Division
1st Cavalry

NAVPERS 553 Naval Service Discharge

- The NAVSPER 553 contains veteran's basic information, full name, date of birth, rank at the time of separation, whether the veteran entered service as an officer or enlisted member, had overseas service and whether his discharge from the service occurred under honorable circumstances.

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE			
1. NAME (Last, First, Middle) (Initials) & DATE AND CLASSIFICATION [REDACTED] Pharmacist's Mate 2/c, USN-1 (SA) (Ingham County)		2. PLACE OF SEPARATION USN PERS SEP CEN GREAT LAKES, ILLINOIS	
3. GRADE OF SEPARATION HONORABLE		4. REASON FOR THIS SEPARATION WILL BE DEEMED Same as No. 4	
5. DATE OF SEPARATION [REDACTED]		6. U.S. OFFICE (City and State) [REDACTED]	
7. RECEIVED SERVICE RECORD OF REGISTRATION [REDACTED]		8. HOME ADDRESS AT TIME OF SEPARATION [REDACTED]	
9. DATE OF ENTRY INTO ACTIVE SERVICE 1-21-44		10. PAY GRADE (See PAY MANUAL) [REDACTED]	
11. PLACE OF ENTRY INTO ACTIVE SERVICE N.E.S., Detroit, Mich.		12. PAY GRADE (See PAY MANUAL) AS, S2/c, H A2/c, H A1/c, PM1/c, PM2/c	
13. SERVICE SCHOOLS COMPLETED USNH HCE Pt's. Ud.		14. SERVICE RECORDS MYS SAMPSON, N. Y. USNH CHARLESTON, S. CAR. P. M. DET. MDR. BRES, PARIS ISLAND, S. CAR.	
15. EMPLOYMENT: IF PERSON IS NOT FROM SERVICE OR SERVICE RECORDS ARE INCOMPLETE, INDICATE WILL STATE, MAKE CORRECT OR VERIFY CORRECT PROVIDED BY SERVICE OF BIRTH AND PREVIOUS EMPLOYERS (Include dates, positions, locations, and pay grades.)			
16. KIND OF RESERVE X Regular		17. DATE OF RESERVE SERVICE None	
18. PAY GRADE (See PAY MANUAL) None		19. PAY GRADE (See PAY MANUAL) None	
20. PAY GRADE (See PAY MANUAL) None		21. PAY GRADE (See PAY MANUAL) None	
22. PAY GRADE (See PAY MANUAL) None		23. PAY GRADE (See PAY MANUAL) None	
24. PAY GRADE (See PAY MANUAL) None		25. PAY GRADE (See PAY MANUAL) None	
26. PAY GRADE (See PAY MANUAL) None		27. PAY GRADE (See PAY MANUAL) None	
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99. PAY GRADE (See PAY MANUAL) None		100. PAY GRADE (See PAY MANUAL) None	

NAVMC-78-PD (Navy and Marine Corps)

Series A.

Honorable Discharge
SERIES A

FIDELI CERTA MERCES

From the
United States Marine Corps

This is to certify that

[Redacted Name] Private First Class

is Honorably Discharged from the Marine Separation Center, NAVMCSen, Great Lakes, Illinois *and from the United States Marine Corps*

this 27th day of October, 1946.

This certificate is awarded as a Testimonial of Fidelity and Obedience.

[Signature] Second Lieutenant, USMCR

NAVMC 70 - PD

U. S. MARINE CORPS REPORT OF SEPARATION
NAVMC 78-PD.

11-6211
PAGE COLUMN

1. LAST NAME	FIRST NAME	MIDDLE NAME	2. RANK	3. PAY GRADE	4. SERIAL NUMBER
[Redacted]	[Redacted]	(NONE)	Cpl.	5	[Redacted]
11. PERMANENT ADDRESS FOR MAILING PURPOSES			6. RACE	7. SEX	8. CITIZEN
Whitehouse, Ky.			W	M	[Redacted]
10. ADDRESS FROM WHICH PERSON WILL SEEK EMPLOYMENT			9. MARKED	10. NO. OF DEP.	11. PLACE OF BIRTH
Whitehouse, Ky.			YES	0	Whitehouse, Ky.

RECORD OF MARINE CORPS SERVICE

12. SELECTIVE DATA	13. FEDERAL DATA	14. ADDRESS AT TIME OF ENTRY INTO SERVICE	15. REL. SER. NO.	16. COUNTY & STATE
X	X	Whitehouse, Ky.		Johnson Ky.
17. MEANS OF ENTRY	18. PLACE OF ENTRY INTO ACTIVE SERVICE	19. DATE OF ENTRY	20. COMMISSION	21. GRADE
EMPLOYED	Harlan, Ky.	23 Nov. 42	1st Lt.	1st Lt.
22. PENDING CLAIM FILED	23. PLACE OF SEPARATION FROM ACTIVE SERVICE	24. DATE OF SEPARATION	25. GRADE AT SEPARATION	26. NO. OF SEPARATIONS
xx	Camp Lejeune, N.C.	11 Jan 46	Sep Rn.	
27. TYPE OF DISCHARGE CERT.	27. LENGTH OF PRESENCE IN THE SERVICE	YEARS	MONTHS	DATE
Honorable	2	7	0	

28. MILITARY SPECIALTIES
Rifleman. 745, Mil. Police. 677.

29. SERVICE SCHOOLS ATTENDED

COURSE	GRADE	WEEDS
Inf. Bn, Camp Elliot, Cal.	Inf. Rifleman. 75.9	8

30. PRINCIPAL MILITARY DUTY
MP. 677.

31. EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

CIVILIAN OCCUPATION (TITLE)	D.O.T. NUMBER	NO. YRS.	LAST EMPLOYED
Farmer,	3-06		NOV. 42.
JOB SUMMARY: Work'd during summers and weekends, on father's farm, plowing, harvesting, took care of live stock.			

32. SECONDARY OCCUPATION (TITLE)

D.O.T. NUMBER	NO. YRS.	LAST EMPLOYED

33. LAST EMPLOYER BEFORE ENTRY INTO SERVICE

NAME	DATE LEFT	34. GRADE
Father	Nov. 42.	1st Lt.

35. EDUCATION

DEGREE	36. MAJOR COURSE
B	Acad.

37. TRAINING COURSES

DATE	COURSE	38. LAST SCHOOL ATTENDED
4/12 Radio 1942.	Agri.	Williamsport, Ky. 42.
	Civ. Ser. Course.	Needs, Memorials.

39. PREFERENCES FOR ADDITIONAL TRAINING

Like to complete HS and to go to college.

40. PREFERENCES

Depends on future years.

41. UNCERTAIN.

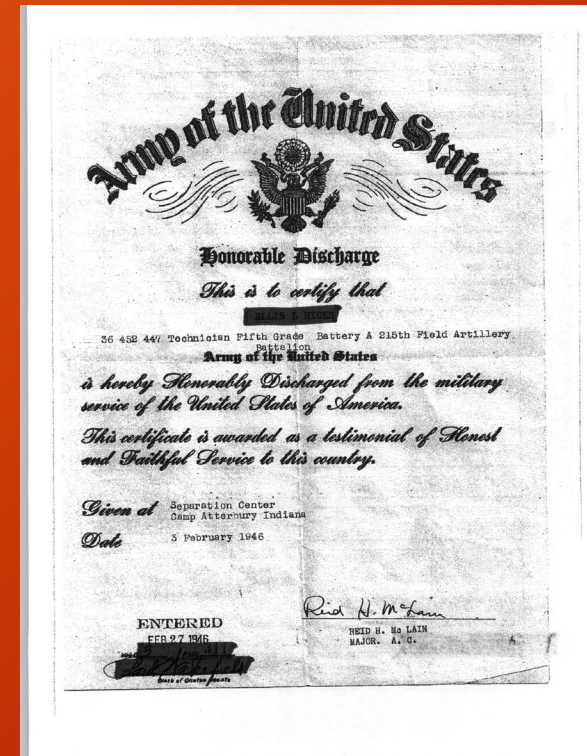
I certify that all information on this form pertaining to the service history of the above named individual is as correct as the records of the U. S. Marine Corps and that a copy of this form has been delivered to him in person.

[Signature] W. R. BARTON, 2d Lt. USMCR.
11 Jan 46.

TO: HEADQUARTERS MARINE CORPS
Washington 25, D. C.

Form Names of Military Discharges

- War Department Adjutant General's Office Form
- WDAGO 53-55 (used for US Army enlisted personnel, not officers)



WDAGO Form 53-55

The reverse side of the WDAGO Form 53-55 is the “Enlisted Record and Report of Separation Honorable Discharge” and contains 57 blocks of information taken from Veteran’s service record (block 54 is right thumb print)

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE									
3-8-16 748		36 452 447		T/5	FA	AUS			
Wicks, Ellis L		3 Feb 46		Btry A 215th FA Bn					
3 Feb 46		3 Feb 46		Sap Gen Co Atterbury Ind					
HWS 1 Box Rep Lansing Ingham Mich		18 Oct 28		Sgt Johna Wicks					
Ssn # 0		blue brown		5-10		155in		4	
MILITARY HISTORY									
17 Feb 43		24 Feb 43		Kalamazoo Mich					
1 Clinton Mich		918 Parrand St Lansing Mich		Trunk Driver Hvy 331 Rifle Exp Cashline Exp					
Ardennes; Rhineland; Central Europe;									
American theater ribbon; EAME theater ribbon w/3 bronze stars; Good Conduct Medal; Victory Medal World War II									
None									
Feb 44		May 45		Sep 44		Nov 45		Jan 46	
Feb 44		May 45		Sep 44		Nov 45		Jan 46	
Feb 44		May 45		Sep 44		Nov 45		Jan 46	
None									
AR 615-365 (Comm of Govt) RR 1-1 Rehabilitation									
None									
25688									
300		100		none		122.56		RR CANTAWAY LT GOT ED	
INSURANCE NOTICE									
Important - If premium is not paid when due or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the U. S. and forward to: Collection Supervisor, Veterans Administration, Washington 25, D. C.									
28 Feb 46 31 Mar 46 6.50									
ERC from 1 Feb 43 thru 23 Feb 43 ASR score (2 September 1945) 58 Much Military No time lost under AW 107 Lapel button issued									
Certified for Much Military Pay 44-47 G.H.C.									
H W EARNWELL 2d Lt Inf H W Earnwell									

Department of Defense (DD) Form 214

The DD Form 214 is the capstone military service document, it represents the complete, verified record of a service member's time in the military illustrating character of discharge, awards and medals earned, highest rank or pay grade held and active duty and overseas service.

It also contains separation codes used by the Armed Forces to describe a former service member's reason for discharge. A separation code is either a numeric or alphabetic code that classifies a reason why a discharge was granted from the Military

Current DD 214

DD Form 214 is prepared in eight copies and distributed as follows:

- Copy 1 - Service Member
- Copy 2 - Service Personnel File
- Copy 3 - United States Department of Veterans Affairs
- Copy 4 - Member (if initialed in Block 30)
- Copy 5 - United States Department of Labor
- Copy 6 - State Director of Veteran Affairs
- Copy 7 & 8 - Distributed in accordance with Military Service Department directions

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK MSG	b. PAY GRADE E08	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY [REDACTED]			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]		
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USAREC GREAT LAKES RBN RC			b. STATION WHERE SEPARATED FORT KNOX TC, KY 40121		
9. COMMAND TO WHICH TRANSFERRED USAR CON GP (RET) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122				10. SGLI COVERAGE AMOUNT: \$ 400,000.00 NONE	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 79R5L 4N RECRUITER - 13 YRS 4 MOS//92G50 00 FOOD SERVICE SPECIALIST - 11 YRS 4 MOS// 6BMO 00 NUTRITION CARE SPEC - 13 YRS 4 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE			
		YEAR(S)	MONTH(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD	2001	09	10
		b. SEPARATION DATE THIS PERIOD	2014	12	31
		c. NET ACTIVE SERVICE THIS PERIOD	0013	03	21
		d. TOTAL PRIOR ACTIVE SERVICE	0011	02	20
		e. TOTAL PRIOR INACTIVE SERVICE	0005	10	04
		f. FOREIGN SERVICE	0000	00	00
		g. SEA SERVICE	0000	00	00
		h. INITIAL ENTRY TRAINING	0000	00	00
		i. EFFECTIVE DATE OF PAY GRADE	2012	01	01
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) MERITORIOUS SERVICE MEDAL (2ND AWARD)//ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL (4TH AWARD)//USN ACHIEVEMENT MEDAL (3RD AWARD)//ARMY GOOD CONDUCT MEDAL (6TH AWARD) //USN GOOD CONDUCT MEDAL (2ND AWARD)// NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD) //GLOBAL WAR ON TERRORISM//CONT IN BLOCK 18		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) ANCOC (79R), 2007//ANTI-TERR OFF (BASIC), 2012//BNCOC (79R), 2003//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)		YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES	NO	
18. REMARKS SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//SOLDIER PRESENTED US FLAG// CONT FROM BLOCK 13: SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON (3RD AWARD)//ARMED FORCES RESERVE MEDAL W/ 30 YEAR DEVICE GOLD HOURGLASS//GOLD RECRUITER BADGE W/ THREE STAR SAPPHIRES//NOTHING FOLLOWS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED]			b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/focality) CA		OFFICE OF VETERANS AFFAIRS		X	YES NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES NO
21. MEMBER SIGNATURE [REDACTED]		b. DATE (YYYYMMDD)	22. a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)		b. DATE (YYYYMMDD)
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RETIREMENT		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AR 635-200, CHAP 12		26. SEPARATION CODE RBD		27. REENTRY CODE 4R	
28. NARRATIVE REASON FOR SEPARATION SUFFICIENT SERVICE FOR RETIREMENT					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) JFC	

DD FORM 214, AUG 2009 PREVIOUS EDITION IS OBSOLETE. GENERATED BY TRANSPROC MEMBER - 4

Current DD 214

- Member 4 or “Long Form” DD 214s were not issued until the 1980’s
- All Copies are considered legal and valid substitutes for Member 4, with the exception of Member 1 or “Short Form”
 - Member 1 copies are also known as “Deleted copies” and do not show Discharge information

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK MSG	b. PAY GRADE E08	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)		
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USAREC GREAT LAKES RBN RC		b. STATION WHERE SEPARATED FORT KNOX TC, KY 40121		10. SGLI COVERAGE AMOUNT: \$ 400,000.00 NONE	
9. COMMAND TO WHICH TRANSFERRED USAR CON GP (RET) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122		11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 79R5L 4N RECRUITER - 13 YRS 4 MOS//92G50 00 FOOD SERVICE SPECIALIST - 11 YRS 4 MOS// 6BMO 00 NUTRITION CARE SPEC - 13 YRS 4 MOS//NOTHING FOLLOWS			
12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)	
a. DATE ENTERED AD THIS PERIOD		2001	09	10	
b. SEPARATION DATE THIS PERIOD		2014	12	31	
c. NET ACTIVE SERVICE THIS PERIOD		0013	03	21	
d. TOTAL PRIOR ACTIVE SERVICE		0011	02	20	
e. TOTAL PRIOR INACTIVE SERVICE		0005	10	04	
f. FOREIGN SERVICE		0000	00	00	
g. SEA SERVICE		0000	00	00	
h. INITIAL ENTRY TRAINING		0000	00	00	
i. EFFECTIVE DATE OF PAY GRADE		2012	01	01	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) MERITORIOUS SERVICE MEDAL (2ND AWARD)//ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL (4TH AWARD)//USN ACHIEVEMENT MEDAL (3RD AWARD)//ARMY GOOD CONDUCT MEDAL (6TH AWARD)//USN GOOD CONDUCT MEDAL (2ND AWARD)// NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD)//GLOBAL WAR ON TERRORISM//CONT IN BLOCK 18		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) ANCOC (79R), 2007//ANTI-TERR OFF (BASIC), 2012//BNCOC (79R), 2003//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)		YES	X	NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES	NO	
18. REMARKS SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//SOLDIER PRESENTED US FLAG//CONT FROM BLOCK 13: SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON (3RD AWARD)//ARMED FORCES RESERVE MEDAL W/ 30 YEAR DEVICE GOLD HOURGLASS//GOLD RECRUITER BADGE W/ THREE STAR SAPPHIRES//NOTHING FOLLOWS		The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.			
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)		b. NEAREST RELATIVE (Name and address - include ZIP Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/focality) CA OFFICE OF VETERANS AFFAIRS		X	YES	NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		X	YES	NO	
21. MEMBER SIGNATURE	b. DATE (YYYYMMDD)	22. a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)		b. DATE (YYYYMMDD)	
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RETIREMENT		24. CHARACTER OF SERVICE (include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AR 635-200, CHAP 12		26. SEPARATION CODE RBD		27. REENTRY CODE 4R	
28. NARRATIVE REASON FOR SEPARATION SUFFICIENT SERVICE FOR RETIREMENT					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials) JFC	

DD FORM 214, AUG 2009 PREVIOUS EDITION IS OBSOLETE. GENERATED BY TRANSPROC MEMBER - 4

DD 215, Correction to DD 214

- Corrections to the DD 214 are not annotated on the DD 214. A DD 215 is issued and should be kept with the original DD 214.
- Corrections can include Name spelling, Date of Birth, Social Security Number, Missing, additional, or incorrect service information or awards, service dates, upgrades to discharge
- Corrections will NOT include legal name changes AFTER discharge
- See “Correction of Military Record” for procedures

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
[REDACTED]	USMC-11	[REDACTED]
4. MAILING ADDRESS (Include ZIP Code)		
[REDACTED]		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
13.	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: 2005 06 10 Combat Action Ribbon (Iraq), Presidential Unit Citation, Marine Corps Good Conduct Medal, National Defense Service Medal, Global War on Terrorism Expeditionary Medal (Iraq), Global War on Terrorism Service Medal, Sea Service Deployment Ribbon with one bronze star, Rifle Expert Badge, Pistol Marksman Badge, Letter of Appreciation
18.	ADD: Member participated in Operation Enduring Freedom, Kuwait, 20030205-20030522 Member participated in Operation Iraqi Freedom, Iraq, 20030119-20030222 Serial: 54894-2017-1463

6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/territory)	MI	OFFICE OF VETERANS AFFAIRS	<input checked="" type="checkbox"/>	NO
8. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS		WASHINGTON, DC	<input checked="" type="checkbox"/>	NO

7. DATE (YYYYMMDD) 177788003

8. OFFICIAL AUTHORIZED TO SIGN	9. GRADE	10. TITLE	11. SIGNATURE
a. TYPED NAME (Last, First, Middle Initial)	b.	c.	[REDACTED]

DD FORM 215, AUG 2009 PREVIOUS EDITION IS OBSOLETE. STATE DIRECTOR OF VETERANS AFFAIRS - 6
Adobe Designer 8.0

NGB Form 22, Report of Separation and Military Service & DD 256, Honorable Discharge Certificate

- NGB Form 22 contains information concerning an Army or Air National Guard service member's National Guard service time. Along with information illustrating service member's military job and decorations earned, is the reason for discharge, and discharge characterization.
- The DD 256 is issued to Honorably Discharged reservists.

DEPARTMENTS OF THE ARMY AND THE AIR FORCE NATIONAL GUARD BUREAU REPORT OF SEPARATION AND RECORD OF SERVICE FOR USE OF THIS FORM SEE NOR (AR) 600-209, THE PROFORMA AGENCY IS NGB-ARR-PIE											
REPORT OF SEPARATION AND RECORD OF SERVICE IN THE 1 Army NATIONAL GUARD OF MICHIGAN AND AS A RESERVE OF THE 2											
1. Insert either Army or Air			2. Excluded personnel only - Insert only Army or Air Force								
3. LAST NAME, FIRST NAME - MIDDLE NAME			4. DEPARTMENT, COMPONENT AND BRANCH ARMY/AIR/ROUSE/ARMYING			5. SOCIAL SECURITY NUMBER					
6. DATE OF BIRTH		7. DATE OF BIRTH		8. DATE OF BIRTH		9. DATE OF BIRTH		10. DATE OF BIRTH		11. DATE OF BIRTH	
12. STATION OR INSTALLATION AT WHICH EFFECTED		13. RECORD OF SERVICE		14. RECORD OF SERVICE		15. RECORD OF SERVICE		16. RECORD OF SERVICE		17. RECORD OF SERVICE	
18. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED		19. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED		20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED		21. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED		22. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED		23. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED	
24. CHARACTER OF SERVICE		25. TYPE OF CERTIFICATE USED		26. REEVALUATION ELIGIBILITY		27. AUTHORITY AND REASON		28. AUTHORITY AND REASON		29. AUTHORITY AND REASON	

DD Form 220 Active Duty Report

The DD 220 is the physical copy of an individual order for active duty.

Information is used to report periods of active duty and physical condition upon entry and release from active duty.

This form is currently used by Reserve and Guard Components.

ACTIVE DUTY REPORT		DEPARTMENT OF THE ARMY	DATE
1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. SERVICE NUMBER	3. GRADE
[REDACTED]		[REDACTED]	MSG
4. BRANCH		USAF	
TO:		FROM: (Organization and Station)	
Dir of Admin Svc, Hq USAF		138th ABS (R) Tulsa, TAF, Okla	
5. SPACE BELOW WILL BE USED BY INTERMEDIATE HEADQUARTERS FORWARDING THIS REPORT BY STAMPED OR TYPED COMMENTS THROUGH LINE INDICATED			
ALSO USED BY U.S. ARMY.			
6. CHECK APPROPRIATE BLANK			
<input checked="" type="checkbox"/> REPORT OF ACTIVE DUTY		<input type="checkbox"/> REPORT OF ACTIVE DUTY FOR TRAINING	
7. DATE OF ENTRY UPON TOUR OF DUTY (Officially date individual left home if on or after the effective date shown in order)		DAY	MONTH YEAR
			1 OCT 61
8. DATE REPORTED FOR TOUR OF DUTY (Date actually reported at station as shown on organizational records)		9. OCT 61	
9. DATE DEPARTED FROM DUTY STATION FOR HOME			
10. DATE TOUR OF DUTY TERMINATED (Officially the date of termination shown in the order)			
11. AUTHORITY (Copy or extract of orders and any amendments will be enclosed, when required.)			
12. FOR USE OF ARMY ONLY		DATE OF ORDER	
138th ATG (R)		1 Oct 61	
UPON MOBILIZATION THIS ITEM WILL BE FILLED IN FOR MEMBERS OF UNITS OF RESERVE COMPONENTS OF THE ARMY AND COPIES OF ORDERS WILL NOT BE ATTACHED TO THIS FORM.			
ENTERED ON AD AS A MEMBER OF _____ AT _____			
(Unit (Home Station)) (Unit Organization and Component)			
ORDERED TO AD FROM _____			
(Home of Recruit (Home Address))			
13. REMARKS (Explain reason for delay, if any, in complying with orders.)			
TYPED NAME AND GRADE		SIGNATURE (Affirm or other officer representing CD)	
EUGENE J MURRAY, Major USAF		[Signature]	
14. INCL. (Check when included)			
<input checked="" type="checkbox"/> COPY ON EXTRACT OF PERTINENT ORDERS.			
<input type="checkbox"/> REPORT OF PERSONAL ADMINISTRATION.			
DD FORM 220 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.			

Additional Sources for Verifying Active Duty Service

- Reserve Component Separation

- Certificate of Military Service

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL CENTER
9700 PAGE BOULEVARD
ST. LOUIS, MO 63132-5260

DARP-PAT-R(N1)
ORDERS D-11-064171

14 NOV 90

PAT-R(N1) SP4
REINFORCEMENT

YOU ARE DISCHARGED FROM COMPONENT SHOWN.

AUTHORITY: AR 135-178
EFFECTIVE DATE: 17 NOVEMBER 1990
COMPONENT: READY RESERVE
TYPE OF DISCHARGE: HONORABLE

ADDITIONAL INSTRUCTIONS: IF RESERVE IDENTIFICATION DD FORM 2A (RED) IS IN YOUR POSSESSION, RETURN IT TO THIS HEADQUARTERS, ATTN: DARC-SP. IF YOU HAVE ANY QUESTIONS IN THE FUTURE ABOUT YOUR MILITARY RECORDS OR YOUR MILITARY SERVICE, CONTACT THE NATIONAL PERSONNEL RECORDS CENTER, GENERAL SERVICES ADMINISTRATION, 9700 PAGE BOULEVARD, ST. LOUIS, MO 63132. AS YOU NO LONGER HAVE ANY MILITARY STATUS, YOUR RECORDS ARE NO LONGER MAINTAINED BY THE DEPARTMENT OF THE ARMY. REMEMBER TO INCLUDE YOUR FULL NAME, SOCIAL SECURITY NUMBER AND ALL PREVIOUS SERVICE NUMBERS, SO THAT YOUR RECORDS CAN BE POSITIVELY AND QUICKLY IDENTIFIED.

FORMAT: 500

* ARPENGEN *
* OFFICIAL *

THOMAS J. KILMARTIN
BRIGADIER GENERAL, USA
COMMANDING

DISTRIBUTION: H5

"SUBJECT BEING DISCHARGED ALTHOUGH ASSIGNED TO THIS ORGANIZATION, IS NOT PRESENT FOR DUTY. DISCHARGE CERTIFICATE AND DISCHARGE ORDERS ARE BEING MAILED TO LAST KNOWN ADDRESS THIS DATE, 4 DEC 90."

UNITED STATES OF AMERICA

Certification of
Military Service

This certifies that [REDACTED] was a member of the Army of the United States

from June 28, 1945

to December 7, 1946

Service was terminated by Honorable Discharge

Last Grade, Rank, or Rating Private First Class

Active Service Dates Same As Above

Date of Birth: [REDACTED] Place of Birth: Not Available

National Personnel Records Center
(Military Personnel Records)
National Archives and Records Administration

Given at St. Louis, Missouri on August 22, 2005

THE ARCHIVIST OF THE UNITED STATES IS THE PHYSICAL CUSTODIAN OF THIS PERSON'S MILITARY RECORD

This Certification of Military Service is issued in the absence of a copy of the actual Report of Separation or its equivalent. This document serves as verification of military service and may be used for any official purpose. Not valid without official seal.

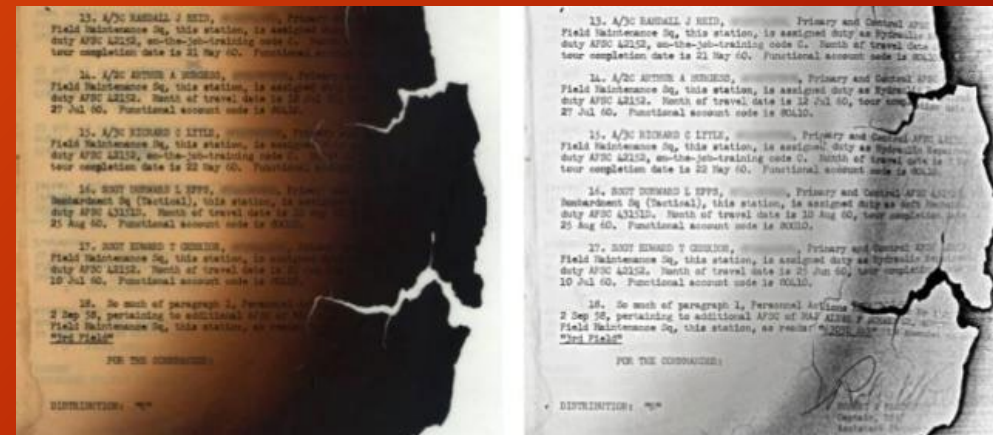
NATIONAL ARCHIVES AND RECORDS ADMINISTRATION NA FORM 1308 REV 04/01

How to Obtain a Military Discharge

- National Personnel Records Center
 - Online request with eVetRecs at www.archives.gov
 - Mail or fax request: SF-180
- Michigan Veterans Resource Service Center
 - Obtain request letter at www.michiganveterans.com
 - Email: MVAAResourceCenter@michigan.gov
 - Address: P.O. Box 30104, Lansing, MI 48909
 - Phone Number: 1-800-MICH-VET (800-642-4838)
 - Fax Number: (517) 284-5297
- County Clerks Office
 - Only available if Veteran put discharge on record.
- Michigan National Guard Records- Archive Records
 - Mail or Fax NGB 22 Request Form
 - Michigan National Guard Joint Force Headquarters
 - Address: 3411 N. Martin Luther King Blvd, Lansing, MI 48906-2934
 - Phone Number: (517) 481-8331(Army) or (517) 481-8290 (Air)
 - Fax Number: (517)481-8363
- eBenefits
 - Online request at www.ebenefits.va.gov

1973 Fire at National Personnel Records Center

- July 12, 1973, estimated 16-18 million Official Military Personnel Files were destroyed
- Affected Records:
 - U.S Army Loss 80%, from November 1, 1912 to January 1, 1960
 - U.S Air Force Loss 75%, from September 25, 1947 to January 1, 1964



Reconstruction of Records for Certification of Military Service

- Final Pay Vouchers

- Records discovered by the National Academy of Sciences

- Collection of 19 million final pay vouchers which provide name, service number, dates of service, and character of service.
- Most critical service data elements needed for the reconstruction process.
- 1988 transfer of computer tapes containing ten million hospital/treatment facility admission records transferred to NPRC from the U.S. Army Surgeon General's Office

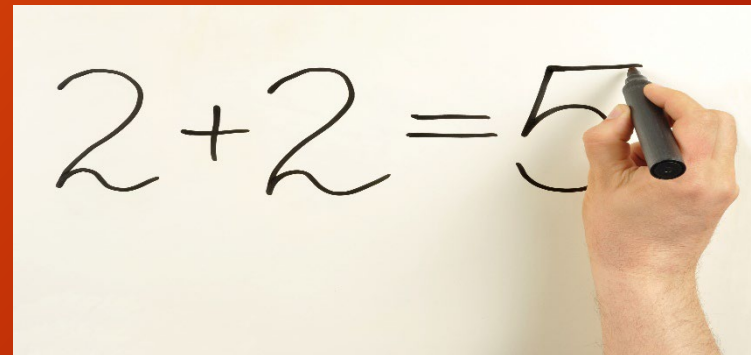
Discharge Upgrades

- Inequitable

- Improper

“Inequitable” means the reason or characterization of the discharge is not consistent with the policies and traditions of the service.

“Improper” means that the reason or characterization of the discharge is in error.



Review of Discharge

Complete DD Form 293, Application for the Review of Discharge from the Armed Forces of the United States.

If Discharge is over 15 years old, you must apply for a Correction of Military Records (DD Form 149).

It is strongly encouraged to submit any request for military records prior to applying for a discharge review.

Recommended that the Veteran writes a narrative in regards to the issues of why an upgrade or change is requested and justification for the request. Additional documentation may be required.

APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES (Please read Privacy Act Statement and Instructions on Pages 2 and 4 BEFORE completing this application.)			OMB No. 0704-0004 OMB Approval Expires DEC 31, 2017			
<small>The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Directorate for Management Services, Executive Service Directorate, Directorate Director, 4800 Mark Center Circle, Alexandria, VA 22304-3100 (0704-0004). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>						
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.						
1. APPLICANT DATA. (The person whose discharge is to be reviewed). PLEASE PRINT OR TYPE INFORMATION.						
a. BRANCH OF SERVICE (X one)		<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> COAST GUARD
b. NAME (Last, First, Middle initial)		c. GRADE/RANK AT DISCHARGE		d. SOCIAL SECURITY NUMBER		
4. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON NAMED IN ITEM 11 (Forward notification of any change in address.)						
1. TELEPHONE NUMBER (Include Area Code)						
e. E-MAIL						
h. FAX NUMBER (Include Area Code)						
2. DATE OF DISCHARGE OR SEPARATION (YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149)		4. DISCHARGE CHARACTERIZATION RECEIVED (X one)		5. BOARD ACTION REQUESTED (X at that apply)		
		<input type="checkbox"/> HONORABLE		<input type="checkbox"/> CHANGE TO HONORABLE		
		<input type="checkbox"/> GENERAL/UNDER HONORABLE CONDITIONS		<input type="checkbox"/> CHANGE TO GENERAL/UNDER HONORABLE CONDITIONS		
		<input type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS		<input type="checkbox"/> CHANGE TO UNCHARACTERIZED (Not applicable to all Form of service members with over 8 months of service)		
		<input type="checkbox"/> BAD CONDUCT (Special Court-Martial only)		<input type="checkbox"/> CHANGE NARRATIVE REASON FOR SEPARATION		
		<input type="checkbox"/> UNCHARACTERIZED				
		<input type="checkbox"/> OTHER (Specify)				
3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION						
6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST (Continue in item 13. See instructions on Page 2.)						
7. (X if applicable) AN APPLICATION WAS PREVIOUSLY SUBMITTED ON (YYYYMMDD), AND THIS FORM IS SUBMITTED TO ADD ADDITIONAL ISSUES, JUSTIFICATION, OR EVIDENCE.						
8. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE. (Continue in item 14. (Military documents or medical records are relevant to your case, please send copies.)						
5. TYPE OF REVIEW REQUESTED (X one)						
<input type="checkbox"/> CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME						
<input type="checkbox"/> I AND/OR (counsel/representative) WILL NOT APPEAR BEFORE THE BOARD.						
<input type="checkbox"/> I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON, D.C. METROPOLITAN AREA.						
<input type="checkbox"/> I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO (state city and state) (NOTE: The Naval and Coast Guard Discharge Review Boards do not have traveling panels.)						
10.a. COUNSEL/REPRESENTATIVE (If any) NAME (Last, First, Middle initial) AND ADDRESS (See item 10 of the instructions about counsel/representative.)		b. TELEPHONE NUMBER (Include Area Code)				
		e. E-MAIL				
		f. FAX NUMBER (Include Area Code)				
11. APPLICANT MUST SIGN IN ITEM 12.a. BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name (last) and relationship by marking a box below.						
<input type="checkbox"/> SPOUSE <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> NEXT OF KIN <input type="checkbox"/> LEGAL REPRESENTATIVE <input type="checkbox"/> OTHER (Specify)						
12. CERTIFICATION. I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. (U.S. Code, Title 18, sections 237 and 703, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)				CASE NUMBER (Do not write in this space.)		
a. SIGNATURE - REQUIRED (Applicant or person in item 11 above)		b. DATE SIGNED - REQUIRED (YYYYMMDD)				
DD FORM 293, AUG 2015		PREVIOUS EDITION IS OBSOLETE.		Page 1 of 4 Pages Adobe Designer 8.0		

Correction of Military Record

Complete DD Form 149, Application for Correction of Military Record Under the Provisions of Title 10, U.S. Code, Section 1552.

Must provide records as evidence for what correction is to be made.

Examples: Wrong dates, missing awards or medals. Provide copy of order, awards for medals, copy of personnel records, etc.

APPLICATION FOR CORRECTION OF MILITARY RECORD UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552 (Please read Privacy Act Statement and Instructions on back BEFORE completing this application.)		OMB No. 0704-0003 OMB approval expires Dec 31, 2017			
<small>The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302 (1010-1074-2001). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>					
RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON THE BACK OF THIS PAGE.					
1. APPLICANT DATA (The person whose record you are requesting to be corrected.)					
a. BRANCH OF SERVICE (X one)	ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD
b. NAME (Print - Last, First, Middle Initial)	c. PRESENT OR LAST PAY GRADE		d. SERVICE NUMBER (if applicable)	e. SSN	
2. PRESENT STATUS WITH RESPECT TO THE ARMED SERVICES (Active Duty, Reserve, National Guard, Retired, Discharged, Deceased)			3. TYPE OF DISCHARGE (Pay court-martial, state, or type of court)	4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY (YYYYMMDD)	
5. I REQUEST THE FOLLOWING ERROR OR INJUSTICE IN THE RECORD BE CORRECTED AS FOLLOWS: (Entry required)					
6. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST FOR THE FOLLOWING REASONS: (Entry required)					
a. IS THIS A REQUEST FOR RECONSIDERATION OF A PRIOR APPEAL?	YES <input type="checkbox"/> NO <input type="checkbox"/>	b. IF YES, WHAT WAS THE DOCKET NUMBER?	c. DATE OF THE DECISION		
7. ORGANIZATION AND APPROXIMATE DATE (YYYYMMDD) AT THE TIME THE ALLEGED ERROR OR INJUSTICE IN THE RECORD OCCURRED (Entry required)					
8. DISCOVERY OF ALLEGED ERROR OR INJUSTICE					
a. DATE OF DISCOVERY (YYYYMMDD)	b. IF MORE THAN THREE YEARS SINCE THE ALLEGED ERROR OR INJUSTICE WAS DISCOVERED, STATE WHY THE BOARD SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER THE APPLICATION.				
9. IN SUPPORT OF THIS APPLICATION, I SUBMIT AS EVIDENCE THE FOLLOWING ATTACHED DOCUMENTS: (If military documents or medical records are pertinent to your case, please send copies. If Veterans Affairs records are pertinent, give regional office location and claim number.)					
10. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (At no expense to the Government.) (X one)			YES <input type="checkbox"/> NO <input type="checkbox"/> CONSIDER MY APPLICATION DETERMINED <input type="checkbox"/> BASED ON RECORDS AND EVIDENCE.		
11 a. COUNSEL (If your NAME (Last, First, Middle Initial) AND ADDRESS (include ZIP Code):		b. TELEPHONE (include Area Code)		c. E-MAIL ADDRESS	
d. FAX NUMBER (include Area Code)					
12. I WOULD LIKE ALL CORRESPONDENCE/DOCUMENTS SENT TO ME ELECTRONICALLY.		YES <input type="checkbox"/> NO <input type="checkbox"/>			
13. I, APPLICANT, MUST SIGN IN ITEM 15 BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name (print) and relationship by marking one box below.					
13 a. COMPLETE CURRENT ADDRESS (include ZIP Code) OF APPLICANT OR PERSON IN ITEM 12 ABOVE (Provide notification of all changes of address.)		b. TELEPHONE (include Area Code)		c. E-MAIL ADDRESS	
d. FAX NUMBER (include Area Code)					
14. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Sections 287 and 1007, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)			CASE NUMBER (Do not write in this space.)		
15. SIGNATURE (Applicant must sign here.)			16. DATE SIGNED (YYYYMMDD)		
DD FORM 149, DEC 2014			PREVIOUS EDITION IS OBSOLETE.		

QUESTIONS

