JACKSON COUNTY CLERK
REQUEST FOR MILITARY SEPARATION FORM
(DD FORM 214/DD-214)

Copies of Military Report of Separation (DD-214) forms recorded with our office under Oregon Revised Statute (ORS) 408.420 are free of charge for our Veterans.

I am requesting ☐ **regular/** ☐ **certified copy(ies) of the DD-214 for the following Veteran:**

Name of Veteran: **Year of Discharge:**
Veteran's Date of Birth: **Last four digits of Veteran's Social Security Number:**

Requested by:
Printed Name:

Signature:

Requestor's Relationship to Veteran:

- ☐ **Self**
- ☐ **Spouse**
- ☐ **Legal Guardian to Military Veteran**
- ☐ **Personal Representative to Military Veteran**
- ☐ **County Veteran's Service Officer**
- ☐ **Representative of Department of Veterans Affairs**
- ☐ **Representative of Licensed Funeral Establishment**

Requestor's Mailing Address (please include City, State, and Zip)

Telephone Number: **Email:**

Mail this Request to:
Jackson County Clerk - Recording
10 S Oakdale Ave, Room 114
Medford, Oregon 97501

Please allow 3-5 business days for processing.

For Staff Use Only – Senate Bill 618 Sec 3 (1) (a-d) (3)

Required Identification/Photo ID-Driver License/ID Card/Military/US Passport

Expiration Date: **Document Number:**
Date Processed:
Completed By:

Revised 8/05/2022