

APPLICATION REQUEST FOR MILITARY DISCHARGE

Douglas A. Farnham
Major General
Commissioner
(207) 430-6000



Adria O. Horn
Director
(207) 430-6035

State of Maine Bureau of Veterans' Services
117 State House Station
Augusta, Maine 04333-0117
Fax: (207) 626-4471

Veteran's Name _____ **SS#** _____-_____-_____

Service # _____ **Branch of Service** _____

Date of Birth: _____ **Date of Death:** _____ (Provide proof: i.e.: obituary or death certificate)

Requester Info:

Name: _____ **Tel:** _____

Address: _____ **City/Town:** _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Date:** _____

Relationship to veteran: _____ i.e.: (Self, spouse, parent, child, etc.)

| PLEASE CHECK APPROPRIATE BOX(S) AS TO REASON DD214 IS BEING REQUESTED. | | | |
|--|--|--|---|
| Burial Benefits | VA Home Loan | Job Application | Military Reenlistment |
| <input type="checkbox"/> VA Medical | <input type="checkbox"/> VA Other | <input type="checkbox"/> Property Tax | <input type="checkbox"/> Motor Vehicles |
| <input type="checkbox"/> VA Disability | <input type="checkbox"/> Social Security | <input type="checkbox"/> Joining Veterans Organization | <input type="checkbox"/> Other (Please Specify): |

Check appropriate method and complete required information below for release then submit request to the closest office of Maine Veterans Services as shown on the back of this form:

Please fax to: _____ (individual or organization) _____ (fax number)

Please mail to: _____ (individual or organization)

(Address) (City/Town) (State) (Zip Code)

****NOTE: If requester is other than the veteran and the veteran is still living, the requester must provide a copy of the POA or Guardianship paper.**

*******(BELOW FOR OFFICE USE ONLY)*******

MVS Location _____ Date _____ Action Taken: Mailed Faxed Picked up by requester
 Certified Copy Copy No Record

MILREQ1_DischargeReleaseform 1/28/16

**BUREAU OF MAINE VETERANS SERVICES
MAILING ADDRESSES, TELEPHONE AND FAX NUMBERS FOR OBTAINING A
COPY OF MILITARY DISCHARGE ON FILE WITH THE BUREAU.**

| | | |
|---|---|---|
| <p>Maine Veterans' Services 35 State Hospital Drive Bangor, ME 04401 Tel: 207-941-3005 Fax: 207-941-3012</p> | <p>Maine Veterans' Services 34 Lombard Road Caribou, ME 04736 Tel: 207-492-1173 Fax: 207-492-1175</p> | <p>Maine Veterans' Services 35 Westminster Street Lewiston, ME 04240 Tel: 207-783-5306 Fax: 207-783-5307</p> |
| <p>Maine Veterans' Services 7 Court St, Suite 2 Machias, ME 04654 Tel: 207-255-3306 Fax: 207-255-4815</p> | <p>Maine Veterans' Services 151 Jetport Blvd., Rm 138W Portland, ME 04103 Tel: 207-822-2391 Fax: 207-822-2393</p> | <p>Maine Veterans' Services 628 Main Street Springvale, ME 04083 Tel: 207-324-1839 Fax: 207-324-2763</p> |
| <p>Maine Veterans' Services National Guard Armory Drummond Ave. Waterville, ME 04901 Tel: 207-872-7846 Fax: 207-872-7858</p> | <p>Togus Claims Office Veterans' Administration Center VAM&ROC, Building 248, Room 110 Togus, ME 04330 Tel: 207-623-5732 Fax: 207-287-8449</p> | |