REQUEST FOR DD 214
OR MILITARY RECORD

Generally the Colorado Open Records Act permits access to a variety of information. However, such access is denied when it would be contrary to any State or Federal statute or regulation (CRS 24-72-204).

While Colorado permits members of the military, who have separated from service, to file their DD 214 at no cost with the Clerk and Recorder, federal law (5 USC 552(b)(6) restricts access to such personnel, medical and similar files.

The National Archives and Records Administration (NARA) has formulated certain requirements for the dissemination of military records such as the DD 214, and this office adopts those requirements.

Copies of DD 214's are available to veterans and next-of-kin of deceased veterans. Next-of-kin are the widow or widower, son or daughter, father or mother, brother or sister of the deceased veteran.

*A certified copy of the Death Certificate and proof of relationship must be presented in order to receive the copies (documents submitted will be mailed back to you).

FOR A COPY OF A DD 214, PLEASE COMPLETE THE FOLLOWING AUTHORIZATION:

"I AUTHORIZE the Boulder County Clerk & Recorder to release to me a copy of my DD 214 or Military Record"; or

"I ____________________AUTHORIZE the Boulder County Clerk & Recorder to release to me a copy of my DD 214 or Military Record."

(Name of Veteran or Next of Kin if applicable)

(Relationship: Own, Wife's, Husband's, Son's, Daughter's, Father's, Mother's, Brother's, Sister's)

__________________________________________________
Veteran's Name: Please Print

__________________________________________________
Veteran's Date of Birth

__________________________________________________
Signature

__________________________________________________
Relationship to Veteran

Veteran _____ Next-of-Kin _____
Check one that applies

Subscribed and sworn to before me this _____ day of ________________, 20___.

_________________________________________
(Notary Public)

My commission expires _____________________

If copy is to be mailed, please give name and mailing address below.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

FOR OFFICE USE ONLY:

☐ WALKED IN ☐ REVIEWED NEXT-OF-KIN DOCUMENTS

☐ MAILED IN

RECEPTION #: __________________________ # OF COPIES ISSUED __________________________

DATE COPIES MAILED: ______________________ INITIALS: ________________________________

Form updated 4/2014