

**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
(Name of Veteran or Next of Kin if applicable)**

to me a copy of my _____ DD 214 or Military Record."

(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 or Deputy Clerk)
My commission expires _____
(If Notary)

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

FOR OFFICE USE ONLY:		Form updated 4/2014
<input type="checkbox"/> WALKED IN	<input type="checkbox"/> REVIEWED NEXT-OF-KIN DOCUMENTS	
<input type="checkbox"/> MAILED IN		
RECEPTION # _____	# OF COPIES ISSUED _____	
DATE COPIES MAILED: _____	INITIALS: _____	