

MICHIGAN VETERANS TRUST FUND
P.O. BOX 30104
LANSING, MI 48909
(517) 284-5203
(517) 284-5297

REQUEST FOR MILITARY RECORDS

Over the years the Michigan Veterans Trust Fund (MTVF) has acquired administrative control of active duty records for many of Michigan's citizens. These records are Primarily form DD-214 (or its predecessor, Report of Separation) and are broken down into several categories:

World War II (Bonus)
Korea (Bonus)
Vietnam (Bonus)
Post Vietnam (since 1980)

Although these records are maintained to assist veterans and their families, the general guidelines for privacy and confidentiality apply. Therefore ALL requests must comply with the following:

- As much information as possible must be obtained to identify the appropriate file and confirm the identity of the veteran
- Whether the request is phoned, faxed, or written, a release from the veteran must be obtained
- If the veteran is deceased, incapacitated, or being represented by another, appropriate documentation must accompany the request (death certificate, guardianship papers, or power of attorney.)

The records listed above are stored in three separate locations. Without adequate information all locations would have to be searched. In addition (for the same reasons as the National Personnel Record Center), the signature of the veteran, next of kin, or representative is mandatory. The use of the form that follows is very important – it makes processing the request more efficient, and it provides protection for the privacy of the individual. The standard procedure is to provide two certified copies at no charge.



MICHIGAN VETERANS AFFAIRS AGENCY (MVAA)

P.O. Box 30104

Lansing, MI 48909

1-800-MICH-VET (800-642-4838)

Fax: (517) 284-5297

Email: MVAAResourceCenter@michigan.gov

Request for Record of Active Military Service (DD Form 214)

Name*: _____

S.S.N.*: _____ Service No. (if applicable): _____

Date of Birth*: _____ Date of Death: _____

Branch: _____ Era: _____

Signature*: _____

REQUIRED: Veteran's signature, next of kin – with POA, or guardian and if deceased a copy of the death certificate must accompany this form. I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this section is true and correct.

Requested by:

Name*: _____

Address*: _____

Phone*: _____

Purpose of Request: _____

***Required Information**