



*Sedgwick County...  
working for you*

Register of Deeds  
**Tonya Buckingham**

**REQUEST FOR DD214 OR MILITARY RECORD**

Pursuant to K.S.A. 2014 Supp. 45-221(a)(46) regarding the Kansas Open Records Act, Military Discharge (DD214) Records are exempt from being open to the public. Access to said records is restricted to the dischargée, his/her descendants or agents.

To obtain a copy, check the appropriate line; complete the required information at the base of the form. Please sign and date on the lines provided. **We require a photo ID**

**I certify that:**

\_\_\_\_ I am the Dischargee shown on the DD214.

\_\_\_\_ I am the Dischargee's immediate family member (state relationship). \_\_\_\_\_  
wife, husband, widow or widower (not re-married), son, daughter, father, mother, brother or sister or other lineal descendant (state type).

\_\_\_\_ I am the Dischargee's heir, agent or assigns (state specific type). \_\_\_\_\_

\_\_\_\_ I am a licensed funeral director, who has custody of the body of the deceased Dischargee.

License # \_\_\_\_\_

\_\_\_\_ I represent a department or agency of the federal or state government or political subdivision thereof;

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_ The form is required to perfect the claim of military service or honorable discharge or a claim of a dependent of the Dischargee.

\_\_\_\_ I have written approval of the commissioner of veteran's affairs to conduct research. (Copy of said approval will be attached to this form)

**Pursuant to K.S.A. 21-5824, knowingly giving false information is a felony and violators will be prosecuted.**

Requestor's Information:

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ | \_\_\_\_\_ Type of ID: \_\_\_\_\_

Signature: \_\_\_\_\_

**Dischargee's Name:** \_\_\_\_\_ **Military Branch:** \_\_\_\_\_

Discharge Date: \_\_\_\_\_

ROD Deputy: \_\_\_\_\_  
(OFFICE USE ONLY)

Film/Page: \_\_\_\_\_  
(OFFICE USE ONLY)