



**Cass County Clerk & Recorder
Shelly Wessel
100 E. Springfield, Virginia, IL 62691**

Military Discharge (DD214) Request

Please fill out this form as required by state law:

Veteran's Name as Appeared on Record: _____

Branch of Service: _____

Reason for Request: (if requested by someone other than person who is subject of the record)

Signature of Veteran or Authorized Rep.: _____

Address: _____ City/State: _____

Phone: _____

Veteran or Authorized Rep. Social Security # or Driver's License #: _____

If veteran is deceased, please provide proof of death as an attachment to this request (Ex:
Voter registration card – see Elections Department, Death Certificate, Obituary)

If veteran is living and someone other than the veteran is requesting the record, written authorization
from the veteran is also necessary. (See below):

I, _____, the Veteran whose DD214 Record is being requested,
(Veteran's Name)

hereby state that _____ who is my _____ has my
(Requestor's Name) (Relationship to Requestor)

authorization to receive this record on my behalf.

X _____
(Signature of Veteran)

Do not send this completed form via fax or internet.

Illinois State Law requires we have the original completed form via mail.

Mail To:

Cass County Clerk & Recorder

100 E Springfield

Virginia, IL 62691

Questions: (217) 452-2277

Office Hours: Monday – Friday 8:00am-4:00pm