

**Office of Register of Deeds**  
**Crawford County Courthouse**  
**P.O. Box 44**  
**Girard, Kansas 66743**  
**(620) 724-8218**

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**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 Dischargee, his/her descendants or agents.

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

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

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Type of ID: \_\_\_\_\_

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

Dischargee's Name: \_\_\_\_\_

Register of Deeds, Deputy or Clerk: \_\_\_\_\_

**FOR OUT OF OFFICE USE**

County \_\_\_\_\_ State \_\_\_\_\_

I, \_\_\_\_\_, a notary public in and for the county and state above listed  
witnessed the signature(s) of \_\_\_\_\_.

Made on this document this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Seal