

Michigan Department of Military & Veterans Affairs

Requests for Military Records

Over the years the Michigan Veterans Trust Fund (MVTF) 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:

Civil War
World War I
World War II (Bonus)
Korea (Bonus)
Vietnam (Bonus)
Post Vietnam (since 1979)

Because of the increasing numbers of requests for copies of these documents (to verify service for medical care, employment, retirement, VA claims, replacement, etc.) staff persons have been assigned to process these requests and maintain the records.

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 procedure:

- 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 six categories would have to be searched. In addition, 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. If more are needed then state how many in the extra notes section.

Michigan Veterans Trust Fund
3423 N. Martin Luther King Jr. Blvd.
Lansing, MI 48906
(517) 335-1636 or (517) 335-1623
Fax (517) 335-1631

Request for Record of Active Military Service

Veteran

Name: _____

S.S.N.: _____

Branch: _____ Era: _____

Service Number: _____

Date of Entry: _____ Release _____

Date of Birth: _____ Date of Death: _____

Signature: _____ Date: _____

(Veteran, next of kin, or guardian and copy of death certificate or power of attorney)

Requested By

Name: _____

Address: _____

Phone: _____

Purpose of Request: _____

Extra Notes: _____

Date Sent: _____