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REQUEST FOR DD 214

Copies of DD 214's are available to veterans and next-of-kin of deceased veterans. Next-of-kin are the un-remarried widow or widower, son, daughter, father, mother, brother or sister of the deceased veteran. Authorized third party requesters may submit requests for copies of a DD 214 from individual records with the veteran's, or if deceased, next of kin's, signed and dated authorization.

FOR A COPY OF A DD 214 PLEASE COMPLETE THE FOLLOWING AUTHORIZATION. PHOTO IDENTIFICATION OF VETERAN AND AUTHORIZED PERSON (IF APPLICABLE) IS REQUIRED IN ORDER TO PROCESS A REQUEST.

<p>Veteran: <i>I authorize the El Paso County Clerk & Recorder to release to me a copy of my DD 214.</i></p> <p>_____</p> <p>Veteran's Signature</p> <p>_____</p> <p>Veteran's Name (Please Print)</p> <p>_____</p> <p>Veteran's Date of Birth</p> <p>_____</p> <p>Approximate Date DD 214 Recorded</p> <p>_____</p> <p>Telephone Number</p> <p># Of Copies Requested _____</p> <p>Mail To: _____</p> <p style="text-align: center;"><i>Name</i></p> <p>_____</p> <p style="text-align: center;"><i>Address</i></p> <p>_____</p> <p style="text-align: center;"><i>City, State, Zip</i></p>	<p>Authorized Person (if applicable): <i>I authorize the El Paso County Clerk & Recorder to release a DD 214 copy to</i></p> <p>_____</p> <p>Name of Authorized Person (Please Print)</p> <p>_____</p> <p>Relationship to Veteran</p> <p>_____</p> <p>Signature of Authorized Person</p> <p>Mail your request to:</p> <p style="text-align: center;">El Paso County Clerk & Recorder Attn: Copies P.O. Box 2007 Colorado Springs, CO 80901-2007 Fax: (719) 520-6971 or Email your request to: copyrequests@elpasoco.com</p> <p>For Office Use</p> <p>_____</p> <p style="text-align: center;">Deputy Clerk/Date</p> <p>_____</p> <p style="text-align: center;">Reception # or Book & Page</p>
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Check Type of Identification: Driver's License Military ID Passport Veterans ID Other _____