General Information: The Ohio Department of Veterans Service Request for Military Service Record (ODVS-R2) is used to request information from military records. Certain identifying information is necessary to locate an individual's record of discharge from military service. Please ensure items identified as "required" are annotated and please us "N/A" for information that does not apply or not available. Ohio Attorney General Opinion #2000-036 states that our office is prohibited from providing a copy of the DD214 without the written consent of the veteran, who is the subject of the DD214. There is no provision for veterans who are deceased or unable to sign. However, our office can provide a Certification of Military Service, which is a certified document containing some details of the veteran's service. This document can be used to apply for benefits based on eligibility.

OHIO * OF VETERING	Request for Military Ohio Department of 77 South High Street Columbus, OH 43215 Phone: (614)644-089 Fax: (614) 728-9498	Veterans Services , 7 th Floor 5 98 or (614)466-5454	We could not I enclosed letter fo □ Faxed Co	LY TOTAL PAGES: ocate the requested record. Please see or assistance DPY Copy		
	Request Date:		Phone: (_)		
covered a.	ease note: ice prior to 1993, th	ne veteran must have a		of Ohio wartime bonus. The periods of service		
2. For reco	rds after July 31, 199	3 please ensure items w	vith * are annotated	I. State copies of DD214s do not have RE code.		
3. We generally do not have records for Reserve or Guard personnel. <u>Guard personnel can request records thru The Ohio</u> National Guard in writing and fax to (614)336-7305. Call (614)336-7038 for assistance. Reserve records are submitted to Defense Personnel Records Information Retrieval System (DPRIS). Please allow at least 24hrs for response.						
				ounty Veterans Service Office. Contact sor www.dvs.ohio.gov and click of county map.		
Last		First		FULL MIDDLE NAME		
Veterans Name *:						
War/Conflict Era	a:	Branch of Service *		Service Number (wwı, wwıı, Korea only)		
Social Security N	Number *					
(Required for VN/PG/OEF/OIF veterans)		Ohio County/City wl	nere Discharged	Current Ohio County/City of Residence		
Date of Birth *		City of Birth		State of Birth		
(DD/MM/YYY	Υ)					
Date of Entry		Data of Congration				

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am the person named above, or have legal authority for such record. I understand that any falsification of this statement is punishable under provisions of 18 U.S.C section 1001 by fine of not more than \$10,000/00 or by imprisonment of not more than five years or both, and the requesting or obtaining any record(s) under false pretense is punishable under the provisions of 5 U.S.C 552a (i) (3) by a fine of not more than \$5,000.00.

Day

Month

Year

Month

Year

REQUESTOR (Required)		
	Fax:	(
PRINT NAME:	Mail:	Address:
SIGNATURE:		City:State:
Form ODVS-R2 Request for Military Records (Public)	J	Zip Code: