REQUEST FOR DD 215 or reissue of DD 214

(FILL OUT THE FOLLOWING INFORMATION)
ATTACH SUPPORTING DOCUMENTATION

NAME: _____ SSN: _____

HAS THERE BEEN A PREVIOUS DD 215 ISSUED FOR THIS DD 214? _____

If 'NO' – Attach original DD 214
(complete items below) – a DD 215 will be issued

If 'YES' – Attach original DD 214 and previous DD 215
(complete items below) – a new DD 214 will be issued

CORRECTIONS

As Reads:	Should Read:

REMARKS