

Examples of Veterans Proof

To qualify for the Veterans reduced application fee of \$20, a Patient must submit proof of having served in the Armed Forces of the United States, such as:

- A photocopy of your valid, photo ID showing your Veteran status.
- Veteran's Administration form DD-214 or DD-215.



CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK		4.b. PAY GRADE		5. DATE OF BIRTH (YYMMDD)	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY				7.b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known)	
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND				8.b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE Amount: \$ <input type="checkbox"/> None	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)		12. RECORD OF SERVICE			
		a. Date Entered AD This Period			
		b. Separation Date This Period			
		c. Net Active Service This Period			
		d. Total Prior Active Service			
		e. Total Prior Inactive Service			
		f. Foreign Service			
		g. Sea Service			
		h. Effective Date of Pay Grade			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)					
ON (Course title, number of weeks, and month and year completed)					
TO POSSESS NAVY SEA AND AIR FORCE PAY GRADE		15. HIGH SCHOOL GRADUATE OR EQUIVALENT		16. DAYS ACCRUED LEAVE PAID	
COMMITTEE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 30 DAYS PRIOR TO SEPARATION		Yes		No	
18.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			18.b. NEAREST RELATIVE (Name and address - include Zip Code)		
19. MEMBER REQUESTS COPY BE SENT TO DIR. OF VET AFFAIRS		Yes		No	
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)		

DD Form 214, NOV 88 Previous editions are obsolete. MEMBER - 1