



# Nellie M. Brockhoff

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## BROWN COUNTY REGISTER OF DEEDS

### REQUEST FOR DD 214 OR MILITARY RECORD

Effective July 1, 2004 the Kansas Open Records Act exempts Military Discharge (DD 214) Records, amending K.S.A., 2003 Supp. 45-221, adding Exemption No. 47 (among others). Access to said records is now restricted to the dischargee or his/her descendants or agents.

To obtain a copy, check the appropriate line, sign and date on the line provided. **We will require photo ID.**

\_\_\_\_\_ I am the Dischargee shown on the DD 214.

\_\_\_\_\_ I am the Dischargee's immediate family member (state relationship)

\_\_\_\_\_  
Wife, husband, widow or widower (not re-married), son, daughter, father, mother, brother or sister or other lineal descendant (state type).

\_\_\_\_\_ I am the Dischargee's heir, agent or assigns (state specific type).

\_\_\_\_\_ I am a licensed funeral director who has custody of the body of the deceased Dischargee,  
License # \_\_\_\_\_

\_\_\_\_\_ I represent a department or agency of the federal or state government or a political subdivision thereof; when the form is required to perfect the claim of military service or honorable discharge or a claim of a dependent.  
Agency \_\_\_\_\_ Your Title \_\_\_\_\_

\_\_\_\_\_ I have written approval of the commissioner of veteran's affairs to perform research.  
(Copy of said approval will be attached to this form.)

Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Funeral Home (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of ID \_\_\_\_\_

Signature \_\_\_\_\_

Dischargee's Name \_\_\_\_\_

Register of Deeds or Deputy \_\_\_\_\_

#### **FOR OUT OF OFFICE USE**

County \_\_\_\_\_ State \_\_\_\_\_

I, \_\_\_\_\_, a notary public in and for the county and state above listed witnessed the signature(s) of \_\_\_\_\_

Made on this document on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Notary Seal

Printed Name: \_\_\_\_\_