MIARNG DD FORM 214 REQUEST FORM (AS OF 1 APRIL 2020)
*Used for Active Duty Periods of 90 Days or More

SOLDIER INFORMATION

Soldier Rank and Name: _____ Unit:_____
Rank, Last Name, First Name, MI

Phone Home/Cell:_____ Home Address (No Po Box):

Mil Email: _____

ACTIVE DUTY INFORMATION

Duty Location: _____ Duty Purpose: _____

Supervisor: _____ Phone: _____
Rank, Last, First M.

Tour Start Date: _____ Tour End Date: _____
(Include AT Period congruent with orders, if applicable)

SOLDIER DATA

SGLV AMOUNT:_____ Relationship to Closest Relative: _____

Closest Relative Name: _____

MOS: _____ SMOS: _____

Home Address (No Po Box): _____

ASI: _____ PEBD: _____

_____

PACKET REQUIRED INFORMATION

- ☐ **All Orders for period of Active Service**
- ☐ **All Awards During period of Active Service**
- ☐ **All Previous DD214s**
- ☐ **NGB 23B (RPAM Statement) (Signed by SM for review)**
- ☐ **DA 1059 or 40 Hour Resident Certificates**

DIGITAL SIGNATURES

Admin NCO/Office

Soldier Requesting DD 214

NOTES