



The County of Chester
RECORDER OF DEEDS
Chris Pielli, Esquire, Recorder

CHRIS PIELLI, Esq., Recorder
Erin VanRyn, First Deputy

NANCY W. PINE, Esq., Solicitor
Diane O'Dwyer, Second Deputy

Chester County Veterans ID Program
VETERANS ID APPLICATION

Please complete this form to apply for your Veteran ID. You can return it by mail to the address below, scan and email to VeteransID@chesco.org or fax to (610) 344-6408.

DATE: _____

VETERAN'S INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

DD-214 INFORMATION

NAME (*as it appears on DD-214*): _____

DATE OF BIRTH: _____ DATE OF DISCHARGE: _____

BRANCH(ES) OF MILITARY (*list all that apply*): _____

LAST FOUR (4) DIGITS OF SERVICE NUMBER: _____

I CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION IN ANY DETAIL SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISQUALIFICATION FROM THE VETERANS ID PROGRAM OF CHESTER COUNTY.

Signature: _____

<i>FOR OFFICE USE ONLY</i>	
ISSUE DATE: _____	ISSUED BY: _____
BOOK #: _____	PAGE #: _____