



*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 Veteran ID Program**  
**VETERAN ID APPLICATION**

Thank you for your service. 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](mailto: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: \_\_\_\_\_

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