

USCG AUXILIARY DISTRICT 13 NEW MEMBER APPLICATION AND THE DD 214

It is a requirement for a veteran applying to become a member of the U.S. Coast Guard Auxiliary to provide a copy of the Certificate of Release or Discharge from Active Duty, DD Form 214, with the Enrollment Application, ANSC Form 7001. Confusion sometimes arises when the applicant's copy of DD Form 214 does not contain the information necessary to make a determination for Auxiliary membership.

DD Form 214 provides a concise summary of an individual's military service, including information used to determine eligibility for reenlistment, G.I. and death benefits, government employment, etc. The form is provided to members of the military when being transferred, released or discharged from active duty, and has evolved through several iterations since its implementation in 1950 to the electronic version in use today.

In the mid-1960s, a reenlistment code (Reentry Code) was incorporated into DD Form 214 (Block 15). Later, probably to comply with the Privacy Act of 1974, the form was modified to include the reenlistment code and information relating to a "members character of service" in the Special Additional Information section at the bottom of certain copies of the form. Members of the military being transferred, released or discharged from active duty were provided with two copies of their DD Form 214: Copy 1 (the short or deleted form) without the Special Additional Information and used only for proof of service, and Copy 4 (the long or undeleted form) with the Special Additional Information. Since 1 July 1979, members of the military services have been provided with only Copy 1 of the form unless they specifically request Copy 4 at the time of transfer, release or discharge. Samples of Copy 1 and Copy 4 are included with this document.

When a veteran applies for membership in the U.S. Coast Guard Auxiliary, Copy 4 of the DD Form 214 with the Special Additional Information must be included with the applicant's Enrollment Application, ANSC Form 7001, along with the other required documents.

Veterans can request a copy of their DD Form 214 from the National Archives - Veterans' Service Records at <https://www.archives.gov/veterans/military-service-records>. Requests can be submitted online, via USPS, or by fax. If the request is made by the veteran, Copy 4 of the DD 214 will be provided with the Special Additional Information. If not directly requested by the veteran, only Copy 1 will be provided. This process can take anywhere from several weeks to several months to complete.

If a prospective member recently left the military or is currently receiving veterans benefits, the DD Form 214 may be available online by registering as a Premium Member with Veterans Affairs at <https://www.ebenefits.va.gov/ebenefits/homepage>.

There are also for-profit onsite researchers who will act as an agent and obtain the DD Form 214 directly from a government repository and deliver it within a short time. A prospective member considering the use of an onsite researcher should be cautioned to do his/her homework before making a selection as the quality and cost of this service varies widely.

In conclusion, it is the responsibility of an applicant to provide all required documentation, including Copy 4 of the DD 214, when applying for membership in the Coast Guard Auxiliary. This requirement is no different than for a veteran reenlisting in a military service, seeking government employment, or applying for a position that takes into consideration a person's character and background when serving in the military.

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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						
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.						
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER		
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)			
7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED			
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE		<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	YEAR(S)	MONTH(S)	DAY(S)
			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. INITIAL ENTRY TRAINING			
			i. EFFECTIVE DATE OF PAY GRADE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)			
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	NO		
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	NO		
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: _____)			YES	NO		
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO	
18. REMARKS						
<p>The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.</p>						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address, include ZIP Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)			OFFICE OF VETERANS AFFAIRS		YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)					YES	NO
21.a. MEMBER SIGNATURE	b. DATE (YYYYMMDD)	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)			b. DATE (YYYYMMDD)	

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 1

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		E				
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (include upgrades)				
25. SEPARATION AUTHORITY		26. SEPARATION CODE	27. REENTRY CODE			
28. NARRATIVE REASON FOR SEPARATION						
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)				30. MEMBER REQUESTS COPY 4 (initials)		