

# Request for Military Discharge Papers

I am requesting \_\_\_\_\_ ☐ regular / ☐ certified copy(ies) of the following  
(number of copies)

military discharge papers:

Name of Veteran: \_\_\_\_\_

Year of Discharge: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_ **OR** last four digits of Social Security Number: \_\_\_\_\_

## Requested by:

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

\_\_\_\_\_  
Signature

Relationship to Veteran

- ☐ Self
- ☐ Spouse
- ☐ Legal Guardian to Military Veteran
- ☐ Personal Representative to Military Veteran
- ☐ County Veteran's Service Officer
- ☐ Representative of Department of Veteran's Affairs
- ☐ Funeral Home

\_\_\_\_\_  
Mailing Address (Street or P.O. Box, City, State and Zip)

\_\_\_\_\_  
Telephone Number

The reason I need access to the information is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***For Staff Use Only***

Identification Provided: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Completed by: \_\_\_\_\_