

## 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: \_\_\_\_\_

**Requested by:**

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

\_\_\_\_\_  
Signature

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

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

Requestor's Telephone Number \_\_\_\_\_

\_\_\_\_\_  
***For Staff Use Only***

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

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

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