

Request for Military Discharge Papers

Name of Veteran: _____

Year of Discharge: _____

Veteran's Date of Birth: _____ OR last 4 of SSN: _____

I am requesting _____ (number of copies) of _____ regular / _____ certified copies
of the above military discharge papers.

Requested by:

Printed Name: _____

Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

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