

Request for Military Discharge Papers

(ORS 408.420)

I am requesting access to and _____ regular / certified copy(ies) of the
(number of copies)
military discharge papers for the following person:

Name of Veteran: _____ Year of Discharge: _____

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

Requested by:

Printed Name: _____

Signature: _____

Requestor's

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*
- Representative of Licensed Funeral Establishment*

Address (*Please include City, State and Zip*)

Mail Address, *if different* (*Street or P.O. Box, City, State and Zip*)

Telephone Number: _____ Email: _____

State of _____

County of _____

This request was acknowledged before me on this _____ day of _____, 20____

by _____.

Requestor's Name & Title, if applicable.

Notary Public