

REQUEST FOR MILITARY DISCHARGE PAPERS

I am requesting _____ regular / certified copy(s) of the following
(Number of copies)

Military Discharge papers:

Name of Veteran: _____

Name of Military Branch: _____

Year of Discharge: _____

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

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

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

Requestor's Telephone Number: _____

For Staff Use Only- ORS 408.420, 408.425

Required Identification/Photo ID-Driver's License/ID Card/Military/US Passport.

Expiration Date: _____ Document Number: _____

Date Processed: _____

Completed by: _____