

# Request for Military Discharge Documents

(ORS 408.420) SB618

I am requesting \_\_\_\_\_ certified copy(ies) of the military discharge documents for the following person:

Name of Veteran: \_\_\_\_\_ Year of Discharge: \_\_\_\_\_

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

**Requestor's Relationship to Veteran:  
(PROOF MUST BE PROVIDED TO THE NOTARY BEFORE SIGNING)**

- 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

**Requested by:** Print Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Do not sign until you are in front of a notary and you have provided proof of your identity or representative capacity)

=====  
State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
(Name of person signing document)

as \_\_\_\_\_ of \_\_\_\_\_  
(self, spouse, personal representative, etc) (name of veteran, estate of veteran, etc)

\_\_\_\_\_  
Signature of Notary public

Notary Public – State of \_\_\_\_\_

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***For Staff Use Only***

Date Processed: \_\_\_\_\_ Completed by: \_\_\_\_\_