

STATE OF OREGON)
)
)
COUNTY OF YAMHILL)

PUBLIC
RECORDS
REQUEST
OR FILING

FILE OR REQUEST FOR MILITARY DISCHARGE PAPERS

I am filing my regular military discharge papers / amended 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 / filed 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 / Filer's Mailing Address (*Street or P.O. Box, City, State and Zip*)

Requestor's / Filer's Telephone Number _____

For Staff Use Only

Identification Provided (Drivers License is Preferred): _____

Date Processed: _____

Completed by: _____

Reference: _____