

# 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: \_\_\_\_\_ E mail: \_\_\_\_\_

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

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

This request was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
*Requestor's Name & Title, if applicable.*

\_\_\_\_\_  
Notary Public