MILITARY DISCHARGE CERTIFICATE RELEASE FORM

Date:_____

I,_____, swear, depose and state
(Applicant's Name)
upon my oath, that I am entitled to disclosure of the Military Discharge Certificate of:

_____
(Name of the Service Member of the United State Military)

recorder in the office of the Teton County Clerk and Recorder.

Military Separation Date:_____
(Approximate year)
Further, that pursuant to Montana Law, I qualify to obtain **information from, or, a copy of** the Military Discharge Certificate as; **(Please check one)**

_____The Service Member who filed the certificate.

_____The next of kin of the service member (if the service member is deceased.)

_____A Mortuary, as defined in 10-2-111 MCA, for the purpose of securing burial benefits.

_____A Veteran's Service Office or a Veteran's Service Organization, as defined in 10-2-111, MCA.

_____The Veteran's Affairs Division of the Montana Department of Military Affairs.

_____A person with written authorization (notarized) from the service or from the next of kin, if the service member is deceased.

_____
Signature of Applicant

_____
Street of Post Office Address City State Zip Code

The instrument was acknowledged before me on _____,
200_____,
by_____.

Signature of Notary Public:_____
Typed, stamped, or Printed name of Notary_____
Notary Public for the State of Montana
Residing at_____
(Notary Seal) My Commission Expires_____