

Military Discharge Certificate Release Form

The following information **MUST** be completed before a copy or certified copy can be issued.

I, _____, and being first duly sworn, deposes and upon his/her oath answers the following: I am entitled to disclosure of the Military Discharge Certificate of:

Service Member Name _____

Branch of Service _____

Military Separation Date: _____

Date of Birth _____

Recorded in the office of the Park County Clerk & Recorder. I understand that Military Discharge Certificates are confidential. 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 **deceased** service member. More specifically, I am the surviving spouse, a parent, or a descendant of the service member. My relationship to the service member is that of _____.
(No other living person is more closely related to the above mentioned service member.)
- 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.
- Veteran's affairs division of the MT Dept. of Military Affairs.
- A person who has written authorization (notarized) from the service member or from the next of kin, if the service member is deceased.

Signature _____

State of Montana)

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

Notary Public for the State of Montana

Printed Name of Notary _____

Residing at _____

My Commission Expires: _____

Mail completed form to: Park County Clerk & Recorder, 414 East Calendar Street, Livingston, MT 59047