

**FOR ARCHIVAL MILITARY DISCHARGES ONLY**

**MILITARY DISCHARGE REQUEST FOR COPIES OF A MILITARY DISCHARGE OF A VETERAN WHO SEPARATED FROM SERVICE AT LEAST 62 YEARS AGO FROM CURRENT DATE**

**COPIES ISSUED AT 50 CENTS PER PAGE- VALID GOVERNMENT ISSUED PHOTO ID REQUIRED**

**PLEASE FILL OUT THIS FORM WITH AS MUCH INFORMATION AS POSSIBLE TO COMPLY WITH NATIONAL ARCHIVES AND RECORDS ADMINISTRATION REGULATIONS AS REQUIRED BY STATE LAW (55 ILCS 5/3-5015)**

Veteran's Name as appeared on Discharge: \_\_\_\_\_

Veteran's Service Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Veteran's Birthdate: \_\_\_\_\_

Veteran's Birthplace: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Signature of Archival Discharge Requestor: X \_\_\_\_\_

Relationship to Veteran (if any): \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

IF VETERAN IS **DECEASED**, PLEASE PROVIDE PROOF OF DEATH (Death Certificate, Obituary, etc...) AS AN ATTACHMENT TO THIS REQUEST.

IF VETERAN IS **LIVING AND SOMEONE OTHER THAN THE VETERAN IS REQUESTING THE RECORD**, WRITTEN AUTHORIZATION FROM THE VETERAN IS ALSO NECESSARY (See below):

I, \_\_\_\_\_, the Veteran whose DD214 Record is being requested,

Veteran's Printed Name

hereby state that \_\_\_\_\_ who is my \_\_\_\_\_,

Requestor's Name

Relationship to Requestor

has my authorization to receive this record on my behalf.

X \_\_\_\_\_

Signature of Veteran

**DO NOT SEND THIS COMPLETED FORM AND COPY OF PHOTO ID VIA FAX OR INTERNET, ILLINOIS LAW REQUIRES WE HAVE THE ORIGINAL COMPLETED FORM VIA MAIL OR IN PERSON.**

**OUR ADDRESS IS:**

**MONTGOMERY COUNTY CLERK/RECORDER**

**PO BOX 595**

**HILLSBORO, IL 62049**

**QUESTIONS? Call us at (217) 532-9535 M-F 8 AM-4 PM.**