REQUEST FOR MILITARY DISCHARGE RECORD ACCESS

I, _____, hereby request _____
(PRINT NAME HERE) (# REQUESTED)

___ copy(s) ___ certified copy(s) of the Ritchie County Military

Discharge Record of _____.
(PRINT VETERAN'S NAME HERE)

I do solemnly affirm that I am: (must check one)

___ The person of record;
___ The duly qualified conservator or guardian of the person of the record;
___ The duly qualified executor or administrator of the estate of the person of the record, if deceased, or, in the event no executor or administrator has qualified, the next of kin of the deceased person;
___ An attorney, attorney-in-fact, or other agent or representative of any of the persons described in items above, acting pursuant to a written power of attorney or other written authorization; or
___ A qualified person attendant to the making of funeral arrangements or arrangements for medical care.
___ Researching genealogy or history on the above requested veteran, who is now **deceased**.

_____
(Signature of Person Requesting Record Access)

STATE OF _____
COUNTY OF _____

I, _____, a notary public in and for said state, do hereby certify that _____, whose name is signed to the writing above, has this day acknowledged the same before me.

Given under my hand this ____ day of _____, _____.

_____
Notary Public