

Mail to: Beaverhead County Clerk & Recorder, 2 S Pacific CL #3, Dillon, MT 59725
NO FEE
MILITARY DISCHARGE CERTIFICATE RELEASE FORM

DATE: _____

I, _____, and first duly sworn, deposes and upon his/her oath answers
(Applicant's Name)

the following: I am entitled to disclosure of the Military Discharge Certificate of:

(Name of the Service Member of the United States Military)

recorded in the office of the Beaverhead County Clerk and Recorder. I understand that Military Discharge Certificates are confidential.

Military Separation Date: _____

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 relation to the service member is that of _____
No other living person is more closely related to 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.

___ A Veteran's Affairs Division of the Montana Department of Military Affairs.

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

Signature of Applicant

Street or Post Office Address

City

State

Zip Code

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

(Notary Seal)

Notary Public, State of _____

Residing at : _____

My Commission Expires: _____