

**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: \_\_\_\_\_