MILITARY DISCHARGE CERTIFICATE RELEASE FORM

State of Montana)
: ss.
County of Glacier)

I, _____, swear, depose, and state upon my oath, that I
(Applicant's Name)
am entitled to disclosure of the Military Discharge Certificate of:

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

recorded in the office of the Glacier County Clerk and Recorder.

Military Separation Date: _____

Further, that pursuant to Montana Law, I qualify to obtain information from, or, a copy of the Military Discharge Certificate as:

_____The Service Member who filed the certificate.

_____The next of kin of the service member (if the service member is deceased).

_____A Mortuary, as defined in 10-2-11 MCA, for the purpose of securing burial benefits.

_____A Veteran's Service Office or a Veterans' Service Organization, as defined in 10-2-111, MCA.

_____The Veteran's Affairs Division of the Montana Department of Military Affairs.

_____A person with written authorization from the service member or from the next of kin, if the service member is deceased.

Signature_____

Today's Date_____

Office Signature_____