

Request for Military Discharge Papers

(ORS 408.420)

I am requesting access to and _____ ☐ regular / ☐ certified copy(ies) of the
(number of copies)
military discharge papers for the following person:

Name of Veteran: _____ Year of Discharge: _____

Veteran's Date of Birth: _____ OR last four digits of Social Security Number: _____

Requested by:

Printed Name: _____

Signature: _____

Requestor's Relationship to Veteran:

- ☐ Self
- ☐ Spouse
- ☐ Legal Guardian to Military Veteran*
- ☐ Personal Representative to Military Veteran*
- ☐ County Veteran's Service Officer*
- ☐ Representative of Department of Veteran's Affairs*
- ☐ Representative of Licensed Funeral Establishment*

Address (Please include City, State and Zip)

Mail Address, if different (Street or P.O. Box, City, State and Zip)

Telephone Number: _____ Email: _____

For Staff Use Only

Type Identification Provided: _____

Date Processed: _____ Completed by: _____

* Identification and/or documentation required