

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*