

MILITARY DISCHARGE CERTIFICATE RELEASE FORM

DATE: _____

I, _____, and being 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 Gallatin 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 the 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.

_____ The Veteran's Affairs Division of the Montana Department of Military Affairs.

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

Signature of the Applicant

Street or Post Office Address

City State Zip Code

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

(Notarial Seal)

Notary Public, State of _____

Residing at: _____

My Commission Expires: _____