Military Discharge Certificate Release Form

The following information MUST be completed AND a copy of requestor's photo ID provided before a certified copy of a DD214 can be issued. DD214 documents are provided free of charge.

ease Print
ame of Requestor:
ddress:
rvice Member Name:
anch of Service:
ilitary Separation Date:
ate of Birth:
is box must be checked for us to process your request I understand that Military Discharge Documents are confidential. Further, that pursuant to Montana Law, Section 7-4-2614 MCA. I understand that social security card numbers will be redacted. I qualify to obtain information from, or a copy of, the Military Discharge Certificate as:
(Please check one of the following)
☐ The service member who filed the document.
The next of kin of the deceased service member. (<u>Death Certificate or Obituary required</u>).
More specifically, I am the: surviving un-remarried spouse, parent, son, daughter, sister or brother.
My relationship to the service member is that of
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.
☐ Veteran's Affairs Division of the MT Department of Military Affairs.
I am requesting an Archival Copy (Non-certified). The discharge date of the veteran is 62 years or more prior to the date of this request. I understand that some information may be redacted per Section 7-4-2614 (f) MCA.
A person who has written authorization from the service member or from the next of kin, if the service member is deceased. Copy of authorization with the veteran's signature attested attached.
uthorization Signature: I declare under penalty of perjury that the information on this request form is use and correct and that I am authorized to receive the requested document.
gnature Date