

**MILITARY DISCHARGE CERTIFICATE RELEASE FORM**

**DATE:** \_\_\_\_\_

I, \_\_\_\_\_, swear, depose and state upon my oath, that  
(Applicant's Name)  
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 Hill County Clerk and Recorder.

Military Separation Date: \_\_\_\_\_  
(Approximate year)

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 service member (if the service member is deceased).
- \_\_\_\_\_ A Mortuary, as defined in 10-2-111 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 (notarized) from the service member or from the next of kin, if the service member is deceased.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City State Zip Code

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_.

(Notary Seal) Signature of Notary Public: \_\_\_\_\_  
 Typed, stamped, or Printed Name of Notary: \_\_\_\_\_  
 Notary Public for the State of Montana  
 Residing at \_\_\_\_\_  
 My Commissioner Expires: \_\_\_\_\_