

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: _____