

# APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

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APPLICANT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATION TO VETERAN:

VETERAN

COUNTY VETERANS' SERVICE OFFICER

DEPENDENT OF VETERAN

DEPARTMENT OF VETERANS AFFAIRS

PARTY WITH WRITTEN AUTHORIZATION

FULL NAME OF VETERAN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MILITARY SERVICE NUMBER: \_\_\_\_\_

NUMBER OF COPIES (\$1.25 PER CERTIFIED COPY): \_\_\_\_\_

**I DO HEREBY CERTIFY THAT AS SAID PARTY DESIGNATED ABOVE, I AM LEGALLY ENTITLED, ACCORDING TO P.A. 93-0468 AND 55ILCS 5/3-5015 TO RECEIVE THE REQUESTED COPY.**

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING THIS APPLICATION

\_\_\_\_\_  
DATE

**IF COPIES ARE REQUESTED BY MAIL, APPLICANT'S SIGNATURE MUST BE NOTARIZED.**

COPY REQUEST RETURN TO ADDRESS:

NOTARY:

NAME: \_\_\_\_\_

SUBSCRIBED AND SWORN THIS

ADDRESS: \_\_\_\_\_

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

(SEAL)

BELOW FOR OFFICE USE ONLY

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EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

IDENTIFICATION: \_\_\_\_\_ DOCUMENT NUMBER: \_\_\_\_\_

ORDER TOTAL: \$ \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

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FRED BUCHOLZ, DUPAGE COUNTY RECORDER  
421 N. COUNTY FARM ROAD, ATTN: COPY DEPT, WHEATON, IL 60187  
RECORDERINFO@DUPAGECO.ORG | 630-407-5497

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