

CERTIFIED COPY OF MILITARY DISCHARGE APPLICATION

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.

NOTARY:

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