



**COUNTY OF GLENN
CLERK-RECORDER**

Courthouse
526 West Sycamore Street
Willows, CA 95988

SHERYL THUR
Assessor
County Clerk
Recorder
Elections

(530) 934-6412 FAX (530) 934-6305

REQUEST FOR MILITARY DISCHARGE DOCUMENTS

Requested by: _____ Date: _____

PHOTO ID#: _____
(If submitting request by mail, attach a legible copy of photo ID)

Mail to: _____

To Receive a Certified Copy I am:

- The person who is the subject of the military discharge document.
- A family member or legal representative of the person who is the subject of the military discharge document.
- A County office that provides veterans' benefits.
- A United States official.

YEAR	BRANCH OF SERVICE	DOCUMENT #	BOOK	PAGE	1 CERTIFIED COPY	2 CERTIFIED COPIES

SWORN STATEMENT

_____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the Military Discharge Document of the following individual:

Name of Person Listed on Military Discharge Document	Relationship to Person Listed on Military Discharge Document

Sworn the _____ day of _____, at _____
(Day) (Month) (Year) (City) (State)

(Signature)

