

Request for copy of Armed Forces Discharge Record*

Veteran:

Name: _____

Branch: _____

Requested by:

Name: _____

Address: _____

Phone: _____

I certify I am an authorized party:

- The person who is subject of the discharge record.
- A county veterans' service officer if authorized in writing to inspect or copy the discharge record by the person who is the subject of the discharge record.
- An attorney in fact, agent or other representative of the person who is subject of the discharge record, if authorized by the person in writing.
- A person authorized by a court to inspect or copy the discharge record.
- An executor or administrator, an heir, legatee or devisee of the person's estate, if the subject of the record discharge is deceased.
- A funeral director, who is to perform the funeral services for the deceased veteran.

Signature: _____

Date: _____

*This request form is to be used for any person who asks for un-redacted copies of any armed forces discharge records that have not been recorded for at least 75 years and are not considered a public record for purposes of the Public Records Law (O.R.C. 149.43).

Reference Amended Substitute Senate Bill Number 248 signed January 9, 2009.
Reference O.R.C. 317.24 and 317.27