

# 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