

## Military Discharge Certificate Release Form

The following information **MUST** be completed before a copy or certified copy can be issued.

I, \_\_\_\_\_, and being first duly sworn, deposes and upon his/her oath answers the following: I am entitled to disclosure of the Military Discharge Certificate of:

Service Member Name \_\_\_\_\_

Branch of Service \_\_\_\_\_

Military Separation Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_

recorded in the office of the Blaine County Clerk & Recorder. I understand that Military Discharge Certificates are confidential.

Further, that pursuant to Montana Law, I qualify to obtain information from, or, a copy of the Military Discharge Certificate as:  
(Please check one)

- The service member who filed the certificate.
- The next of kin of the **deceased** service member. More specifically, I am the surviving spouse, a parent, or a descendant of the service member. My relationship to the service member is that of \_\_\_\_\_.  
(No other living person is more closely related to the above mentioned service member.)
- A Mortuary, as defined in 10-2-111, MCA, for the purpose of securing burial benefits.
- A Veteran's Service Office or a Veteran's Service Organization, as defined in 10-2-111, MCA.
- Veteran's affairs division of the MT Dept. of Military Affairs.
- A person who has written authorization (notarized) from the service member or from the next of kin, if the service member is deceased.

Signature \_\_\_\_\_

State of Montana )

: ss

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public for the State of Montana  
Printed Name of Notary \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Mail completed form to: Blaine County Clerk & Recorder  
PO Box 278  
Chinook, MT 59523

**OFFICE USE ONLY:** Recorded in Book \_\_\_\_\_, Page \_\_\_\_\_ on \_\_\_\_\_  
(Date)