



AUTHORIZATION FOR RELEASE OF CERTIFICATE OF MILITARY DISCHARGE SDCL 33-17-14

Information needed to locate records:

1. Name Veteran Used during Service (Last, First, Middle)	2. Social Security Number or Service Number
3. Date of Birth (Month/Day/Year)	4. Place of Birth (City, State)
5. Dates of Service (Month/Day/Year to Month/Day/Year)	6. Branch of Service

Information of Person To whom a Copy of Certificate of Discharge is to be sent or released:

7. Name (Last, First, Middle)	8. Phone Number
9. Street Address or PO Box	10. City, State, Zip

11. Signature of Person Requesting Certificate or Discharge	12. Date (Month/Day/Year)
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Requester is eligible to receive a copy of the military discharge certificate by virtue of being:

The Veteran Named Above

A County/Tribal Veterans' Service Officer

The Department of Veterans Affairs

The Veteran's Next of Kin: Relationship: _____

The Veteran's Legal Representative (must submit a copy of court appointment)

The Veteran's Designee