

Authorization for Release of Certificate of Military Discharge

Pursuant to SDCL 33-17-14

Information Needed to Locate Records

1. <u>Name veteran used during service</u> (last, first, middle)	2. Social Security Number or Service Number
3. Date of Birth	4. Place of Birth
5. Dates of Service	6. Branch of Service

7. Print or type name and address of person to whom a copy of certificate is to be sent or released: Your Name:
8. Street Address or PO Box:
9. City, State, Zip
10. Telephone Number
11. Signature and date

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 Military and Veterans Affairs
- The Veteran's Parent
- The Veteran's Next of Kin. Relation: _____
- The Veteran's Legal Representative (must submit a copy of court appointment)
- The Veteran's Designee

Number of certified copies needed? _____