

Missoula County Clerk and Recorder
200 West Broadway
Missoula, Montana 59802
Phone: (406) 258-4752 Fax: (406) 258-4811
recording@missoulacounty.us

MILITARY DISCHARGE CERTIFICATE RELEASE FORM

DATE: _____

I, _____, and being first duly sworn, deposes and upon his/her oath answers
(Applicant's Name)

the following: I am entitled to disclosure of the Military Discharge Certificate of:

(Name of the Service Member of the United States Military)

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

Military Separation Date: _____ Branch of Service: _____

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

_____ 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 relation 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.

_____ The Veteran's Affairs Division of the Montana Department of Military Affairs.

_____ A person with written authorization (notarized) from the service member or from the next of kin, if the service member is deceased. Authorization must be submitted along with this application.

Certified copies of a DD214 cost \$2.50 plus 25¢ for each additional page. Informational copies of a DD214 are 50¢ plus 25¢ for each additional page. Number of copies requested: Certified _____ Informational _____

Signature of the Applicant

Street or Post Office Address

City

State

Zip Code

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____

Signature of Notary

Ways to Order:

- E-mail your application with credit card information to recording@missoulacounty.us. Certificates are mailed the next working day.
- Fax your application with credit card information to 406-258-4811. Certificates are mailed the next working day.
- Mail the application with correct fee (check, money order, or credit card authorization). Certificates are mailed the next working day. **Please make checks payable to Clerk & Recorder.**
- Apply in person for same day service. Office hours are 8:00 AM to 5:00 PM Monday through Friday.

For USPS Priority Express 1-2 Business-Day Delivery: Please call 406-258-4752 for amount.

If paying by credit or debit card, a \$1.25 plus 1.995% processing fee will be added to your transaction.

Credit Card # _____ Expiration Date _____

Signature for Credit Card _____

