

**MINERAL COUNTY MILITARY DISCHARGE CERTIFICATE RELEASE FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_, and being first duly sworn, deposes and upon  
*(Applicant's Name)*  
his/her oath answers the following: I am entitled to disclosure of the Military Discharge Certificate of

\_\_\_\_\_ recorded in the office of the  
*(Name of the Service Member of the US military)*

Mineral County Clerk & Recorder. I understand that Military Discharge Certificates are confidential.

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

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 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 Veterans Services Organization, as defined in 10-2-111, MCA.

\_\_\_\_\_ A person with written authorization (notarized) from the service member or from the next of kin, if the service member is deceased.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City State Zip Code

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

(Notary Seal)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_