### INSTRUCTIONS FOR COMPLETING MILITARY DISCHARE REQUEST FORM

All information must be typed or clearly printed in black or dark ink in order to be accepted and filed. The requester shall complete the following information in accordance with the rules and regulations stated.

#### Section I - Record Locator Information

- a. The full name of the Veteran must be completed.
- b. At least one of the following options must be provided in order to identify the requested record: Date of Birth – Branch and Date (s) of Service – Service Record #

#### Section II - Number of copies requested

Each request form is limited to one Military Discharge Record. Up to 4 certified copies are provided per request at no charge. Additional copies are available for \$0.25 per copy.

#### Section III- Authorized Party requesting copy.

The name, complete mailing address, and telephone number of the party authorized to make the request must be completed.

#### Section IV - Authorized Statement

The requestor must complete 1) Type of authority granted by statue. 2) The requestor must date and sign as the Authorized Party and provide identification. The Recorder of Deeds may request any additional documentation to verify the requestor's statutory capacity.

#### Section V - Notary Certificate.

If the application is made by mail the request must be notarized. The notary shall complete the notary clause in accordance with state laws. This shall include, but not be limited to an original signature and their seal if applicable.

#### RECORDER OF DEEDS VERIFICATION OR REJECTION

- 1. The Recorder of Deeds shall complete the request verification of the request form by:
  - a. Stating the location of the record provided (i.e. book and page, index number, etc)
  - b. Provide the date the request was completed and filed.
  - c. Sign the Verification
  - d. Recorder shall maintain and file the original request form.
- 2: If a request for Military Discharge Paper is incomplete or inaccurate, the Recorder of Deeds may reject the request by:
  - a. Stating the reason under the request rejection
  - b. Provide the date the request was rejected
  - c. Sign or Initial the rejection
  - d. The Recorder of Deeds shall keep a copy of the rejected request form and return a copy to the requestor.
- 3. The Recorder of Deeds shall keep and file all Verifications and Rejections for a period of five years from the date of request. The Request forms are not public records.

# LANCASTER COUNTY RECORDER OF DEEDS REQUEST FOR MILITARY DISCHARGE PAPERS

### Section 1 - Record Locator Information

Veteran:		<u>-</u>	Jr./Sr (circle)
([	Last)	(First)	<u>MI</u>
**Date of Birth		te(s) of Service te one of the opt	**Service Serial ID# ions**
Section II: Num	ber of Certifie	d Copies	_
Section III: Autl	horized Party R	Requesting Cop	ру
Name:			<del></del> ·
(Last)		(First)	(MI)
Street Address:			
City, State, Zip:			
Telephone #		<u>-</u>	
Area	a Code Number	r	
SECTION IV — Au I certify that I am the Military Dischar Authorization Type	he authorized part rge Records of the	ty pursuant to 16F	PAS 9759.1 as stated herein and request teran:
	_ 'eteran named ab	ove (Photo ID wit	h copy attached)
( ) A			Mark appropriate category & provide
( ) R	lelative	(st	ate relationship & provide proof)
• •			<u> </u>
			(specify)
( ) F	uneral Director		(specify)
() 0	ther		(specify)
		CERTIFICATI	ON
The undersigned a	policant hereby c		naity of the law that the foregoing
information is true	and correct to the providing false info	e best of his/her	knowledge and belief. The applicant ne punishable under Pennsylvania Crime
Date:	Signatu	6 84L	Douber

# <u>SECTION V – Notary Acknowledgment is required if application for record is made by Mail</u>

County of	State of
	, in the year 20, before me a Notary Public in
and for the said State, pers	onally appeared
	son(s) who executed the within Request for Military
	owledged they executed the same for the purpose
stated pursuant to 1PA S 9	759.1
My Commission expires:	
Notary Public Signature	<del></del>
Seal)	

## FOR RECORDER OF DEEDS OFFICE USE ONLY

Veteran		
(namé	)	
Request Mailed or Hand Deliver	ed to:	
(circle one)	(name)	
	(address)	
RECORD LOCATION	DATE	—
ROD STAFF MEMBER COMPLETI	NG REQUEST	
REASON FOR REJECTION OF REC	DÜEST	