



Rosebud County Clerk & Recorder  
PO Box 47  
Forsyth, MT 59327  
406-346-7318 phone / 406-346-7551 fax

**Military Discharge Certificate Release Form**

I, \_\_\_\_\_, and being first duly sworn, deposes and upon his/her oath answers 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 Rosebud County Clerk & 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 are free to the above as a thank you for their service. Please state the number of copies requested:

Certified: \_\_\_\_\_ Informational: \_\_\_\_\_

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

\_\_\_\_\_  
Street of 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

(seal)