

**FRED BUCHOLZ  
DU PAGE COUNTY RECORDER  
APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE**

APPLICANT: \_\_\_\_\_

RELATION TO VETERAN:

- VETERAN                                       COUNTY VETERANS SERVICE OFFICER  
 DEPENDENT OF VETERAN       DEPARTMENT OF VETERANS AFFAIRS  
 PARTY WITH WRITTEN AUTHORIZATION

FULL NAME OF VETERAN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MILITARY SERVICE NUMBER: \_\_\_\_\_

NUMBER OF COPIES \_\_\_\_\_

**\*\*\*I DO HERBY CERTIFY THAT AS SAID PARTY DESIGNATED ABOVE, I AM LEGALLY ENTITLED, ACCORDING TO P.A. 93-0468 AND 55 ILCS 5/3 TO RECEIVE THE REQUESTED COPY.\*\*\***

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING THIS APPLICATION

**\*\*\*IF COPIES ARE REQUESTED BY MAIL, APPLICANT'S SIGNATURE MUST BE NOTARIZED\*\*\***

COPY REQUEST RETURN TO ADDRESS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

SUBSCRIBED AND SWORN THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)