

**AUTHORIZATION TO RECORD/REQUEST COPY OF
MILITARY DISCHARGE DOCUMENT**

I, the undersigned, hereby swear or affirm that I am the proper person within GS 47-113.2(b) to authorize _____, serving as authorized agent or representative, to _____ the military discharge document
(record) (request a copy of)
for _____.
(veteran's name)

I hereby request that the Register of Deeds _____
(record) (issued uncertified copy of) (issue certified copy of)
the military discharge document for the above named veteran for/to the bearer of this authorization.

This _____ day of _____, _____.

(signature of veteran, veteran's widow/widower or veteran's executor)

Subscribed and sworn to before me

this _____ day of _____, _____.

Notary Public

My Commission Expires: _____