

APPLICATION FOR A **CERTIFIED COPY OF A  
VETERAN'S DISCHARGE ON FILE IN BARRY COUNTY, MI**  
PLEASE READ THE BACK OF THIS FORM FOR REQUIRED IDENTIFICATION

**PART 1: APPLICANT'S INFORMATION**

Applicant's Name: \_\_\_\_\_

State Driver's License or Identification # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Other Phone: (     ) \_\_\_\_\_

**PART 2: CERTIFICATION OF INFORMATION PROVIDED**

This application must be signed and the fee paid in order to process this request.

► Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: PURPOSE FOR REQUESTING THE RECORD**

**PART 4: IDENTIFYING INFORMATION**

*DD-214 – No charge to Veterans - with proper identification of Veteran or requestor Please see below for rules of verification.*

Name on Record: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

**PART 5: ELIGIBILITY-Select the category that qualifies YOU to request and receive the requested Veteran's Discharge on file in Barry County, Michigan.**

*A copy of all verification will be retained with this application*

- |   |   |
|---|---|
| <input type="checkbox"/> Person named on the record   | <input type="checkbox"/> Heir of the deceased person named on the record, and<br>- Relationship to decedent: _____<br>- Decedent's name at time of death: _____<br>- State where death occurred: _____<br>- Date of death (Year): _____ |
| <input type="checkbox"/> A person with Veteran's written permission.<br>You must provide your photo identification along with identification from the Veteran and signed written permission |   |

**PART 6: FEES**

**No charge to Veteran, heir or individual with Veteran's permission**

*Please see reverse side for additional information*