



KAREN L. MILLER
LASALLE COUNTY RECORDER
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MILITARY DISCHARGE COPY REQUEST FORM

Date: _____ Document #: _____
(for office use only)

Name of Veteran: _____
(Print)

Name of person requesting copy: _____
(Print)

Address (to send copies): _____
(Print)

Relationship to Veteran: _____
(Print)

NOTICE: A military discharge form (DD-214) or any other certificate of discharge or release from active duty document that was issued by the United States government or any state government in reference to those who served with an active or inactive military reserve unit or National Guard force and that was recorded by a County Clerk or Recorder of Deeds is not subject to public inspection, enjoying all the protection covered by the federal Privacy Act of 1974 or any other privacy law. These documents shall be accessible only to the person named in the document, the named person's dependents, the county veterans' service officer, representatives of the Department of Veterans' Affairs, or any person with written authorization from the named person or the named person's dependents. (Source: 55 ILCS 5/3-5015)

Signature: _____

NOTARY SECTION:

STATE OF _____

Number of Copies Requested: _____

COUNTY OF _____

Certified Copies (yes/no): _____

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT _____ personally known to me to be the same person whose name is subscribed to the foregoing instrument appeared before me this day in person, and acknowledges that _____ (he/she) signed, sealed and delivered the said instruments as _____ (his/her) free and voluntary act.

Given under my hand and notarial seal, this _____ day of _____, 20 _____.

Notary Public

My commission expires: _____, 20 _____.

IMPRESS SEAL HERE