



Department of Records

CITY OF PHILADELPHIA

REQUEST FOR MILITARY DISCHARGE

Veteran: _____
(Last) (First) (MI) last 4 digits of veteran's social security number

(Date of Birth) (Branch & Dates of Service)

AUTHORIZATION TYPE:

- Veteran named above (ID viewed & copy attached)
- Agent / representative of Veteran (written authorization attached)
- Immediate Family _____ (state relationship & provide proof)
- County Veteran Affairs or other state or federal agency _____ (specify)
- Requesting discharge paper for discharge that occurred more than 85 years ago.

AUTHORIZED PARTY (OTHER THAN THE VETERAN) REQUESTING A COPY

Name: _____
(Last) (First) (MI)

Street Address: _____

City, State, Zip: _____ Telephone # _____

AUTHORIZED STATEMENT

I certify that I am the authorized party pursuant to 16 Pa. C.S. 1303 as stated herein and request the Military Discharge Records for the above-named veteran.

- Accepted proof of relationship is as follows:
- *Marriage Certificate
 - *Birth Certificate (long form for children)
 - *Death Certificate (accompanied with birth or death certificate)
 - *Power of Attorney
 - *Court Order

Number of certified copies being requested _____

CERTIFICATION

The undersigned applicant hereby certifies under Penalty of the law that the foregoing information is true and correct to the best of his or her knowledge and belief. The applicant understands that providing false information is a crime punishable under Pennsylvania Crime Code (18 Pa. C.S. 4904)

Date: _____ Signature of Authorized Party: _____

*****FOR RECORDS DEPARTMENT OFFICE USE ONLY*****

REQUEST MAILED OR HAND DELIVERED ON: _____
(CIRCLE ONE)
RECORDS STAFF MEMBER COMPLETING REQUEST
REQUEST APPROVED/REJECTED ON _____
(CIRCLE ONE)
REASON FOR REJECTION _____